

# **IV THE IMPORTANCE OF INSTITUTIONS**

## **THE NATURE OF INSTITUTIONS**

Social scientists of all types have focused on the role of institutions in structuring social and political life. This chapter explores the nature and meaning of institutions and how they change, and discusses their relevance for policymakers as they attempt to improve rural QOL.

### **Defining Institutions**

Institutions are viewed here as formal organizations such as bureaucracies, as well as the formal and informal rules that govern behavior (Thelen and Steinmo, 1992). Institutions help create and shape interests, influence the goals of actors, and constrain the options open to individuals to achieve those goals (Hall, 1986; March and Olsen, 1989). From the point of view of policy, a study of institutions helps us understand why certain outcomes are more likely than others, and how desirable outcomes might be achieved. The work of Putnam (1993) on institutions has had particularly strong resonance among development specialists, showing how institutional configuration creates 'path dependency', with different paths having different implications for growth.

Institutions also organize the opportunities that are available to people and define their social roles (Lorber, 1994; Riley, 1997). Institutions are self-reproducing: the rules that they entail are enacted over and over again. As DiMaggio and Powell (1991) point out, actors do not question every action

they take: many decisions are made out of habits that have developed over time. This often leads to the tacit assumption that actions, roles or opportunities are 'natural' and therefore not open to question. By taking an institutional perspective, the analyst or activist may call these into question, introducing the possibility of change.

Institutions are not immutable. Indeed, as Thelen and Steinmo (1992) pointed out, the reason why changes to institutions are often so fiercely contested is that they *can* be modified. For many institutional theorists, the point is to explain the process of change. Friedland and Alford (1991), for example, suggested that change often occurs when different institutions come into conflict with each other; changes in one institution tend to lead to changes in others. These changes, however, usually occur at different speeds. Douglass North (1991) noted that while changes to formal institutionalized rules (such as a law) may happen very quickly, informal rules (such as ingrained beliefs) are much slower to change.

This chapter is especially concerned with how institutions can be actively shaped to produce and protect QOL through the policy process, and how, in turn, institutions may be modified through policies and their results. The previous chapter made it clear that while a good deal of progress has been made in improving QOL in rural Asia, there remains a great deal to be done. A focus on the policy constraints and options open to decision makers allows a realistic discussion of how the goals of better QOL can be achieved. The concern here is with understanding both how institutions constrain or facilitate beneficial QOL outcomes, and how policies and their results may lead to the creation of the sort of 'virtuous' institutions about which Putnam writes.

A number of specific institutions form the basis of the discussion in this chapter. These are civil society, gender, and legal institutions, specifically those governing human rights. The formal and informal organizations and rules that define these are particularly important in determining QOL in rural Asia, and they receive more systematic treatment in this chapter than elsewhere in the volume. Civil society and human

rights are increasingly central to the experience of rural Asians as processes of democratization and empowerment are implemented. Gender inequities have been such a pervasive feature of rural life in Asia that understanding how gender structures QOL outcomes is essential in order to promote change.

These institutions are used as examples to highlight more general conclusions about the links between institutions and QOL, specifically the dynamics of change. In doing so, the overall QOL framework introduced in Chapter II is expanded. Chapter II argued that institutional arrangements can foster or hamper developments that benefit QOL. Here, it is shown that they do so both directly, and through the policy process. Change occurs as institutions influence the policy process and the outcomes of policies, which in turn can reshape the institutions.

### **Institutions, Policy, and Implementation**

Institutions shape QOL through the policy process and, in turn, institutions may be modified through policies. Figure IV.1 shows the relationship between institutions, policy, and QOL outcomes. Relationships run in two directions. First is the influence of institutions on QOL outcomes, which can act through policy design or policy implementation. For instance, the design of a policy to create job opportunities for women may be influenced by notions of what work roles are appropriate for women. Equally, Jayaweera (1997) has shown, using data from numerous Asian countries, that the empowerment (a positive QOL result) women receive from increased education (a policy intervention) depends greatly on the institutional forces of economic structures and prevailing ideas about gender.

The second relationship shows how institutional reform can be driven by changes in QOL or by policy design. In India, for example, the institutionalized caste system has long meant discrimination for untouchables and members of other lower

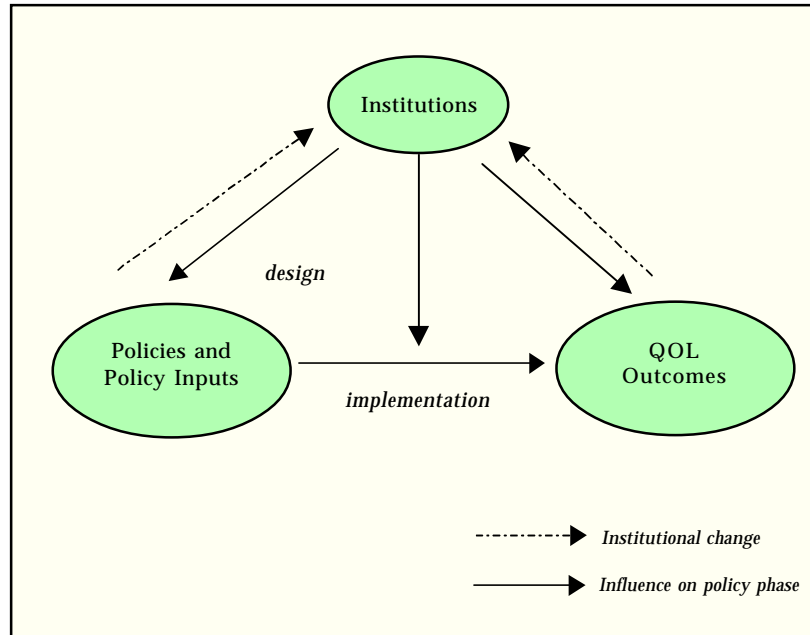


Figure IV.1: The Relationship of Institutions to QOL Policies and Outcomes

castes. Recent policy changes, such as quotas for school admissions and seats in local and national political bodies, have led to violence by privileged groups but, despite the deeply contested nature of the policies, the institution of caste is gradually being eroded.

Even when policies do not have the intended outcomes, they may still cause eventual change in institutional structure. For example, a policy that provides schooling for girls may not, in the short run, mean that more girls are sent to school, but its very existence legitimizes the notion of female education. In so doing, the prevailing notions of gender begin to shift, which will bring long-term benefits. Those crafting policies must, therefore, keep in mind that institutional change may result from policy interventions and improvements in QOL. They must also keep in mind the potential effect on institutions. Doing so allows for the creation of virtuous cycles of policymaking that link QOL improvements with institutional change.

## INSTITUTIONAL QUALITY AND QOL OUTCOMES

Political institutions are important in promoting QOL through the influence they have on creating the right conditions for economic growth. Quantitative evidence is presented that demonstrates the impact political institutions can have on QOL outcomes.

### Quantitative Analysis

Different QOL measures were regressed on the quality of political institutions, controlling for rural share (where appropriate), and whether the country is in Asia. Quality of governmental institutions, a measure developed by Knack and Keefer (1995), is a 10-point scale based on business responses to questions about bureaucratic efficiency, the rule of law, contract enforcement, governmental corruption, whether the rule of law is in effect, and the risk of asset expropriation. A higher value on the scale corresponds to higher-quality institutions (for example, rule of law exists, or bribes are not important). The ability of poor countries to catch up with richer ones, as predicted by much economic theory, is thought to be a function of the quality of institutions (Keefer and Knack, 1997). They find that high institutional quality gives poor countries a 'leg-up' in the development process because it is associated with higher per capita income. Our analysis extends this line of work to consider not only how rural share is related to institutional quality, but also the effects of institutional quality on other measures of QOL.

The findings presented in Table IV.1 generally support the argument that high-quality state institutions lead to more positive QOL outcomes:

- the quality of institutions is positively related to per capita income, education, the level of poverty, and gender development, controlling for rural share, and

Table IV.1: The Effects of Institutional Quality on Quality of Life Indicators

Indicator	Constant	Institutional Quality	Rural Share	Rural Share x Institutional Quality	NonAsia Dummy	R <sup>2</sup>	N
Human Development Index	0.865	0.009	-0.013***	0.001**	0.025	0.82	107
Gender Development Index	0.642	0.028**	-0.10***	0.001***	0.022	0.80	107
Infant Mortality	32.010	-2.891	2.161***	-0.217***	-7.788	0.77	108
Education	150.106	-6.001***	-1.908***	0.246***	1.482	0.39	91
Literacy Rate	110.881	-2.511	-1.505***	0.159***	1.125	0.51	79
Per Capita Income (Log)	7.925	0.237***	-0.034***	0.001	0.269*	0.82	90
Percent Rural Poverty	105.945	-10.272***			-5.053	0.32	28
Rural Safe Water Access	14.714	8.682***			-7.874	0.23	45
Percent Rural Poverty	124.913	-8.606*	-3.726		-5.641	0.31	28
Rural Safe Water Access	-110.581	1.762	21.051***		-10.539	0.61	41

\* Significant at 10% level \*\* Significant at 5% level \*\*\* Significant at 1% level

Source: See Appendix 1

rural share is significantly and negatively related to these outcomes;

- access to safe water in rural areas is positively linked to institutional quality, but if income level is controlled for, this relationship disappears; and
- the percentage of the rural poor declines with institutional effectiveness, even controlling for the country's income.

These results suggest that high-quality institutions can make up for the disadvantage of being rural and to some extent (echoing the findings of Knack and Keefer), for being a poor country.

### **Civil Society, Social Capital, and Trust**

The importance of institutional quality raises a crucial question: how can virtuous institutions be developed? It is believed that the strength of civil society is important in encouraging positive QOL outcomes, as well as encouraging the development of other virtuous institutions.

Civil society is an institution separate from the State and from institutions of a purely private nature, such as families or tribes (Berman, 1997; Schmitter, 1997; Hall, 1998). It is often conceptualized as a public sphere where individuals can organize into many different kinds of groups and associations that foster economic life and influence political decision making (Putnam, 1993; Hyden, 1997; Schmitter, 1997; Hall, 1998). The importance of the institution of civil society for encouraging positive QOL outcomes for rural Asia is considered in two ways; first, the argument that civil societies characterized by high degrees of social capital and trust are essential for building the economic institutions that underlie growth, and thus for promoting QOL; and second, the way in which democratic civil societies may lead to beneficial outcomes, by encouraging participation that influences changes in policies and institutions.

Many social scientists have argued that high-trust societies are more likely to develop economically than societies where such bonds are lacking (Inglehart, 1990; Putnam, 1993; Fukuyama, 1995a). Trust reduces transaction costs. It encourages businesses to develop beyond family origins (where bonds of kinship substitute for bonds of trust), and helps them to form relationships with suppliers, partners, and customers that rely on more than contractual obligation (Humphrey and Schmitz, 1998; Neace, 1999). As Hyden (1997) notes, "development benefits from the freedoms that civil society provides because people can take initiatives they would not otherwise do." High levels of trust also become embedded in institutions, such as the rule of law and systems of regulation, which are essential to efficient markets (North, 1991; Lipset, 1994; Swank, 1996; Pei, 1997). High-trust societies have a greater chance of developing other virtuous institutions.

Participation, although a hallmark of civil society, does not in the abstract produce the virtuous institutions that lead to growth. Again, trust is key. Participation can result in a war of all against all, with many mobilized groups trying to pursue their separate interests at the expense of other groups (Swank, 1996; Berman, 1997). Rather, *civil* societies are characterized by institutionalized patterns of participation that entail attitudes of trust among autonomous groups, voluntary cooperation, civility, tolerance, and an ability to channel grievances.

Empirical evidence points to the link between trust and development. La Porta and colleagues (1996) have used data from the World Values Study to show that levels of trust tend to be higher in wealthier countries, and that trust is correlated with institutional performance, controlling for income levels. The present work examines data on trust from the World Values Study in several Asian countries. Table IV.2 shows the extent to which people believe others to be trustworthy, and how

**Table IV.2: Trust and Size of Respondent’s City or Town in Selected Asian Countries. Percentage agreeing that ‘most people can be trusted’\***

Country	Size of City or Town		
	Small**	Medium	Large
China, People’s Rep. of	55	51	50
India	47	30	42
Bangladesh	25	18	16
Pakistan	Rural 26		Urban 15

\*The question wording is: Generally speaking, would you say that most people can be trusted or that you can’t be too careful in dealing with people?

\*\*In the PRC, size categories correspond to: <5,000; between 5,000 and 500,000; and over 500,000. In India and Bangladesh, they correspond to: <5000; between 5,000 and 100,000; and over 100,000.

Source: World Values Survey, 1995–1997

responses differ according to size of residence<sup>12</sup>. In the countries of South Asia, the smallest towns appear to be places where people are more likely to trust others, while in the PRC the differences are insignificant across the size of residence. To the extent that the small and large designations correspond to rural and urban areas, this finding is suggestive. Policymakers or organizations such as NGOs that wish to promote QOL may find it useful to try to tap into and use reserves of trust in rural areas in designing or finding homes for their programs.

<sup>12</sup> Because the most recent round (1995–1997) of the World Values Study does not characterize residence as rural or urban except in the case of Pakistan, we look at size of town. While this is a highly imperfect proxy for the rural–urban distinction, size of town and percentage of respondents working in agriculture are highly correlated. In India, 44 percent of those in the smallest towns (<5,000) work in agriculture, compared with 11 percent of those in towns and cities of over 100,000 inhabitants. In Bangladesh, the comparable figures are 32 percent and 1 percent. In the PRC, 80 percent of those in the smallest villages (<5,000) work in agriculture compared with 1 percent in towns of over 500,000. While for all the countries, the middle category of towns is a hybrid and is likely very heterogeneous, we believe that the smallest and largest categories provide a rough approximation of rural and urban life, respectively.

High levels of trust, for example, may mean that a community is a good candidate for microcredit or small business programs.

### Civil Society and Asia

Although historically authoritarian states have blocked the development of an independent sphere of civil society in many Asian nations, this appears to be changing (Cotton, 1997; Schmitter, 1997; Kubicek, 1998). Economic growth has opened a nonstate space for participation, and as Asian democracy becomes stronger a space may emerge in which stronger forms of civil society can flourish. Additionally, the emergence of a 'transnational' civil society, formed of new actors such as NGOs and international social movements, means that citizens have new possibilities for organizing themselves (Rodan, 1997; Schmitter, 1997).

Many analysts argue that civil society in Asia is stronger in urban than in rural areas. For example, in a number of countries that have witnessed political liberalization, the emerging actors tend to be urban-based, such as university students and the urban middle class in the Republic of Korea. In Thailand, parties to represent interests and to focus on issues seem limited to the city, where better-educated voters are also better organized. In the countryside, in contrast, vote-buying and very weakly institutionalized parties are the norm (Cotton, 1997).

The urban-bias thesis focuses on the weakness of rural political power, and posits that the countryside loses out in the development process because it is less well organized politically than urban areas (Lipton, 1977; Bates, 1981). As a result, politicians tend to favor urban workers and the middle classes by holding food prices down, to the detriment of farmers and other rural producers. Although there have been challenges to this thesis (for example see Varshney, 1998, for the case of India), both proponents and critics of the urban-bias thesis highlight the limits of rural organization and civil society.

This is not to suggest that rural areas have no forms of organization. Francis Fukuyama (1995b) identifies three 'broad

paths to sociability': first, the ties of family and clan; second, voluntary association beyond kinship; and third, relations mandated by the State. Rural areas tend to have strengths in the first path. Trust is high within the family, but according to Fukuyama's 'paradox of family values', family members tend to be distrustful of outsiders. In rural areas, this situation is compounded by the fact that the density of associational life is usually low (Shue, 1994).

However, there are some indications that rural areas may see increasing benefit from investment in social capital and organizational renewal. First, due to development and migration, the urban-rural boundary is becoming less distinct. Heller's (1996) study of social capital in Kerala, India, for example, suggests that the 'vigorous' associational life seen in the urban areas extends to the state's rural areas, which have active school networks and high levels of organized agricultural labor. The democratic nature of state institutions, increased social mobility, and the role of the State in providing services, have proved positive for the organizational life of the State as a whole. The third path—the State—can strengthen the second path, but only as long as its role is enabling, rather than dominating (Schmitter, 1997).

Second, Asia may be an exception to the pattern of associational life springing from urban centers. Schmitter (1997) suspects that small towns and the countryside have produced much of the organizational life that has developed autonomously in Asia, rather than the cities, where the State dominates social life. Pei (1997) proposes that the PRC is undergoing 'creeping democratization' as a local, rural civil society slowly develops, as peasants gain participatory experience with the village residents' associations. Although recognizing that many of the village residents' associations are simply resuscitated forms of clan-based domination, Pei feels that some areas appear to be developing grassroots democracy in the face of the crisis of local leadership. This follows the breakdown of the Communist Party's institutional hold on the countryside after the reform process.

Third, rural social organization often means more than undifferentiated kinship ties. Durston (1998) argues that marriage joins families and can produce a network of multiple and cross-linking bonds of trust. As the data presented above show, a high degree of trust among villagers is therefore possible, offering opportunities to develop policies to the advantage of rural organization.

There are also a number of mechanisms to help develop and strengthen rural organization. Transnational NGOs and international donors can have an enormous impact on rural social capital and civil society (Heyzer et al., 1995). They expand local possibilities for association; are much harder for authoritarian states to control (Schmitter, 1997); and can influence local organizations to encourage participation and citizen empowerment. NGO and donor work can be explicitly designed to build social capital. Membership in the rural credit programs of the Grameen Bank and the Bangladesh Rural Advancement Committee, for example, has expanded women's identity beyond the family, and has allowed them to create new social ties of trust and mutual dependence with different members of their communities who are other borrowers (Schuler and Hashemi, 1994).

These arguments suggest that while rural Asia may be only slowly developing a true civil society, there are identifiable barriers that can be overcome. State agencies, institutional design, and efforts on the part of international organizations and donors can positively influence the outcomes and should be encouraged. The following case study of the aftermath of flooding in Bangladesh highlights how strengthening the organizations of civil society can make a QOL difference, even in a case where long-term institutionalized problems exist.

## **COPING WITH ADVERSITY: A CASE STUDY OF FLOODING IN BANGLADESH<sup>13</sup>**

Among the most unsettling features of rural life is vulnerability to the forces of nature, often because of dependence on agriculture. While natural disasters can affect urban and rural areas alike, their impact tends to be greater in rural areas because of more fragile housing, sparser infrastructure, and more vulnerable supplies of potable water. Moreover, people in rural areas tend to be poorer, less well nourished, and therefore less resistant to the diseases that often follow natural disasters.

However, institutions play an important role in how populations are able to respond to disaster. Consideration here of measures that can reduce the effects of natural disasters draws its inspiration in part from Amartya Sen (1981), who showed that famines are rarely caused by a lack of food, but are more likely to be a consequence of the sudden collapse of purchasing power and other unpredictable 'exchange and entitlement' failures. Some institutions such as food markets function normally, but populations unable to afford food starve while their regions are exporting food staples elsewhere. Given the actual per capita availability of grain in most countries experiencing famines, these problems can be averted through timely interventions by governments and other organizations. A mechanism of accountability to vulnerable populations is essential for this process to take place. Sen showed that famines have never occurred where democratic governments exist, in the presence of such institutions as opposition parties, a strong civil society, and a free press.

As with famines, many factors can influence the effects of natural disasters on the population, and designing policies that can substantially mitigate loss and suffering is possible. If

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<sup>13</sup> This case study was written with Eben Kenah.

people learn to expect an effective response from their leaders and institutions in the face of a natural disaster, democratic governments, observed by a free press, NGOs, and opposition politicians, will oblige them as a matter of their own survival.

### **Flooding in Bangladesh**

The case of flooding in Bangladesh, the world's most densely populated country, shows how positive change can occur even where the enormity and persistence of disasters are daunting. Bangladesh is extremely vulnerable to disaster, particularly flooding, for a variety of reasons. In part, nature is to blame. Three great river systems run through it, funneling enough water through the country every year to submerge it to a depth of 10 meters (Islam, 1995), and the quality of the soil is such that flooding causes widespread erosion, property destruction, and decreased drainage efficiency. In addition, Bangladesh is located in one of the world's least tectonically stable regions, and seismic activity can exacerbate flooding directly by changing the gradient over which waters run or indirectly by introducing sediment and debris into the river system.

Human activity has also contributed to flooding in Bangladesh. Deforestation and embankment systems have increased erosion and caused flood water to rise more quickly. In the Himalayas, for example, tree cover was reduced from about 200 to 150 million hectares during 1978–1987 (Safiullah et al., 1989). The situation is aggravated by poor planning in the construction of railways, homesteads, and roads, which can block the path of water during a flood, and by the generally poor maintenance of culverts and other water-control structures. Population growth (more than 1.6 percent in 1995) has led to a dramatic increase in population density, meaning that people have increasingly had to settle on marginal lands, further increasing their vulnerability.

Immediately after a major flood, the most important problems are related to health, housing, and the loss of assets.

The lack of access to potable water or safe food presents public health risks, which are often made worse by the lack of fuel to boil water or cook food. Leaf (1997) found in a survey that people were more likely to store fuel than food, and that they perceived fuel as a scarcer resource than food during floods. States of semi-starvation could persist for weeks after a flood, but cases of total starvation were rare (Hossain et al., 1987), although Adnan (1991) noted that for many rural populations the loss of income and rising food prices can create near-famine conditions.

In addition to lack of food, Hossain et al. (1987) found that many flood victims go for days without protection from the elements. Finding shelter for people and domestic animals is difficult; people want to stay as close to their homes as possible, and law enforcement grinds to a halt (Leaf, 1997). Women appear to be disproportionately affected by displacement, as traditional chores such as cooking and fetching water become extremely difficult and hazardous. Flood-prone areas tend to have more female-headed families, who tend not to own land and have children below working age, and are thus more vulnerable during floods. Also, the social consequences for displaced families who cannot provide dowries for their daughters are enormous.

Productive assets are inevitably lost during severe floods, with damage to crops the most serious loss (Hossain et al., 1987). Farmers are often unable to buy the new seeds and equipment necessary to replant quickly enough to recover crop losses. Floods are also responsible for deaths of domestic animals, escape of fish from ponds, and damage to gardens.

In the longer term, flooding and erosion trap people and their communities in poverty. Land and other assets may be transferred to wealthy landowners, as poor farmers sell their land and livestock at distress prices to become tenant farmers or migrants (Elahi and Rogge, 1990). Landlords are also able to appropriate new land that emerges from the flooding and erosion process, sometime by using private armies.

The problems of flood zones are compounded by institutional inadequacies. Among the most important are the

lack of investment in these areas and failures in the implementation of programs or the lack of government action altogether. The dearth of investment takes two forms. First, there is a general lack of credit for farmers following floods, which means they are often unable to recover from a flood quickly. Without credit, they cannot buy the new seeds and equipment necessary to replant quickly enough to recover crop losses. At the time of the Hossain et al. (1987) study, many people, in the absence of wealthy relatives or friends, were forced to borrow from big landowners or from money-lenders, who commonly charged annual interest rates in excess of 100 percent.

Second, nonagricultural investment is lacking in flood-prone areas. The Hossain et al. (1987) study showed that investment in nonagricultural activities was relatively rare, so that most people had few income-earning opportunities outside agriculture. The creation of nonagricultural employment is crucial for raising rural QOL, especially for those without access to land. In addition, social investment in flood zones tends to be affected by the floods. The QOL framework highlights the importance of infrastructure and investments in education and health, but often roads, schools, or clinics get washed away by the floods. The long delays in replacing them are likely to contribute to the prevention of virtuous cycles of upward QOL improvements.

Finally, flaws in the organization of responses to flooding appear to exacerbate the problems caused by the forces of nature. In the Hossain et al. (1987) survey, relief accounted for only a small percentage of consumption among flood victims: the Government had relief supplies but failed to distribute them effectively, while NGOs had effective distribution networks but few supplies. The Government's predominant response to the flood problem was to construct embankments and shelters. However, most of the shelters were built far from the homes of those displaced, and allegations of local officials charging rent to shelter residents were widespread.

The Government's planning efforts have also been quite deficient. Although studies and plans for flood control were

undertaken during much of the 20th century, their utility was often marred by inaccurate predictions of flooding, corruption, bureaucratic incompetence, and popular defiance of poorly designed and implemented programs. New strategies and plans were put into place after the epic floods of 1988, and these were put to the test during the floods of 1990. While those were smaller than in 1988, they revealed major deficiencies in planning, and the lack of relief for victims after the flood prompted widespread criticism of the Government and resulted in grassroots mobilization against it.

### **The 1998 Floods**

The floods of 1998 were the worst in Bangladesh's recorded history. The three great rivers peaked almost simultaneously and for much longer than normal. The human impact was medical, psychological, and economic. The destruction of sanitary systems and crops meant widespread health problems such as diarrhea and malnutrition. Diseases and accidents led to over a thousand deaths. Damage to infrastructure severed communications, left more than a quarter of the population—about 35 million people—homeless, and caused power to be cut to prevent electrocution. In addition, more than 13,750 educational institutions had to close either because of flood damage or to be converted into shelters. The erosion associated with receding flood waters washed away entire villages.

The economic impact was harsh in agriculture and industry. Millions of livestock were affected by various flood-related diseases, and 2.8 million tonnes of crops were ruined. The rural–urban migration rate increased dramatically as small farmers, agricultural laborers, and small business owners in rural areas sold their remaining land and possessions at distress prices, instantly becoming landless and poor. The industrial belt along the Buriganga River, the seat of the nation's textile industry, was eventually forced to shut down because of rising flood waters, costing thousands of people their jobs. Exports

of frozen foods, leather goods, textiles, and shrimp dropped, causing Bangladesh to fall almost US\$6 billion short of its export goals. The demand for wage labor disappeared as manufacturing, agriculture, and construction ground to a halt.

Despite the bleak portrait painted here, one of the most important facts about the 1998 floods is that despite their intensity and duration, their impact was significantly less than that of the floods of 1988. The total death toll in 1998 of 1,072 was almost 60 percent less than in 1988, and but a fraction of the reported deaths associated with major floods earlier in the century. The question must then be asked, 'what has changed?'

The outcome in 1998 can be primarily attributed to a rapidly mobilized response on the part of the Government, the NGO community, and international aid agencies. By mid-September, 4,409 government medical teams were providing basic medical services throughout the country. Other organizations, including CARE, the Bangladesh Rural Advancement Committee, Gonoshastho Kendro, Grameen Bank, and Proshika, also provided medical relief. The US Air Force provided 50 personnel and two C-130 transport aircraft to help airlifting operations. Aid organizations in 30 countries pledged more than US\$176 million. The World Food Program provided more than 352,000 tonnes of wheat to help ameliorate malnutrition.

Many factors played a role in mitigating the human costs of the floods. First, newly available technology played a significant role. Satellite-imaging techniques gave advance warning of the flooding, and this enabled preparation for the relief effort on the part of both the Government and NGOs. The use of cellular telephones allowed communication from remote rural areas that might otherwise have been isolated. Through a widespread communications network, NGOs were able to keep track of the relief effort and direct assistance to those locations that were most badly affected.

Another significant factor was the increase in education levels. Literacy rates in Bangladesh increased from 26 percent

of the population in 1975 to 38 percent in 1996. Primary school enrollment rates increased from 54 percent to just over 90 percent (ADB, 1997b). Increased educational attainment is associated with improvements in common knowledge about the importance of safe water and sanitation. Indeed, there are numerous stories of Bangladeshi communities resisting the temptation to drink water before it could be sterilized.

Perhaps the most consequential change, however, lies in the changing nature of local political participation over the past 10 years. Previous flood planning and relief was characterized by a severe lack of responsiveness to local public opinion. The strengthening of civil society through a rise in the level of local organization, facilitated by both NGOs and citizens' groups, has gradually begun to force a change in this approach. These organizations, which include occupational and professional groups, societies of the landless, farmers' cooperatives, peasants' associations, and women's groups, have been able to forge channels of communication between disadvantaged groups and decision makers, governments, donor organizations, and the international public. As a result of working with previous floods, distribution networks have grown and valuable experience has been captured. In a massive coordinated effort, NGOs provided food and medical relief to the 1998 flood victims at a level almost comparable with that of the government effort, reaching more than two thirds of Bangladesh's villages. Their activities have had a dramatic impact on the death toll and on the rural population's ability to recover from crop, income, and housing losses.

Another less direct but equally important role that NGOs have played in the process has been to facilitate the incorporation of civil society in the process of flood relief. Through programs that have raised awareness and encouraged the political organization of those belonging to vulnerable and disadvantaged groups, they have forced the Government to be more accountable to its citizens. The increased level of organization at the grassroots level has enabled flood victims to exert greater political power, increasing government responsiveness to their needs. This can go a long

way in explaining the rapid, extensive, and remarkably efficient relief effort by the Government and civil society that prevented the 1998 flood from being a disaster of much greater proportions.

### **HUMAN RIGHTS: THE IMPORTANCE OF IMPLEMENTATION**

Implementation of policies is critical. Even well designed policies may fail at this stage (Grindle and Tomas, 1991; Zelikow, 1994). As suggested by the QOL framework, the promotion of human rights has a positive effect on all aspects of QOL, while improved QOL often allows people to enjoy more rights. Boone (1996) provides empirical evidence of the links between human rights and development. Using indicators of human rights abuses in 101 countries, he examined the empirical determinants of gender, political, and ethnic oppression, as well as the impact of oppression on poverty. He found that oppression was negatively correlated with income, and positively correlated with basic poverty indicators. His estimates indicated that for low-income countries, shifting away from highly repressive regimes to liberal regimes could have a significant impact on such QOL indicators as infant mortality rates.

As the experiences of many Asian countries show, it is not sufficient to rely on general development to stop human rights violations. The protection of basic human rights for the inhabitants of rural Asia relies fundamentally on political, legal, economic, and social frameworks. It is the role of legal institutions to explicitly define and secure human rights. However, as the following examples show, the existence of laws is not in itself adequate because enforcement is often inhibited by political and social institutions. In fact, the enforcement of rights is often responsible for bringing various institutional structures into direct conflict.

## Debt Bondage and Caste

The importance of implementation is illustrated by the example of debt bondage. Debt bondage is a form of indentured servitude, where individuals work for extremely low wages, usually to pay off a debt. It is widespread in South Asia, to the extent that the Anti-Slavery Society estimates that in India alone, debt bondage could account for up to 10 percent of the population, or more than 80 million people (Anti-Slavery Society, 1988). The existence of debt bondage can be traced to market failure. Poor sharecroppers or landless laborers lack access to credit markets and are unable to secure nonexploitative loans during lean periods. Debt bondage fills this gap, with loans that take a disproportionate period to pay off, due to low wages, high interest charges, fraud, and a range of additional charges (Index on Censorship, 2000).

While the existence of this system can be traced to market failure, its continuation is enabled by the weakness of prevalent political and legal institutions. Although legal statutes are in place that strictly prohibit debt bondage, especially for children, these are seldom enforced. Local power structures tend to favor rich and powerful landlords, and wealthy manufacturers can easily manipulate corrupt political systems. In India, the system of bonded labor is also closely tied to the caste system: as much as 80 percent of India's bonded laborers are low-caste Hindus or members of tribal groups. These groups have had a long history of discrimination and have little leverage within the power infrastructure. In Pakistan, meanwhile, around 20 million persons are in debt bondage, despite the fact that the practice was banned in 1992 and is supposed to be eradicated by 2003.

The caste system itself represents a serious violation of human rights, and is another example of the need for strong political and legal institutions to modify the natural development of social institutions. While the anonymity provided by cities is increasingly breaking down the caste system in urban areas, the discrimination faced by members of lower castes in rural areas is still extreme. The Government

of India has not only made untouchability illegal, it has put in place numerous affirmative action programs to improve the status of these groups, now designated as 'scheduled castes' (tribal groups that have also traditionally been discriminated against are known as 'scheduled tribes' and are offered many of the same privileges). Quotas are set aside for their admission into colleges and professional schools, and seats are reserved for them in national and local legislatures.

While this has enabled some members of lower castes to break free from the restrictions the caste system has placed on them, such policies have done little to affect the day-to-day culture of discrimination that persists in rural areas. Control of local *panchayats*, the rural governing bodies, for the most part remains in the hands of upper castes, enabling them to perpetuate inequalities. Any attempt to change the system made by lower castes is liable to be met with violent attacks on their persons and property. Recent caste violence in the state of Bihar claimed more than 80 lives, as upper-caste resentment against lower-caste attempts to organize politically and to demand equal rights boiled over. In the words of the state Home Secretary Raj Kumar Singh: "It's a struggle for power. In villages, the meetings are now being held on *harijan* [untouchable] premises, and this rankles." The explanation of an upper-caste villager was, "They don't want to work and they want to wear slippers and walk past [our] homes without lowering their heads" (*India Today*, 15 April 1999).

It is often left to civil society to act when governments are unable to enforce legislation on human rights violations. NGOs are often the first to draw attention to human rights abuses, as they work most closely with minorities, bonded laborers, women, and other underprivileged members of society. They can educate these groups about their rights and play a pivotal role in empowering them and organizing them to fight to secure these rights. Also, by targeting poverty through such projects as microfinance or literacy programs, they attack the pillars that support systems of discrimination and give disadvantaged groups the ability to break free from poverty traps.

## GENDER AGENDA

Another institution that has a tremendous influence on QOL outcomes is gender. The prevailing set of ideas and attitudes that people hold about men and women, and the social and household roles that correspond to each, are powerful determinants of the opportunities offered to and enjoyed by men and women. The design and content of policies often incorporate common notions of appropriate gender roles, and as such may lead to QOL outcomes that differ for men and women. For example, employment programs may be geared to men on the assumption that they are the primary breadwinners.

Policies and outcomes, conversely, may influence the institution of gender, either reinforcing assumptions or changing ideas about the roles of women and men. Policies that seek to promote gender equity, such as establishing female quotas for elected office, may cause individuals to question their previously held notions of gender. The presence of women in governing bodies may force citizens to rethink their ideas about women's capabilities, or it may encourage other women to become socially active. Policy outcomes may also influence notions of gender. The idea of gender empowerment is that policies giving people more autonomy and capabilities can induce them to change or question their beliefs about the prevailing gender structures that put them at a disadvantage.

In addition, the reception of policies by beneficiaries may be conditioned by beliefs regarding gender. Much of the literature on women's advancement in Asia suggests that the ameliorative effects of programs or policies designed to help women may be mitigated by traditional gender ideologies. Others have argued that a transformation of gender ideologies and roles in urban Asia underlies the creation of the new middle classes, but that this process excludes the rural sector (Krishna Sen, 1998; Stivens, 1998). For all these reasons it is critical for policymakers to understand and be aware of the set of (often hidden) beliefs about gender that exist in their societies.

In this section, a number of areas—health, education, and work—that are crucial for QOL are examined, and show that a pervasive gender gap exists in rural Asia in terms of outcomes. Microdata on gender attitudes are then examined, which show that greater traditionalism exists in rural areas. This is significant because it suggests that policies designed to correct the gender gap in QOL outcomes will need to confront institutionalized beliefs about gender that work against gender equality.

### **Health**

In rural Asia, gender is an important determinant of both access to health care and health outcomes. For women in much of the region, gender disparities begin at birth, with life expectancies following a different pattern than is found in the rest of the world, where women can expect to live considerably longer than men. Women, for example, have higher mortality rates than men at all ages in rural Bangladesh (Riley, 1997) and a lower life expectancy at birth (ESCAP, 1995a). In Pakistan, the mortality rate for girls aged under four is 66 percent higher than for boys (Wallerstein, 1998). Overall, it is remarkable to note that in Asia, which is estimated to have millions of ‘missing women’ due to undercounting, premature death, and sex-selective abortion, many gender-related health problems are problems of the rural sector.

Another area of health in which there are important gender concerns is reproduction. Fertility tends to be higher in rural than urban Asia, although generally it has fallen in both areas over time. The higher fertility of women in rural areas reflects a preference for more children, early marriage, lack of opportunities for education and employment, and a lack of availability or knowledge of contraception. Rural women, in general, also tend to have higher maternal mortality rates than do urban women, because of lack of access to prenatal care and a greater tendency to have home births.

These general tendencies hide wide regional variations. South Asia, with the exception of Sri Lanka, has far worse gender discrepancies in health than the rest of the region. In contrast, in the more developed economies such as Thailand, there are fewer male–female differences in the rural or urban sectors.

A striking feature is the gap in health-care coverage between urban and rural areas (Table IV.3). While this clearly points to the need for greater investment in rural health care, especially contraceptive programs and prenatal and nutritional care for rural women, this is unlikely to be sufficient in some countries. Equal access does not always imply equal outcomes, as the data on contraceptive knowledge and sources in India show. Despite very small urban–rural differences in knowledge about contraception and where to obtain it, the urban–rural fertility rate differential is very large. Perceptions of the utility of children, the likelihood of their survival, their opportunity cost, and ideas about the centrality of motherhood for women presumably all play a part in decisions about childbearing. Understanding that these may differ for urban and rural inhabitants suggests that a much broader strategy than simply providing information and access is necessary to close the health-care gap.

Action on health for women needs to be taken through a general approach to improving their QOL, as gender-specific problems are deeply intertwined. As Wallerstein (1998) points out in the case of Pakistan, for example, the large difference in male–female literacy rates makes it much more difficult to educate women about reproductive health issues and the need for care. A multisectoral approach to solving gender-related inequities is an essential strategy for long-term sustainable solutions.

## **Education**

Education has enormous potential to improve people's lives, but for women, especially in the developing world, beneficial outcomes are dependent on social context and gender

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Table IV.3: Gender and Health in Rural Asia. Available Statistics by Country

<b>South Asia</b>	
Bangladesh	Life expectancy at birth (1995) lower for women and gap is larger in rural areas:
	<i>Life expectancy</i>
	Male Female
	Urban 61.0 60.3
	Rural 56.6 55.5
	Higher rural fertility rate; although declining, large overall rural-urban gap remains:
	<i>Fertility rate</i>
	1983 1992
	Urban 3.5 2.9
	Rural 5.4 4.3
	Rural girls are the children least likely to be immunized: (DPT/Polio)
	Male Female
	Urban 81.1 76.4
	Rural 68.3 66.7
	Causes of death differ more by residence than gender.
<i>Five leading causes of death</i>	
Urban males Urban females Rural males Rural females	
Measles, etc. Measles, etc. Measles, etc. Measles, etc	
Senility Senility Diarrhea Diarrhea	
Diabetes, etc. Diabetes, etc. Senility Senility	
Tumors, etc. Tumors, etc. Diabetes Diabetes	
High BP Diarrhea High BP Suicide, murder, burning	
India	Female life expectancy at birth gradually exceeding that of males; large urban-rural differences:
	<i>Life expectancy</i>
	1970 1990
	male female male female
	Urban 48.9 59.2 62.0 64.9
	Rural 58.8 47.1 56.1 56.2
	Higher rural fertility rate; although declining, overall rural-urban gap remains:
	<i>Fertility rate</i>
	1970 1992
	Urban 4.1 2.7
	Rural 5.6 3.7
	Slight urban-rural differences in knowledge of contraceptive methods among women:
	<i>% of currently married women knowing any modern method of contraception and source</i>
	Method Source
	Urban 98.6 95.5
Rural 94.5 86.5	
Higher female child death rates in rural areas:	
<i>Death rates, under-4-year-olds (1987)</i>	
Male Female	
Urban 8.1 18.5	
Rural 37.8 41.8	

(continued next page)

Table IV.3 (Cont.)

<p>Nepal</p>	<p>Life expectancy at birth (1991) lower for women and gap is larger in urban areas:</p> <table border="0"> <tr> <td><i>Life expectancy</i></td> <td>Male</td> <td>Female</td> </tr> <tr> <td>Urban</td> <td>70.9</td> <td>58.5</td> </tr> <tr> <td>Rural</td> <td>53.8</td> <td>52.3</td> </tr> </table> <p>Urban women much more likely to have a doctor attend a birth (36%) than are rural women (4%). Higher rural fertility rate although declining; large overall rural-urban gap remains:</p> <table border="0"> <tr> <td><i>Fertility rate</i></td> <td>1981</td> <td>1991</td> </tr> <tr> <td>Urban</td> <td>5.0</td> <td>3.5</td> </tr> <tr> <td>Rural</td> <td>6.3</td> <td>5.8</td> </tr> </table> <p>Women's ideal family size differs by residence; higher family size preferred in rural areas:</p> <table border="0"> <tr> <td><i>Ideal no. children</i></td> <td>1981</td> <td>1991</td> </tr> <tr> <td>Urban</td> <td>3.8</td> <td>2.7</td> </tr> <tr> <td>Rural</td> <td>3.9</td> <td>3.2</td> </tr> </table>	<i>Life expectancy</i>	Male	Female	Urban	70.9	58.5	Rural	53.8	52.3	<i>Fertility rate</i>	1981	1991	Urban	5.0	3.5	Rural	6.3	5.8	<i>Ideal no. children</i>	1981	1991	Urban	3.8	2.7	Rural	3.9	3.2
<i>Life expectancy</i>	Male	Female																										
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<p>Pakistan</p>	<p>Males outnumber females in Pakistan but proportion of males is falling since female mortality is declining more rapidly than that of males. Since the 1970s, life expectancy at birth has been higher for women than men. No rural-urban breakdowns available.</p> <p>High fertility rates overall, lowest in large cities:</p> <table border="0"> <tr> <td><i>Fertility rate</i></td> <td>1991</td> </tr> <tr> <td>Major city</td> <td>4.7</td> </tr> <tr> <td>Urban</td> <td>5.2</td> </tr> <tr> <td>Rural</td> <td>5.6</td> </tr> </table> <p>Little use of contraception; national family planning program severely restricted in rural areas:</p> <table border="0"> <tr> <td><i>% of married women currently using any contraception (1991)</i></td> <td></td> </tr> <tr> <td>Major city</td> <td>31.0</td> </tr> <tr> <td>Urban</td> <td>18.8</td> </tr> <tr> <td>Rural</td> <td>5.8</td> </tr> </table> <p><i>Coverage of government family planning program (%)</i></p> <table border="0"> <tr> <td>Urban</td> <td>54</td> </tr> <tr> <td>Rural</td> <td>5</td> </tr> </table> <p>High maternal mortality rates nationwide, worse in rural areas:</p> <ul style="list-style-type: none"> <li>• Urban women much more likely to have trained health professional attend a birth (60.6%) than are rural women (24.1%).</li> <li>• Urban women much more likely to have at least one prenatal visit (60%) than are rural women (21%).</li> <li>• Girls less likely to be immunized than boys and gender discrepancies worse in rural areas.</li> </ul>	<i>Fertility rate</i>	1991	Major city	4.7	Urban	5.2	Rural	5.6	<i>% of married women currently using any contraception (1991)</i>		Major city	31.0	Urban	18.8	Rural	5.8	Urban	54	Rural	5							
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Rural	5																											

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Table IV.3 (Cont.)

Sri Lanka	<p>Since the 1970s, women have had lower mortality rates than men at all ages; in 1991, women had a life expectancy of 74.2 years or 4.5 years longer than men, and comparable to many developed countries.</p> <p>Unlike rest of South Asia, little discrimination against girls in terms of feeding or health care.</p> <p>Women's fertility rate has declined dramatically and is lowest in the region at 2.3 (1993), down from 3.7 in 1991.</p> <p>Knowledge of contraceptive methods almost universal among married women (99.3% in 1993) but urban-rural differences exist in usage. Rural women are most likely to be using some form of contraception:</p> <table data-bbox="602 806 1179 932"> <tr> <td colspan="2"><i>% of married women currently using any contraception (1991)</i></td> </tr> <tr> <td>Colombo</td> <td>62.7</td> </tr> <tr> <td>Urban</td> <td>57.7</td> </tr> <tr> <td>Rural</td> <td>68.3</td> </tr> <tr> <td>Estate</td> <td>54.5</td> </tr> </table> <p>High proportion of urban (99%) and rural births (95%) attended to by trained professionals, although urban births more likely to be with doctor (45%) while rural births more likely to have nurse or family health worker (77%).</p>	<i>% of married women currently using any contraception (1991)</i>		Colombo	62.7	Urban	57.7	Rural	68.3	Estate	54.5															
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<p><b>Southeast Asia</b></p> <p>Indonesia</p>	<p>Life expectancy consistently higher for women than men; large differences by province:</p> <table data-bbox="602 1152 1089 1283"> <tr> <td><i>Life expectancy</i></td> <td>Male</td> <td>Female</td> </tr> <tr> <td>Indonesia</td> <td>61.2</td> <td>64.9</td> </tr> <tr> <td>Jakarta</td> <td>67.3</td> <td>71.3</td> </tr> <tr> <td>Bali</td> <td>65.2</td> <td>69.1</td> </tr> <tr> <td>West Nusa Tenggara</td> <td>51.2</td> <td>4.3</td> </tr> </table> <p>Fertility has declined dramatically over past 30 years but still slightly higher in rural areas, where contraceptive use is lower than urban areas:</p> <table data-bbox="602 1383 935 1461"> <tr> <td><i>Fertility rate</i></td> <td>(1994)</td> </tr> <tr> <td>Urban</td> <td>2.31</td> </tr> <tr> <td>Rural</td> <td>3.15</td> </tr> </table> <p><i>Contraceptive use by currently married women (%)</i></p> <table data-bbox="602 1482 927 1539"> <tr> <td>Urban</td> <td>60.2</td> </tr> <tr> <td>Rural</td> <td>52.5</td> </tr> </table> <p>Infant mortality is significantly higher among male than female infants in all provinces.</p> <p>Despite improvements in health care, maternal mortality remains high, largely due to lack of professional care for births, a condition that especially affects rural areas:</p>	<i>Life expectancy</i>	Male	Female	Indonesia	61.2	64.9	Jakarta	67.3	71.3	Bali	65.2	69.1	West Nusa Tenggara	51.2	4.3	<i>Fertility rate</i>	(1994)	Urban	2.31	Rural	3.15	Urban	60.2	Rural	52.5
<i>Life expectancy</i>	Male	Female																								
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Table IV.3: (Cont.)

<p>Indonesia (cont.)</p>	<p><i>Birth Assistance</i> (% , 1994)</p> <table border="0"> <thead> <tr> <th></th> <th>Doctor</th> <th>Midwife</th> <th>Traditional birth attendant</th> </tr> </thead> <tbody> <tr> <td>Urban</td> <td>7.3</td> <td>66.3</td> <td>25.2</td> </tr> <tr> <td>Rural</td> <td>1.0</td> <td>21.5</td> <td>72.4</td> </tr> </tbody> </table> <p>Few gender differences in causes of mortality.</p>		Doctor	Midwife	Traditional birth attendant	Urban	7.3	66.3	25.2	Rural	1.0	21.5	72.4									
	Doctor	Midwife	Traditional birth attendant																			
Urban	7.3	66.3	25.2																			
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<p>Lao PDR</p>	<p>For both men and women, life expectancy is low at 52.5 for women and 49 for men. In remote rural areas, it may be half of that in cities although no precise breakdown by gender and residence is available.</p> <p>General lack of health care facilities in rural areas puts women (especially pregnant) at high risk because of endemic diseases like malaria.</p> <p>Fertility is one of highest in world (6.8) and has shown few signs of decreasing. Government only recently moved away from pronatalist position. Lowest fertility levels are among urban women:</p> <table border="0"> <thead> <tr> <th></th> <th><i>Fertility rate</i></th> <th>1994</th> </tr> </thead> <tbody> <tr> <td>Urban</td> <td></td> <td>6.0</td> </tr> <tr> <td>Semi-rural</td> <td></td> <td>7.8</td> </tr> <tr> <td>Rural</td> <td></td> <td>6.9</td> </tr> </tbody> </table> <p>Few rural women have access to prenatal care or professional assistance for births and most rural births are attended to by family members at home, raising risk of factors associated with complications:</p> <table border="0"> <thead> <tr> <th></th> <th><i>% of home deliveries (1995)</i></th> <th><i>% of women with any prenatal care (1995)</i></th> </tr> </thead> <tbody> <tr> <td>Urban</td> <td>71.2</td> <td>73.1</td> </tr> <tr> <td>Rural</td> <td>94.9</td> <td>17.6</td> </tr> </tbody> </table> <p>Rural villages generally lack anti-malarial programs (25% coverage), clean water/sanitation program (49% coverage) and have weak coverage of immunization (68%).</p>		<i>Fertility rate</i>	1994	Urban		6.0	Semi-rural		7.8	Rural		6.9		<i>% of home deliveries (1995)</i>	<i>% of women with any prenatal care (1995)</i>	Urban	71.2	73.1	Rural	94.9	17.6
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Urban	71.2	73.1																				
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<p>Philippines</p>	<p>Female life expectancy (67.0) higher than male (63.1) but no urban-rural breakdown available.</p> <p>Fertility has declined slowly and remains higher in rural areas:</p> <table border="0"> <thead> <tr> <th></th> <th><i>Fertility rate</i></th> <th>(1993)</th> </tr> </thead> <tbody> <tr> <td>Urban</td> <td></td> <td>3.5</td> </tr> <tr> <td>Rural</td> <td></td> <td>4.8</td> </tr> </tbody> </table> <p>Relatively high maternal mortality rate linked to poor nutrition (especially anemia) and lack of medical attention for births:</p> <p><i>Birth Assistance</i> (% , 1992)</p> <table border="0"> <thead> <tr> <th></th> <th>Doctor</th> <th>Midwife</th> <th>Traditional birth attendant</th> </tr> </thead> <tbody> <tr> <td>Urban</td> <td>9.1</td> <td>28.8</td> <td>60.7</td> </tr> <tr> <td>Rural</td> <td>5.6</td> <td>19.4</td> <td>72.1</td> </tr> </tbody> </table> <p>No gender differences in immunization rates.</p>		<i>Fertility rate</i>	(1993)	Urban		3.5	Rural		4.8		Doctor	Midwife	Traditional birth attendant	Urban	9.1	28.8	60.7	Rural	5.6	19.4	72.1
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Table IV.3 (Cont.)

Philippines (cont.)	<p>Little urban-rural difference in vaccination coverage (%)</p> <table data-bbox="748 533 883 583"> <tr> <td>Urban</td> <td>73</td> </tr> <tr> <td>Rural</td> <td>70</td> </tr> </table> <p>Few gender differences in causes of mortality.</p>	Urban	73	Rural	70																				
Urban	73																								
Rural	70																								
Thailand	<p>Life expectancy is 71.7 years for women, 66.6 for men. Fertility has fallen rapidly in both rural and urban areas as a result of changing attitudes and widespread availability and practice of family planning. Fertility rate nationally is 1.95. Family planning practice ranges from 46% in more rural south to 69% in northern region.</p> <p>Access to prenatal care and professional assistance with deliveries is higher in urban areas:</p> <table data-bbox="589 848 927 926"> <tr> <td colspan="2"><i>% of deliveries with professional care</i></td> </tr> <tr> <td>Urban</td> <td>96</td> </tr> <tr> <td>Rural</td> <td>59</td> </tr> </table> <table data-bbox="589 926 987 1003"> <tr> <td colspan="2"><i>% of women with any prenatal care (1989)</i></td> </tr> <tr> <td>Urban</td> <td>95</td> </tr> <tr> <td>Rural</td> <td>74</td> </tr> </table>	<i>% of deliveries with professional care</i>		Urban	96	Rural	59	<i>% of women with any prenatal care (1989)</i>		Urban	95	Rural	74												
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<p><b>East Asia</b></p> <p>China, People's Rep. of</p>	<p>Life expectancy is higher for females (70.4 years in 1995) than males (66.7).</p> <p>The one-child policy family planning program has drastically reduced fertility, although rural fertility remains higher because of less strict compliance. Also, it is easier to hide 2nd birth from authorities; different policies for national minorities are in effect.</p> <table data-bbox="695 1241 1073 1367"> <tr> <td><i>Fertility rate</i></td> <td>1973</td> <td>1989</td> </tr> <tr> <td>Beijing</td> <td>2.6</td> <td>1.3</td> </tr> <tr> <td>Shanghai</td> <td>1.5</td> <td>1.3</td> </tr> <tr> <td>Guizhou</td> <td>6.7</td> <td>3.0</td> </tr> <tr> <td>Tibet</td> <td>-</td> <td>4.2</td> </tr> </table> <p>High familiarity with contraceptive methods in both rural and urban areas. Prenatal care and maternal mortality highly linked to rural-urban residence:</p> <p>Prenatal care: Urban 98% Rural 78%</p> <p>Hospital births: Urban 72% Rural 42%</p> <p>Infant mortality rate higher in rural areas and for girls (1990):</p> <table data-bbox="695 1520 1101 1621"> <tr> <td></td> <td>Boys</td> <td>Girls</td> </tr> <tr> <td>Urban</td> <td>18.8</td> <td>19.0</td> </tr> <tr> <td>Rural</td> <td>32.6</td> <td>34.5</td> </tr> </table>	<i>Fertility rate</i>	1973	1989	Beijing	2.6	1.3	Shanghai	1.5	1.3	Guizhou	6.7	3.0	Tibet	-	4.2		Boys	Girls	Urban	18.8	19.0	Rural	32.6	34.5
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Rural	32.6	34.5																							

Sources: ADB (1996); ESCAP (1995a, 1995b, 1996, 1997a-d, 1998); Mingsarn et al. (1995)

ideology. Education gives people more choice and power over their lives, but some, such as Jayaweera (1997) using data for Asia, have argued that there is no clear link between education and women's empowerment. Rather, where ideas about gender prevent women from being able to take advantage of their education (for example when having a working wife or daughter diminishes a family's prestige in the eyes of the community), empowerment does not follow. Women's economic independence is crucial for empowerment, and while education sometimes fosters that, configuration of the institution of gender in a particular society plays a key mediating role in the link between the two.

Gender is especially important in affecting the demand for education. For example, in countries such as Pakistan where there are strict cultural limits on women's ability to participate in many of the better-paid employment sectors, there is little incentive to educate daughters (Alderman et al., 1996). Lack of access to employment also means that the presumed effects of education on values and attitudes may be curtailed. In Sri Lanka, where women's employment opportunities are limited, education appears to influence fertility simply by keeping girls in school for longer and by raising the age at which childbearing is culturally appropriate, rather than by fundamentally shifting ideas and norms about women's roles (Malhotra and Tsui, 1996).

## **Work**

Work is a highly gendered enterprise. Occupations historically have tended to have a male or female focus, and jobs that are considered women's work are frequently poorly paid. To understand work in rural Asia, it is necessary to consider the gender and social dynamics that determine who does what. Table IV.4 lists, for a number of countries, labor-force participation rates by gender and residence, as well as other available facts about gender differences in work. In both urban and rural settings, the numbers of women in the labor

Table IV.4: Work and Gender in Rural Asia

Bangladesh	<p>Labor-Force Participation Rates, 1989 72.8% of rural women in agriculture compared with 53.2% in urban areas.</p> <table border="1" data-bbox="649 577 1055 659"> <thead> <tr> <th></th> <th>Male</th> <th>Female</th> </tr> </thead> <tbody> <tr> <td>Urban</td> <td>72.7</td> <td>28.9</td> </tr> <tr> <td>Rural</td> <td>82.5</td> <td>67.3</td> </tr> </tbody> </table>		Male	Female	Urban	72.7	28.9	Rural	82.5	67.3
	Male	Female								
Urban	72.7	28.9								
Rural	82.5	67.3								
India	<p>Labor-Force Participation Rates, 1989 Higher percentage of women than men are classified as marginal workers; higher still among rural women. Lower wages in rural sector for women; women gaining ground but not in states with worst indicators for women.</p> <table border="1" data-bbox="649 793 1055 877"> <thead> <tr> <th></th> <th>Male</th> <th>Female</th> </tr> </thead> <tbody> <tr> <td>Urban</td> <td>59.6</td> <td>14.6</td> </tr> <tr> <td>Rural</td> <td>61.4</td> <td>29.2</td> </tr> </tbody> </table>		Male	Female	Urban	59.6	14.6	Rural	61.4	29.2
	Male	Female								
Urban	59.6	14.6								
Rural	61.4	29.2								
Indonesia	<p>Labor-Force Participation Rates, 1990 Gender wage gap in agriculture is among worst of any sector in economy; (1990 F/M earnings in agriculture was 54.5%) partly based on gendered division of labor that devalues women's work.</p> <table border="1" data-bbox="649 1012 1055 1096"> <thead> <tr> <th></th> <th>Male</th> <th>Female</th> </tr> </thead> <tbody> <tr> <td>Urban</td> <td>64.0</td> <td>74.4</td> </tr> <tr> <td>Rural</td> <td>31.6</td> <td>42.2</td> </tr> </tbody> </table>		Male	Female	Urban	64.0	74.4	Rural	31.6	42.2
	Male	Female								
Urban	64.0	74.4								
Rural	31.6	42.2								
Nepal	<p>Labor-Force Participation Rates, 1991 High percentage of rural women in unpaid family work; more opportunities for self-employment in rural areas; vast majority of rural women work in agriculture, but it is also most common category for urban women.</p> <table border="1" data-bbox="649 1230 1055 1314"> <thead> <tr> <th></th> <th>Male</th> <th>Female</th> </tr> </thead> <tbody> <tr> <td>Urban</td> <td>59.0</td> <td>20.2</td> </tr> <tr> <td>Rural</td> <td>69.2</td> <td>47.8</td> </tr> </tbody> </table>		Male	Female	Urban	59.0	20.2	Rural	69.2	47.8
	Male	Female								
Urban	59.0	20.2								
Rural	69.2	47.8								
Pakistan	<p>Labor-Force Participation Rates, 1993 Higher rural female participation rates due to more opportunities for self-employment in agriculture; exclusion from urban service sector; protective labor laws discourage female hires.</p> <table border="1" data-bbox="649 1449 1055 1533"> <thead> <tr> <th></th> <th>Male</th> <th>Female</th> </tr> </thead> <tbody> <tr> <td>Urban</td> <td>64.9</td> <td>7.3</td> </tr> <tr> <td>Rural</td> <td>71.3</td> <td>15.9</td> </tr> </tbody> </table>		Male	Female	Urban	64.9	7.3	Rural	71.3	15.9
	Male	Female								
Urban	64.9	7.3								
Rural	71.3	15.9								
Philippines	<p>Labor-Force Participation Rates, 1990 Gender gap in wages (1990) is large in both urban and rural areas but has not diminished in rural areas since 1980 due to more inequitable earnings in agriculture.</p> <table border="1" data-bbox="649 1648 1055 1724"> <thead> <tr> <th></th> <th>Male</th> <th>Female</th> </tr> </thead> <tbody> <tr> <td>Urban</td> <td>72.4</td> <td>47.2</td> </tr> <tr> <td>Rural</td> <td>84.6</td> <td>47.7</td> </tr> </tbody> </table>		Male	Female	Urban	72.4	47.2	Rural	84.6	47.7
	Male	Female								
Urban	72.4	47.2								
Rural	84.6	47.7								

(continued next page)

Table IV.4 (Cont.)

Sri Lanka	<p>Labor-Force Participation Rates, 1995</p> <p>High levels of female employment in 10–14 age category suggesting work–school trade-off for girls; many unpaid female family workers in rural region but declining as educational opportunities for women expand.</p> <table data-bbox="704 625 1097 705"> <thead> <tr> <th></th> <th>Male</th> <th>Female</th> </tr> </thead> <tbody> <tr> <td>Urban</td> <td>65.9</td> <td>25.8</td> </tr> <tr> <td>Rural</td> <td>63.3</td> <td>33.7</td> </tr> </tbody> </table>		Male	Female	Urban	65.9	25.8	Rural	63.3	33.7
	Male	Female								
Urban	65.9	25.8								
Rural	63.3	33.7								
Thailand	<p>Labor-Force Participation Rates, 1990</p> <p>Nonmunicipal work mainly in agriculture; more unpaid family workers among rural than urban women. Both urban and rural wage gaps for women, but in rural highest in service sector; little wage gap in public sector.</p> <table data-bbox="704 840 1097 919"> <thead> <tr> <th></th> <th>Male</th> <th>Female</th> </tr> </thead> <tbody> <tr> <td>Municipal</td> <td>77.0</td> <td>58.2</td> </tr> <tr> <td>Nonmunicipal</td> <td>86.1</td> <td>71.5</td> </tr> </tbody> </table>		Male	Female	Municipal	77.0	58.2	Nonmunicipal	86.1	71.5
	Male	Female								
Municipal	77.0	58.2								
Nonmunicipal	86.1	71.5								

Sources: ADB (1996); ESCAP (1995a, 1995b, 1996, 1997a–d, 1998); Mingsarn et al. (1995).

force tend to be lower than those of men, a reflection of women’s domestic responsibilities.

One striking feature is how often the participation rates of rural women are higher, often substantially higher, than their urban counterparts, especially in South Asia and Thailand. In part, this reflects the nature of agricultural production. There are many more unpaid family workers in the rural sector, and women tend to be disproportionately represented in that group. However, when educational opportunities become available to women, as in the case of Sri Lanka, their tendency to work as unpaid family labor diminishes (ESCAP, 1997d). There is also often more scope for self-employment for women in the rural sector, e.g. as farm laborers, than in urban areas. Cultural reasons sometimes also form part of the explanation, as in Pakistan. One reason why urban female employment there is so low is that women tend not to be involved in the service sector, as they are in many countries, because it would involve having to deal with male members of the public (ESCAP, 1997c).

In most countries of Asia, employed rural women tend to be found overwhelmingly in the agricultural sector. Men

are quickly finding other types of employment and the feminization of agriculture is proceeding at pace. The effects of this are uncertain. The new nonagricultural jobs tend to be more highly paid, decreasing women's bargaining power, but they also tend to involve men in travel, increasing women's authority within the household. The importance of women to farming may have a negative impact on their education. In the PRC, some girls are being kept out of school to work when men leave the farm (Riley, 1997). The situation is similar in Viet Nam (Johansson et al., 1996).

### **Kinwork**

One area of women's work that has received little attention is 'kinwork', which is the job, often done by women, of maintaining social networks and ties between relatives and friends (di Leonardo, 1987). It is a process of keeping families and communities thriving by consolidating networks of interdependence, through ceremonies, gift giving, and labor exchange such as childcare or household help. Kinwork provides some insurance against economic hardship. In India, for example, family networks provide social security in times of moderate deprivation (Agarwal, 1991), while in rural Central Asia, social ties play an increasingly important economic function, following the breakdown of the Soviet system (Kandiyoti, 1998; Werner, 1998).

Ties between relatives and neighbors can also limit the need for borrowing from money-lenders. Koroteyeva and Makarova (1998), who examined gift-giving in Uzbekistan, argued that celebrations are often a means of accumulating resources rather than spending them. By receiving gifts at celebrations such as weddings, people avoid having to borrow money at high rates to carry out their necessary social obligations. Kinwork, like household labor, is part of women's 'invisible' contribution to the economy, social capital formation, and the QOL of their community more generally. For policymakers, the opportunity to work through the networks

maintained by women is clearly an important one. By understanding how gender is 'done' locally, policymakers can create truly effective programs that ensure both equity and sustainability.

### **Gender Attitudes in Rural Areas**

Both the gender gap in QOL outcomes, and the invisibility or devaluation of the kinds of tasks that women do, suggest a policy agenda that focuses more on the differential impact of programs and the different needs and interests of men and women. Compounding the difficulty of the task for policymakers is the fact that ideas about domestic gender roles tend to be somewhat less egalitarian in rural than urban areas. Typically, sociologists and psychologists see an individual's idea about gender as falling on a continuum from traditional to egalitarian (Hochschild, 1989). While the specific content of that scale is time- and culture-specific, some common themes across modern cultures can be seen as constituting traditional gender ideology: an association of women with the domestic sphere and chores; a related devaluation of the work done by women; a primary role for women in reproduction and mothering and a secondary, if any, role in paid labor; a primary role for men in breadwinning; and a dominance of male over female authority. By contrast, egalitarian gender ideology assumes a belief in autonomy for men and women, sharing of domestic chores and decision making, and equal opportunities in the labor market.

Ideas about gender and how they vary across the rural and urban divide in two Asian countries are surveyed here, using survey data from the 1990–1993 World Values Survey. A survey in India and the Republic of Korea contained questions that tap into different dimensions of attitudes toward gender, specifically those dealing with equality of opportunity in the labor force and the centrality of family and motherhood

for women<sup>14</sup>. Some of the key differences between men and women in urban and rural areas are presented with respect to their ideas about the roles and meanings associated with gender.

The results from both India and the Republic of Korea suggest that on the question of family and motherhood, rural inhabitants are considerably more traditional than urban dwellers. Within each of those groups, women tend to be more traditional than men, espousing the centrality of the domestic role as constitutive of female identity (Tables IV.5 and IV.6).

At the same time, however, women are more likely than men to reject the idea that males are entitled to jobs based simply on their gender (Table IV.7). In India, slightly over half of rural and urban women disagree that men should get hiring preferences when jobs are tight, while two thirds of men believe that they should. In rural Republic of Korea the same pattern holds, with women less traditional than men in their attitude to the labor market. The only exception we find is in urban Korea, where urban women are much more likely than urban men to think that men have more rights to jobs than women. This may be related to a phenomenon some feminist scholars have described in affluent parts of urban Asia, where the ability of a wife to stay at home may be a sign of wealth and privilege (Stivens, 1998). If urban women in the Republic of Korea aspire to such an arrangement, then they may feel that achieving it requires men to have preferential access to jobs.

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<sup>14</sup> Attitude toward gender equality in the labor market is measured by the question: "When the jobs are scarce, men have more right to a job than women" (agree/disagree). Gender role issues are captured by the questions: "A job is alright but what women really want is a home and family" (agree/disagree); and "A woman has to have children in order to be fulfilled" (agree/disagree).

**Table IV.5: Percentage of Respondents Who Strongly Agree That  
“a job is all right but what women really want is a home  
and family”**

	India	Republic of Korea
Rural Men	63.7	58.5
Rural Women	67.0	66.4
Urban Men	32.5	40.2
Urban Women	41.6	49.4

Source: World Values Survey, 1990–1993

**Table IV.6: Percentage of Respondents Who Believe That  
“a woman has to have children in order to be fulfilled”**

	India	Republic of Korea
Rural Men	94.4	75.6
Rural Women	99.5	84.5
Urban Men	90.1	71.1
Urban Women	92.5	79.2

Source: World Values Survey, 1990–1993

**Table IV.7: Percentage of Respondents Who Agree That  
“when jobs are scarce, men have more right to a job than women”**

	India	Republic of Korea
Rural Men	67.0	50.5
Rural Women	49.5	38.1
Urban Men	66.7	35.1
Urban Women	44.6	47.7

Source: World Values Survey, 1990–1993

## Obstacles to Equality

The qualitative data suggest that the path to equality for women in rural Asia contains obstacles stemming from prevailing ideas about gender. Much evidence suggests that only when gender equity and empowerment obtain can the fully beneficial results of QOL inputs be achieved. In the absence of social and ideological structures to support women’s

autonomy, women are often unable to take advantage of inputs. Thus under-utilization of some rural health facilities by women in India is the result not of lack of inputs, but of a lack of gender equality that suggests women are less deserving of health care than others (Anon., 1997). Similarly, rural girls and women are malnourished in some Asian nations because they are the last in line for food in families (Riley, 1977), revealing an underlying gender discrimination that is unlikely to be eradicated by providing more calories to families (although it certainly may mean an improvement).

Closing the gender gap in QOL outcomes and gender equity are linked. Increasing gender equity is important in order to make the process of development more sustainable. In many countries, social investments in men and women produce different overall returns because of the way gender structures family and social life. For example, because women are almost universally the primary providers of child care, increasing women's access to health care and education tends to have a bigger social multiplier than similar investments in men, because better-educated and healthier mothers have a huge impact on their children.

## CONCLUSION

This chapter has focused on three specific institutions that influence QOL: civil society, human rights, and gender. Not only are these crucial for producing positive QOL outcomes, but there is an emerging international consensus that they represent the next frontier of essential policy interventions for ensuring QOL. They also highlight specific lessons about the more general role that institutions play in the determination of QOL. The relationship between institutions and QOL is complex and interactive. Institutions influence QOL directly; highly inegalitarian gender relations, for example, will tend to produce poorer QOL outcomes for women. Institutions also influence each other as in the case of a strong, participative

civil society that forces state institutions to be responsive to citizens' needs in ways that improve QOL. Finally, there is an indirect institutional path to QOL: institutions can influence QOL through their role in the policy process. Here they may act as a limit, conscious or not, on policymakers since they help shape the goals and means chosen to achieve them. They affect policy design and can have a pivotal impact on implementation.

However, the process of influence runs two ways. Institutions change over time—they need, and are subject to, constant renewal. Policymakers are not passive actors, wholly constrained by the institutional structure they face. Rather, they can undertake policies that go deep and attempt institutional change. This examination of gender illustrates the importance of changing institutional structures and the possibilities for doing so through changes in policies and QOL. QOL improvements may influence institutionalized views of gender and shift them in a more egalitarian direction, which may produce further progress. Such shifts occur only slowly and usually at different speeds. However, by concentrating on the dynamic interplay between policy and institutions, policymakers have a better chance of creating the virtuous institutions that are essential for sustainable development in the long run. The next chapter looks at specific policy tools and instruments that policymakers can use to institute this type of change.