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Well-being of men and women, including issues related to health and lifestyles

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Note by the National Statistical Committee of the Republic of Belarus[1]

Summary

Today the area of gender relations is an integral part of statistics and modern scientific studies. Well-being indicators addressing various gender-related dimensions play an important role in monitoring progress in human capital development.

The paper provides an overview of indicators of well-being of men and women in the Republic of Belarus. Key information sources are registers and household sample surveys.

It is obvious that material well-being per se is not a complete and adequate characteristic of the overall personal well-being. It is the basis for satisfying both material and spiritual and social needs. To characterize well-being, indicators are used which are beyond conventional indicators of income, wealth and consumption and include those dimensions of quality of life which are not measured by money.

I. Background

1. The gender policies of the Republic of Belarus are based on the generally accepted international norms enshrined in the UN Conventions and other international instruments aimed at overcoming all forms and manifestations of gender-related discrimination and at

[1] Prepared by Elena Kukharevich.

creating conditions enabling every person, regardless of sex, to realize his/her personal potential and to ensure a decent standard of living.

2. Well-being is a complex multifaceted category which accumulates all essential conditions for a person's life related to the satisfaction of his/her material and spiritual needs. Most components of well-being are measureable.

3. Well-being can be considered from three angles:

1. resources created in the manufacturing area and designated to satisfy human needs;

2. accessibility of consumer goods; and

3. non-monetary aspects of the quality of life.

4. Well-being evaluation is quite a complicated process which requires the usage of both monetary and non-monetary measures of the quality of life.

5. Material well-being components include indicators of income, consumption, employment and unemployment, poverty rates as well as such macroeconomic indicators as GDP per capita, consumer price index.

6. In the Republic of Belarus the primary sources of data on specific dimensions of population well-being are population censuses, sample household surveys and administrative data.

7. Material well-being of a person is primarily associated with employment and income.

II. Labour market

8. The Constitution of the Republic of Belarus guarantees equal access of women and men to any positions in organizations and government agencies subject to their abilities and occupational education and training (Article 39).

9. One of the sources of information characterizing the labour market from a gender perspective is a sample household survey focused on employment issues.

10. The survey data demonstrate high employment rates among women, in 2013 it was 64.3% (70.7% among men), including in active working age (81.6% among women vs. 79.5% among men). The educational attainment among employed women is higher than among men. 61.5% of employed women had completed tertiary and secondary vocational education, the same indicator among men was 43.1%. Almost every third person involved in entrepreneurship and craftwork was a woman. Female employment is characterized by a high proportion of those employed in services (69.3%), employment in production industry prevails among men (59.5%).

11. Women prevail among economically inactive population (60.2%), because they retire earlier. Retirement is a major reason of non-participation among women (55.6%), followed by education (20.8%). Interestingly, only 1.9% of men cited housekeeping as a reason for not working, the same indicator among women was 9.2%.

12. In 2012, nominal average pay of women was 74.5% of men's pay. This gap results from employment of a considerable proportion of women in areas (mainly in services) with lower payments.

III. Educational resources

13. The legislation in the Republic of Belarus provides equal opportunities for women and men in getting education, occupational guidance and in relevant training.

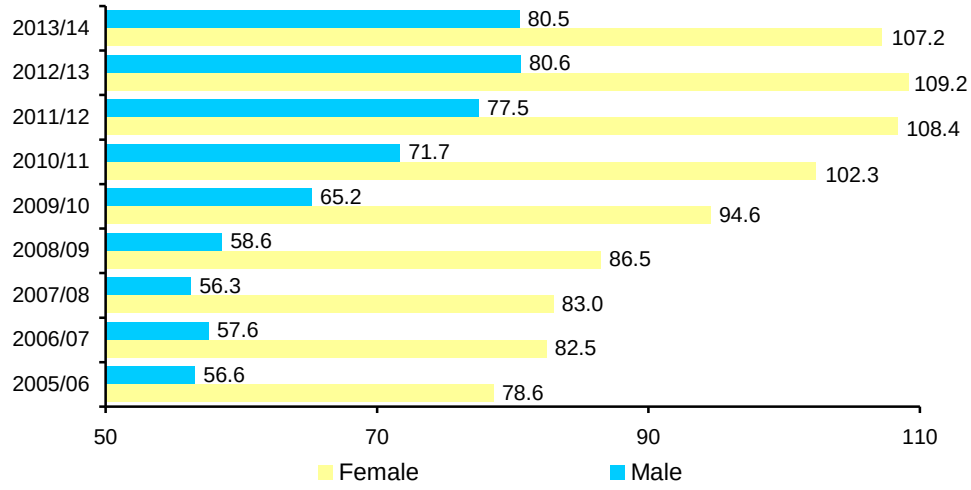
14. Almost 100% of children of relevant age groups, both boys and girls, are covered by compulsory education (ISCE 1-2).

15. After completing compulsory education boys tend to get a profession, whereas girls tend to get higher level of education. Therefore at ISCE 4 (vocational education and training) there are 1.7 times more of male students than female students.

16. The most feminized level of education is tertiary education. Here there are 126 female students per 100 male students.

17. It should be noted that recent years saw a downward trend in the number of female students in vocational and tertiary education. Thus, in 2005/2006 academic year female students accounted for 57% in the total number of students in secondary vocational and tertiary educational institutions, in this academic year their proportion is 55%.

Figure 1
Enrolment ratio in tertiary education (ISCE 5), by gender
(beginning of academic year; per cent of total population of relevant gender aged 17-21 years)[1)]



[1)] Prior to 2009/2010 academic year – aged 18-22 years.

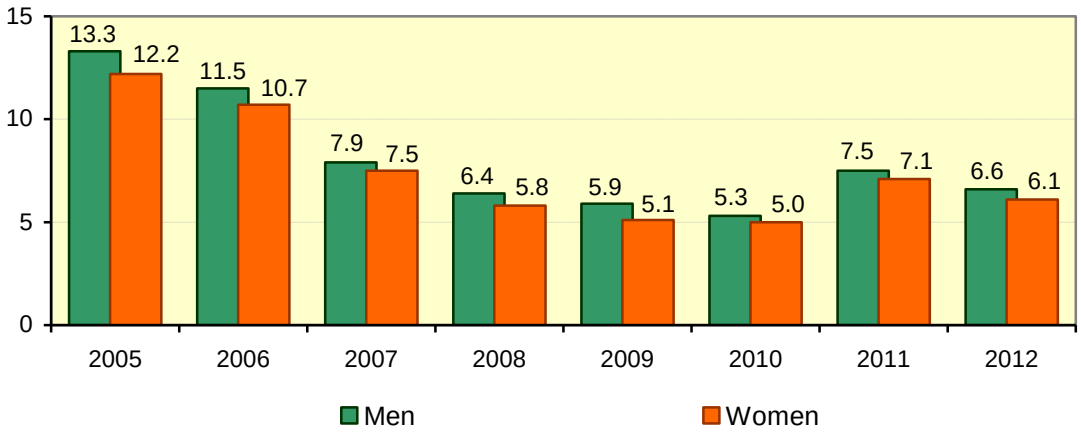
IV. Poverty

18. Poverty is measured in accordance with the Law on Subsistence Minimum in the Republic of Belarus adopted in 1999, which says that persons having disposable income below a subsistence minimum level are considered poor.

19. According to the quarterly sample household survey 12.7% of the population had disposable income per capita below the subsistence threshold in 2005. In 2012 the proportion of such population halved and was 6.3%.

20. Positive dynamics in reducing poverty rates is observed both country-wide and among men and women. Thus, the poverty rate among men reduced from 13.3% in 2005 to 6.6% in 2012; and among women the poverty rate reduced from 12.2% to 6.1% in the same timeframe.

Figure 2
Poverty rates among men and women
(as per the data of sample household survey;
% of total population of a relevant group)

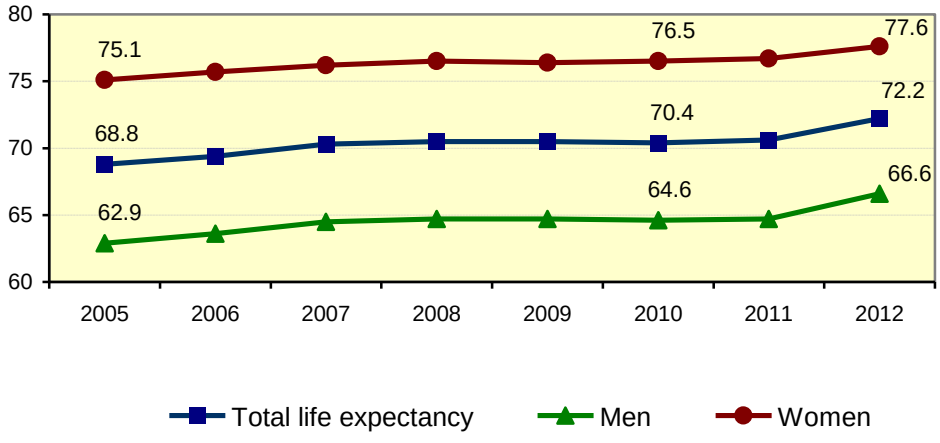


V. Health

21. As it is well known, human needs are not limited to economic well-being. Health is one of vital human needs and a prerequisite for active and productive life of a person. Health affects both length and quality of life. The indicator of average life expectancy is best to characterize health status of the population because it depends both on economic development and social policies, quality of health care, environment, etc.

22. Life expectancy at birth in Belarus is increasing (2005 – 68.8 years, 2010 – 70.4 years, 2012 – 72.2 years). In 2012, life expectancy among women was 11 years longer than among men.

Figure 3
Life expectancy trend
(years)



23. The data of sample household surveys help to improve the assessment of health status of the population. Thus, monitoring of health status through surveys include such

questions as perceived health, body mass index and physical activity. Household members provide, through annual household sample surveys, information on the following questions:

- How do you assess your health status?
- What is your height and weight?
- Do you go in for sports/physical training?
- How many days a week do you make physical exercises?
- Do you smoke?
- Do you smoke every day or from time to time?

24. The structure of self-assessment of health status has not significantly changed over the recent years. Thus, 35-38% of men assess their health status as good, the same indicator among women ranges from 26 to 28%.

Table 1
Self-assessment of health by household members, by age groups
(based on the data of sample household surveys; at the beginning of 2013; per cent of total population of relevant age group)

Age groups, years	*Proportion of men assessing their health status as*			*Proportion of women assessing their health status as*		
	poor	*Satisfactory*	*good*	*poor*	*satisfactory*	*good*
16-19	1.1	31.2	67.7	1.5	44.7	53.8
20-29	1.8	39.8	58.4	1.3	40.7	58.0
30-39	3.7	47.7	48.6	1.9	54.1	44.0
40-49	3.1	64.4	32.5	3.4	68.2	28.4
50-59	6.7	73.1	20.2	7.5	76.9	15.6
60-69	14.3	74.4	11.3	12.2	83.0	4.8
70 and over	28.2	67.2	4.6	33.1	65.9	1.0

25. The distribution of self-assessed health status by age groups demonstrated a clear correlation: the older is the age group, the poorer is the self-assessed health status. Men demonstrate a more optimistic self-assessment of health status almost in each age group, i.e. women report poorer health status as compared to men, although as it has been noted women have longer life expectancy.

26. Satisfactory status prevails in self-assessments of health. Thus, 58.1% of men and 64.9% of women assessed their health status as satisfactory; 6.7% of men and 9.0% of women assessed their health status as poor and 35.2% of men and 26.1% of men believe that they have good health. The table demonstrates that the proportion of men who assess their health as good is 1.3 times larger than women. On the contrary, the proportion of women who assess their health as poor is 1.3 times larger than the proportion of men with similar assessment.

27. The most subjective health self-assessment is found in the age of groups of 16-19 and 20-29 years: 60.5% of men and 57.2% of women assess their health as good. In elder age groups the proportion of persons assessing their health worse than good increases from 51.4% among men and 56% among women in the age group of 30-39 years to 95-99% respectively in the age group of 70 years and over.

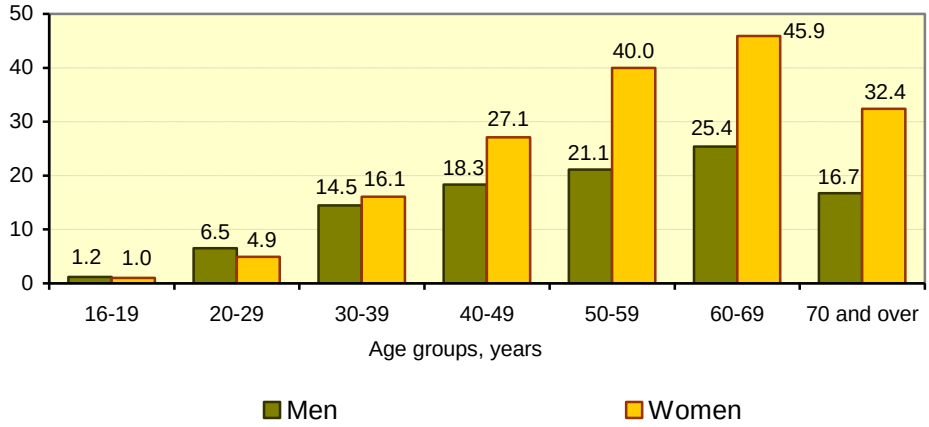
28. Body mass index (BMI) also characterizes the health status of the population. BMI is the ratio of weight to height (kg/m2) and it helps to evaluate whether these two indicators are matching.

29. According to the World Health Organization the resultant measure means the following:

- underweight – BMI < 18.5;
- normal weight – BMI = 18.5 – 24.9;
- overweight – BMI = 25 – 29.9;
- obesity – BMI >= 30.

30. Overweighted population include men and women with overweight or with obesity (BMI >= 25 kg/m2).

Figure 4
Proportion of overweight population aged 16 years and over
(based on the data of sample household surveys; at the beginning of 2013; per cent of total population of relevant age and sex group)



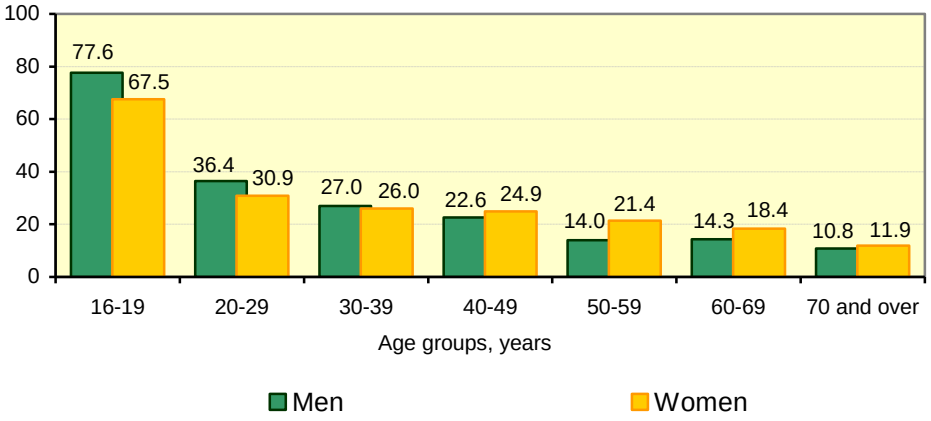
31. The increasing numbers of people with overweight, especially in elder age groups, can be considered as indicators of eating habits and sedentary lifestyle.

VI. Behaviour and lifestyles

32. Lifestyle is one of the key factors which have direct impact on health capital, apart from social, economic and ecological environment.

33. According to the data of a sample household survey at the beginning of 2013 a quarter of the total population (24.7%) in the country aged 16 years and older was going in for sports; 38% of them attended organized lessons and 62% was taking exercises by themselves.

Figure 5
Proportion of population aged 16 years and over going in for sports (based on the data of sample household surveys; at the beginning of 2013; per cent of total population of relevant age group)



34. In total, 25.5% of men and 24.1% of women aged 16 years and over go in for sports. Physical activity reduces in elder ages of respondents: from 73% in age of 16-19 years to 12% in age of 70 years and over.

35. Such behavioural factors as smoking, alcohol consumption and negligence to healthy lifestyle have adverse effects on health. The information on smoking prevalence among persons aged 16 years and over is annually collected through sample household surveys. In addition, in 2012 the Multiple Indicator Cluster Survey for monitoring the situation of children and women (MICS4) included a number of questions related to health, lifestyle and other non-monetary aspects of human life, including questions on smoking and alcohol consumption among men and women.

36. The results of the survey of the population aged 15-49 years demonstrate quite high prevalence of smoking.

Table 2
Smoking prevalence
(MICS 4 data; 2012; % of population of relevant group)

	Men	*Women*
Proportion of population who		
ever smoked	84.2	51.8
smoked a whole cigarette in age under 15 years	18.5	3.5
consumed any tobacco products during the last month	55.2	18.5

37. Smoking prevalence during the last month among men was 55.2% (or every second man) and 18.5% among women (or every fifth woman).

Table 3
Smoking prevalence among persons with different education levels
(MICS 4 data; 2012; % of population of relevant group)

	Men	*Women*
Tertiary	39.0	13.9

Specialized secondary	62.0	17.0
Vocational	65.2	24.8
Upper secondary	59.2	24.8
Lower secondary	49.5	25.7

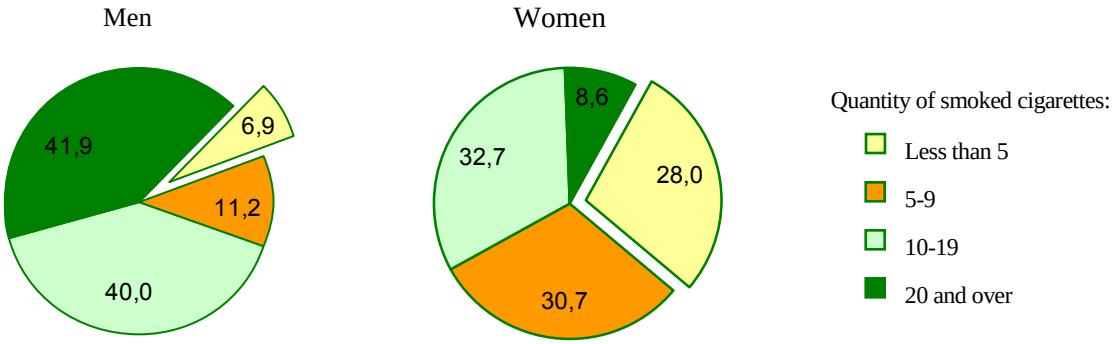
38. Persons having vocational and specialized secondary education (63.4%) prevail among smoking men aged 15-49 years; among smoking women of the same age group higher smoking prevalence is among women with upper secondary or lower secondary education (appr. 25%), whereas smoking prevalence among persons with tertiary education is lower both among men and women: 39% among men and 14% among women.

39. The most popular tobacco product among smoking men and women aged 15-49 years is cigarette: 52.1% of men and 17.6% of women smoked only cigarettes during the month before the survey. High prevalence of regular smoking is a negative factor. Thus, most smokers (91.9% of smoking men and 78.6% of smoking women) smoked every day; 41.9% of every day smoking men smoked at least a pack of cigarettes a day; the same indicator among women was 8.6%.

Figure 6

Distribution of men and women aged 15-49 years by the quantity of cigarettes smoked in the previous 24 hours

(MICS 4 data; 2012; % of population of relevant group)

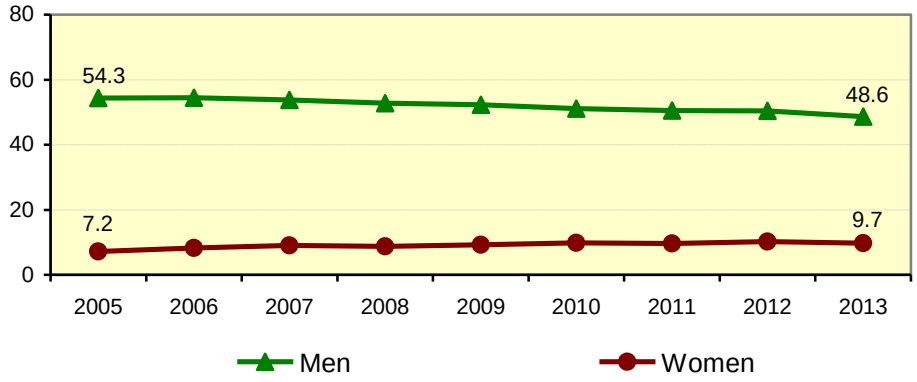


40. Starting from 2005 the sample household surveys demonstrate a reducing proportion of smoking men and increasing proportion of smoking women aged 16 years and over.

Figure 7

Proportion of smoking population aged 16 years and over

(based on the data of sample household surveys; at the beginning of a year; per cent of total population of relevant group)



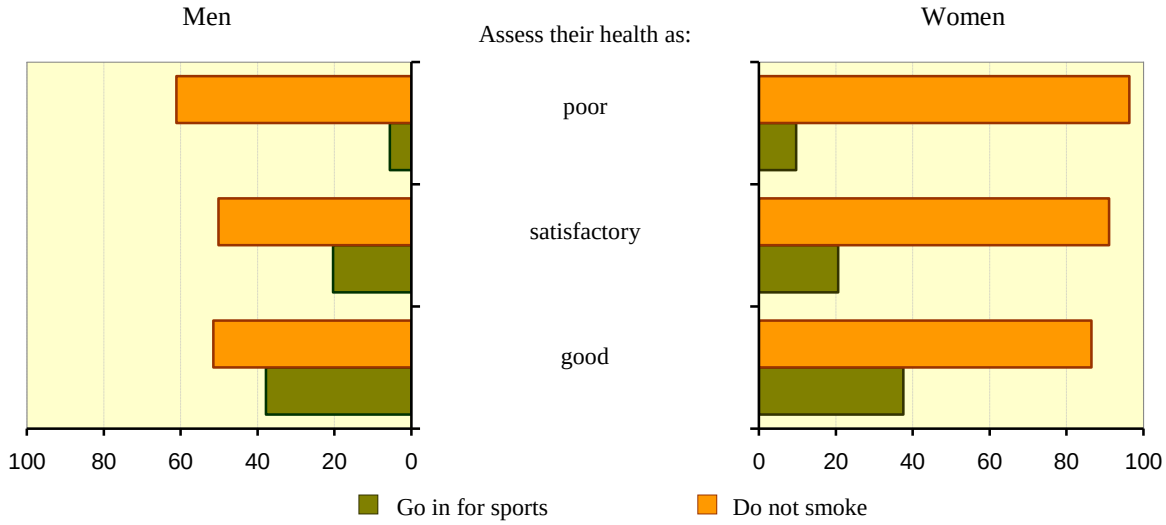
41. Over the last nine years the proportion of smoking men has reduced by 5.7 % (from 54.3% to 48.6%), whereas the proportion of smoking women has increased by 2.5% (from 7.2% to 9.7%), which is less visible but still important.

42. Health maintenance or recovery depends to a large extent on self-preserving behaviour. Self-preserving behaviour means not only visiting doctors on time but also certain lifestyle which includes physical activities, sports and abstinence from tobacco and alcohol.

43. Among men who assess their health as good, smokers are 48.5%, poor health is reported by 38.9% of smokers. These indicators among women are 13.5% and 3.7% respectively.

44. Most men and women are aware that their health depends primarily on themselves and live a healthy lifestyle in order to be in good shape.

Figure 8
Attitude to sports and smoking in correlation with self-assessment of health
(based on the data of sample household surveys; at the beginning of 2013; per cent of total population of relevant group)



45. Alcohol is one of the strongest destructive factors for demographic and social well-being in the country.

46. According to the survey data 94.9% of men and 94.4% of women aged 15-49 years have ever drunk alcohol. In the age group under 15 years 9.3% males and 3.6% females have tried alcohol. Only 5.1% of men and 5.6% of women never tried alcohol.

47. When considering the frequency of alcohol consumption during the last month, we should note that only every fifth man and every third woman did not consume alcohol during the last month.

Table 3
Frequency of alcohol consumption
(MICS 4 data; 2012; % of population of relevant group)

	Men	*Women*
Consumed no alcohol	21.8	35.8
Consumed alcohol:		
1-3 times a month	49.4	56.8
Once a week	9.4	3.2
Twice a week	13.6	3.2
Three and more times a week	5.8	1.0

48. Tobacco and alcohol are serious health and social issues resulting in a considerable number of diseases and irreversible effects. And consumption of alcohol and tobacco by youth is of special concern.

VII. Subjective well-being

49. It is well known that subjective assessment of material well-being, health and living conditions by a person plays an important role in a person's life and shapes his/her

perception of well-being irrespective of objective conditions, for instance, actual income and real health status. Life satisfaction is a reflexive assessment of what living conditions and factors are important for subjective well-being of a person.

50. Subjective well-being can be evaluated from life satisfaction, availability of positive impressions and feelings as well as lack of negative experience. Though being subjective such evaluations are useful supplements to objective data for well-being assessment.

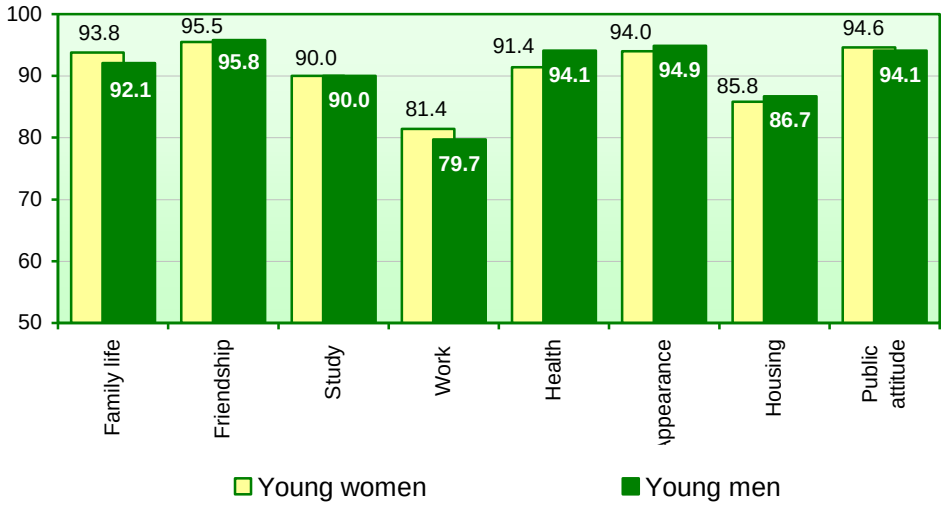
51. During MICS4 men and women aged 15-24 years were asked a number of questions aimed to find out to what extent young persons of this age group are satisfied with different aspects of their lives, because such understanding helps to obtain a fuller picture of their lives.

52. There is no difference in the life satisfaction levels of young men and women: 65.5% of men and 65.4% of women aged 15-24 years are in general satisfied with their lives. At the same time educational attainment affects subjective well-being assessment. Thus, more young men and women with lower secondary education are satisfied with their lives than those with tertiary education (77.8% and 74.9% vs. 55.8% and 62.3% respectively).

53. MICS 4 measured youth satisfaction with such aspects of their lives as:

- family life;
- friendship;
- study (for those who study) or work (for those who works);
- health status;
- personal appearance;
- housing (housing amenities and quality);
- public attitude.

Figure 9
Satisfaction of youth with different aspects of life
(MICS 4 data; 2012; % of population aged 15-24 years)



54. Average score for life satisfaction is an arithmetic average of scores for responses to questions on life satisfaction. The survey used a five-score scale. The highest score (5 scores) was given to the lowest satisfaction level and the lowest score (1 score) was given to the highest satisfaction level. Thus, the lower is the average life satisfaction score the higher is life satisfaction. The survey demonstrated that the average life satisfaction score was 1.5 among young men and 1.6 among young women.