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Causes of Low Female Life Expectancy in Nepal

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INTRODUCTION

Life expectancy is a major indicator of socio-economic development of a country. There exists positive relationship between life expectancy and socio- economic development. High life expectancies in developed countries due to low mortality rates, are linked to socio-economic development of the country. With the progress of the socio-economic conditions of the country, females life expectancy also improves as fast as or even faster than that of males.

Female life expectancy is low in comparison to male in Nepal like in Bangladesh and Bhutan. According to a country's report on the International Conference on Population and Development (ICPD1994) the life expectancy in Nepal is 54.4 years in 1994, with 55.9 years for males and 53.4 years for females. Therefore, it is necessary to find out the causes of low female life expectancy in Nepal.

High female mortality rate is mainly due to high girl child mortality and high maternal mortality rates. Low status of women is also the cause of short life span of female in Nepal. Important contributing factors of low female life expectancy are : (i) early age at marriage; (ii) sex discrimination; (iii) high maternal mortality; (iv) illiteracy; (v) poor pre-natal and ante-natal care; and (iv) high working load for girls and women.

PATTERN OF LIFE EXPECTANCY AND MORTALITY TRENDS

The patterns and trends in life expectancy both of female and male have remained the same for the last three to four decades, i.e. a high life expectancy for male in comparison to a low life expectancy for female.

Expectancy of Life at Birth

Expectancy of life at birth is a direct result of Age Specific Death Rate (ASDR) of different age groups. Therefore, it is widely used as the indicator of levels of mortality. It is generally calculated from a constructed life table which is based on Age Specific Death Rates.

There is gradual improvement in the expectation of life for both sexes in Nepal. But, it has been found that the life expectancy at birth is higher for males than for females from 1961 to 1991.

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Table 1
Life Expectancy at Birth, 1961-1994

Sources	Period	Females (Years)	Males (Years)
CBS	1961-1971	36.66	37.08
Gubhaju (1982)	1971	40.00	42.10
US Bureau of Census	1971	39.10	41.90
DSS	1974	42.50	46.00
US Bureau of Census	1976	41.40	43.40
CBS, 1986	1971-81	44.30	46.30
CBS	1981	48.10	50.90
CBS, 1992	1989	51.60	54.38
ICPD	1994	53.40	55.9

Note : CBS = *Central Bureau of Statistics*, US = *United States*, DSS = *Demographic Sample Survey*, ICPD = *International Conference on Population and Development.*

Table 1 reveals significant increase in registration of male life expectancy compared to female life expectancy. Since 1961-1971 upto 1994 male has gained 18.82 years while female has added 16.74 years. The CBS report shows a continual widening gap between the life expectancy for males and females. For example, in 1961-1971, there was a difference of less than 1 year between that of male and female between 1971-1981, the difference increased to 2-3 years which remained until 1994.

Age Specific Death Rate (ASDR)

ASDR is the number of deaths to the number of persons in a specific age groups. Data from the survey conducted by the DSS in 1974/75 and 1976 are used in table 2 to explain ASDR. Due to lack of current data, historic data as well and very short period differences are used. The percentage difference of female and male is computed as the difference of 123.0 and 141.2 which is divided by 141.2 and multiplied by 100 in 1974/ 75 year and so on.

However, there exists a higher incidence of death rates for girls and women in both surveys in almost all age groups. Table 2 indicates the absolute death rate IMR (ASDR, O years or below one year) seems to be very high. In Nepal IMR is the highest along with other 15 countries in the World. High male IMR in 1974/75 was found low in 1976. In 1974/75 the infant mortality rate for male was higher than that of female. The female infant mortality rate was 12. 9 percent lower than that of male, but immediately after one year, 1976, this rate increased to 7.4 percent.

This could be the result of poor quality of data.

Table 2
Age Specific Death Rate by Sex
1974/75 and 1976

Age Group (Years)	Females		Males		Percent Difference of Female and Male ASDR's in	
	1974/75	1976	1974/75	1976	1974/75	1976
0	123.0	137.9	141.2	128.4	-12.9	7.4
1-4	35.9	37.2	33.2	32.6	8.1	14.1
5-14	5.6	6.1	4.8	5.2	16.7	17.3
15-24	7.9	6.0	5.0	6.0	58.0	0.0
25-34	7.7	10.7	4.7	7.3	63.8	46.6
35-44	12.6	14.8	6.7	8.0	88.1	85.0
45-54	17.6	16.8	11.4	20.9	54.1	-19.6
55-64	38.2	48.1	36.2	45.1	5.5	6.7
65-74	71.8	76.5	67.6	76.3	6.2	0.2
75+	169.9	139.7	129.0	192.8	31.7	-27.5

Source: CBS, *Population Monograph of Nepal*, 1987.

The child mortality rate (ASDR, 1-4 years) represents the mortality of children 1-4 years old. Both survey years have recorded high girl mortality rate, i.e. by 8.1 percent in 1974/75 and 14.1 percent in 1976 respectively. Increases in female child mortality are higher as compared to female infant mortality rate in both corresponding survey years.

In the age group 5-14 years, mortality is higher for female by 16.7 percent in 1974/75 and 17.3 percent in 1974/75, female mortality showed a peak among the reproductive ages 15-24 and 35-44. There are high percentage differences between death rate of female and male. But, in 1976 the female's death rate of aged 15-24 years has decreased from 7.9 years to 6.0 years between 1974/75 to 1976. This high difference is unbelievable, because the female of this age are of high reproductive potentials. Therefore, it will be unlikely for male and female to have the same death rates. The highest maternal mortality exists in Nepal among the SAARC region. This can be visualized from the low female life expectancy (Table 4).

The table 2 shows a higher incidence of female mortality rate among reproductive age groups 15-24. and 35-44 years, and also high mortality rates for the young age group 0, 1-4, and 5-14 years. The highest percentage of female deaths is in the age group 15-24 and 35-44 years in both survey years. This attributes to the high maternal mortality rate.

CAUSES OF LOW FEMALE LIFE EXPECTANCY IN NEPAL

Inspite of the improvement in life expectancy for both sexes there exists high life expectancy for male in comparison to female life expectancy in every report. Following are the causes of low life expectancy for female in Nepal.

Early Age at Marriage

Lopez (1981), Harris and Ross (1987) and others have mentioned that change in an economy, such as an increase in the value and demand for female labour, automatically will postpone of early marriages. The value and demand of female labour is very low in Nepal. Despite involvement of more than 90 percent of economically active Nepalese women, late marriage and low number of children ever born are not existing. This indicates high incidence of early marriages. The woman marriages, in Nepal, at much lower age than that of a man. For example, 1 percent of boys and 2 percent of girls are formally married at ages 6-9 years, similarly 6 percent of boys and 13 percent of girls are formally married at the age 10-14 years (NFHS 1991). The six amendment of the National Code (1975) sets the minimum age of marriage at 16 for female and 18 for male with guardian's consent and 18 for female and 21 for male without their guardian's consent (MOH 1991). Still early marriage is practiced in the rural areas of the country.

The early marriage leads to early child bearing and high fertility. Early child bearing has an adverse effect on the health. Early marriage and early child bearing are closely related to female mortality or increase in the maternal mortality. The early age at marriage of women in Nepal is one responsible factor for high fertility. The table 3 shows the age-specific fertility rates of Nepalese women of 1974/75,1976 and 1991.

Table 3
Age Specific Fertility Rate

per thousand women of Nepal

Age Group	1974/75[1]	1976[1]	1991[2]
15-19	116	141	98
20-24	270	305	280
25-29	297	284	245
30-34	260	252	187
35-39	169	170	129
40-44	89	95	60
45-49	50	34	19
TFR	6.3	6.4	5.1

Sources : [1]CBS,1987 : 281, [2]NFHS, 1991 : 7.

It is seen that there is high fertility in 1976 in comparison to 1974/75 and 1991. High fertility in Nepalese women may be due to lack of socio-economic development and customs of sex preference of the country

Sex Discrimination

The traditional society preferring the son over the daughter is still prevalent in Nepal. Therefore, son preference in the society is another major cause of high female mortality in Nepal. Nepal stands as the second country in son preference among the strong son preference countries. And also, the number of sons is a crucial factor in determining desired family size. The women preferred to have at lest one son even she had already eight daughters and more, so she tends to have more children than she wants and with short spacing in between births as well as lack of ante-natal care and poor health services. It indicates that a woman's health is always in precarious condition and may die soon. In a son preferred society, there is direct mal-effect to mother, and it is clear, therefore, that son preference is an important determinant in the low female life expectancy for mothers as well as there is high possibility of neglecting girl children. This is also the cause of high girl child mortality.

Due to the son preference the girl child is deprived of nutritive food and good health. Girls suffer the worst kind of life. They are neglected and denied from even the basic opportunities of life. Most of them are unwanted at birth. They get less food have less access to education, are often sick but receives less health care (Pradhan 1981).

Sons are preferred first for good and fresh food. Girl children and women are the opposite. One survey report shows the neglect of the girl children in many South Asian countries. Fifty-one percent of the girl children in the 0-12 month age group are being breast fed, and boy children aged 0-3 years are given more milk as a supplementary food than girl children. Girls have a higher rate of death from measles, diarrhea and respiratory infections. Compared to boys, girls receive inadequate and less appropriate health care. Sons are shown preference in distribution of more nutritious foods. This discrimination against the girl child directly contributes to its low chances of survival.

High Maternal Mortality Rate

There is very little work done on maternal mortality in Nepal. In Nepal women have a risk of deaths during pregnancy and childbirth. This is shown in table 2. As found by the. Family Planning of Maternal and Child Health Project, in Nepal, the maternal mortality rate is approximately 850 deaths per 100,000 live births, one of the highest in the world. Nepal has also one of the high maternal mortality in the SAARC region, which is shown in Table 4.

Table 4
Maternal Mortality Rate in the SAARC Countries

Countries	Maternal Mortality Rate in 100,000
Nepal	850
Bangladesh	600
Bhutan	–
India	500
Maldives	–
Pakistan	600
Sri-Lanka	90

Source : *World Development Report 1990.*

Poor health services, high fertility rate, low spacing of births, son preference are the main causes of the high maternal mortality rate, and it is a major reason for the low female life expectancy in Nepal.

Illiteracy

Occurrence of high female mortality is also due to low female education . According to Harris and Ross (1987), there would be improvement in their life expectancy when both sexes go to school. But, in Nepal the female literacy rate is 25 percent, which is almost half compared to the male literacy rate. This is also indicated by the number of students in percentage by sex in different grades in Table 5.

Table 5
School Enrollment by Sex

in percentage

Class	Boys	Girls
I	60.8	31.2
II	70.1	29.9
III	70.7	29.3
IV	72.1	27.9
V	71.7	28.3
VI	73.9	26.1
VII	74.6	25.4
VIII	74.2	25.8
IX	76.5	23.5
X	77.5	22.5

Source : Pradhan, *Feature*, 1981 :3

The table 5 shows the low enrollment of girl student in the school, which is almost half in class 1 and more than half of the enrollment of boy students in the rest of the classes in the school. It also indicates less enrollment of girls as class increases due to high drop-out rate of the girl students. The main reasons of the drop-out are traditional views,

assumption of domestic and child-care activities from an early age, segregation from men and early marriage in some areas, lack of income and poverty. While some 56 percent of the total maternal mortality cases were found due to illiteracy, other remaining maternal mortality cases were due to lack of health check up during pregnancy, traditional type of delivery, absence of ante-natal and pre-natal care, short spacing births, unmet demand of contraceptives etc. Therefore, low literacy rate is one of the contributing factors to low female life expectancy.

Poor Pre-natal and Ante-natal Care

The insufficient health services is another factor of low female life expectancy in Nepal. In 1885 females have more morbidity than males, of all hospital admittance, 63 percent were females while 37 percent were males (CDPS 1992 : 21)

Table 6
Indicators of Maternal Services

Measures/Indicators	Percent
Ante-natal care	
(i) Care provided by:	
Doctor	11.2
Trained Nurse/Midwife	4.2
Birth Attendant	2.3
None	82.3
(ii) Tetanus Toxoid Injection Given to Mothers :	
One Dose	
Two Doses and More	15.0
None	26.8
	58.2
Natal - Care	
(i) Place of Delivery :	
Health	5.7
Home	92.5
Others	1.5
(ii) Delivery Assisted by:	
Doctor	5.5
Trained Nurse/Midwife	1.9
Birth Attendant	24.8
Others/Relations	58.2
None	9.6

Source : NFHS, *A Preliminary Report*, 1991.

In case of the maternal mortality, these women are very susceptible because adequate availability of maternal services is not available. The table 6 indicates the extent of the use of maternal services. A report from Nepal Fertility, Family Planning and Health Status Survey (NFHS) about

the natal and ante-natal care found that in about 82 percent of births during the last five years, the mother received no ante- natal care. Only 15 percent of mothers received ante-natal care from medical or trained health personal. And, also 58 percent of all mothers had no tetanus toxoid injection.

In natal care, or during delivery time, 92 percent of women of the births are delivered at home and 58 percent of births were assisted by relatives, and only 7 percent were attended by a doctor or a trained nurse/midwife.

Therefore, there are many women who have delivered without any ante-natal care. These are the main incidence of high maternal mortality in Nepal. The maternal mortality in selected hospital in Nepal between ages 15-49 years a total of 421845 live births between 1979-1985 were analyzed in the retrospective study, the maternal mortality rate was 189 deaths per 100,000 births.(WHO 1985). The causes of the maternal mortality can be seen in table 7.

Table 7
Causes of Maternal Mortality 1979-85

Causes	Number (percentage in parenthesis)
Direct Causes	**69 (85)**
Hemorrhage	30 (37)
Sepsis	14 (17)
Obstructed Labour	7 (9)
Hypertensive Disorders of Pregnancy	6(7)
Ruptured Uterus	5 (6)
Embolism	5(6)
Complications of Anesthesia	2(3)
Indirect Causes:	**12 (15)**
Anemia	5 (6)
Liver Disorders	1C1)
Other Infections	2(3)
Others	4 (5)
Total	81 (100)

Source: *World Heath Organization 1985 : 518*

Of these occurrence of maternal mortality 95 percent had no special past medical history, 83 percent had no pervious pregnancy complications, 50 percent had no ante-natal check-ups and 56 percent of the women were illiterate.

Heavy Working Load of Women

In Nepal, girls and women have to work very hard in their household as there is no any consideration of the working hour for a woman in the society . She is already discriminated by different factors

such as getting early marriage, child marriage, low health care, low nutrition, no education.

A girl has to start to work at the domestic level by cooking, cleaning and fetching water, fuel and fodder, tending animals, washing clothes and caring for their siblings. Girls work more than boys, sometimes more than twice as much, in all age groups, and their work burden increases with age. Out-of school, children work twice or thrice time more in domestic work to maintain subsistence and conventional economic activities. Women work on an average 10.81 hours per day, while men work 7.51 hours per day (CDPS 1990). These chores apply for the age groups 5-9, 10-14, 14-64 for females and working load without any decrease day by day. This is made clear by the table 8.

Table 8

Different Work Activities among Male and Female

in hours per person per day

Age Group	Female			Male		
	HS (1-4)	DP (5-11)	Total* (1-11)	HS (1-4)	DP (5-11)	Total* (1-11)
6-8	2.4	2.5	4.9	0.7	3.0	3.7
9-11	2.6	5.8	8.4	1.7	4.8	6.5
12-14	3.3	6.6	9.9	1.8	5.7	7.5
15-19	3.2	8.1	11.3	2.0	7.5	9.5
20-29	3.7	8.4	12.1	1.6	8.8	10.4
30-39	6.9	7.2	14.1	2.5	8.7	11.2
40-49	5.6	7.1	12.1	2.5	7.9	10.4
50+	4.4	6.3	10.7	1.9	7.4	9.3

Note: HS =Household Maintenance, DP =Directly Productive

*Nature of works includes (1) Child care, 2) Household food preparation, 3) Firewood collection, 4) Other household maintenance work , 5) Animal care, 6) Wage labour (agricultural), 7) Wage labour (non-agricultural), 8) Handicrafts, 9) Reciprocal labour exchange community labour, 10) Agricultural work, 11) Production of articles for sale.

Source : CBS, 1992.

Table 8 indicates that, girls do more work than boys in almost all age groups. The high working hour for female is mainly due to their higher contribution to household maintenance works. Because, domestic work must be done by girls/women rather than men according to traditional practices. And, men are not supposed to do any household work, as this is not considered good from the social point of view. It is also clear that girls and women will have to do much more work in a day as compared to men.

Many women have to help their husband in his work. It indicates that women have to be active from early in the morning to the late night. For example, women were responsible for 86 percent and 76 percent of the domestic and expanded economic activities respectively, and 57 percent of the input into subsistence agricultural sector.

Therefore, a girl and women have to work a lot without payment, status, sufficient food and care for their health. Because of the lack of these facilities they are suffering from weak health and high morbidity. In this kind of situation, a female's health can be easily affected and dies earlier than a man.

CONCLUSION

Female life expectancy in Nepal is found low. This problem is mainly due to the low status of female. Early marriage, sex discrimination, high maternal mortality, illiteracy, poor ante-natal and pre-natal care and heavy working load for female are causes of low female life expectancy in Nepal. The females die soon in the early age. Therefore, eradication of early marriage, elimination of child labour, equal rights to son and daughter, social security, compulsory education for female, population education and sex education, increase in health services through community participation, family planning services and income generation programmes and policies should be implemented to rise the female life expectancy in Nepal.

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