

***Special Theme:***  
***Sexual, Reproductive Health, Gender and Equity***

Editorial

**Gender Equality:  
Moving from Policy to Actions**

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Since the adoption of the Beijing Declaration and Platform for Action under the Fourth World Conference on Women in 1995 and its subsequent endorsement by the United Nations General Assembly in 1996, the issue of gender equality and women's empowerment has been placed in the policy agenda. Sustainable Development Goals have also adopted women equality as a stand-alone goal (Goal 5) to achieve gender equality and empower all women and girls. Despite the subjects high priority in the policy agenda a satisfactory outcome is yet to be achieved.

UNESCAP (2015) reports show a declining trend in maternal mortality ratio of countries in the Asia Pacific region but disparities among countries still exist. For example, maternal mortality ratio for countries in South and South West Asia reduced from 428.7/100,000 live births in 1995 to 178.0/100,000 in 2013 which is 58.5 percent reduction. However, as compared to countries in other sub-regions such as in Southeast Asia, Pacific, North and Central Asia and East and Northeast Asia where maternal mortality ratio in 2013 were 139.9, 84.7, 31.8 and 31.6/100,000 respectively, maternal health problems in South and Southwest Asia still remaining high.

There are some restrictions in providing sexual and reproductive health services and of which access to abortion is a good example. Young people in the regions continue

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to experience reproductive health risks which can lead to unsafe abortion, sexual transmitted diseases and HIV (UNFPA, UNESCO and WHO, 2015).

In view of the importance of reproductive health and equity in the region, the theme in this issue of Journal of Population and Social Studies (JPSS) is on key components of sexual, reproductive health by focusing on gender equity.

Unsafe sex among adolescents is one of the important problems in the region especially its relationship to unwanted pregnancy and risk of sexual transmitted infectious diseases. In this issue, three articles have addressed unsafe sex and unintended pregnancy in different groups of populations. Those on Thailand focused on unmarried adolescent aged between 15-19, India on married young women aged between 15-24 and Korea women aged 15-44.

Sitanan et al. (pp. 171-193) studied sexual behavior of adolescents and confirmed unsafe sexual behavior among the young in Thailand. They found 24 percent or one fourth of Thai secondary and vocational school students aged between 15-19 have had sexual experience; and almost 70 percent of them had unsafe sex, with females at risk of unsafe sex higher than males. The findings also pointed out to factors that contributed to lowering the risks, such as living with both parents, having a less favorable attitude toward risk behaviors such as sexual freedom for men than women and approval of close friends with sexual risk behavior. Sex education programs and training and teaching topics related to sex did not reduce risk behavior among adolescents in Thailand. This research on Thailand differed from that on unintended pregnancy among currently pregnant women in India.

Raushan and Raushan (pp. 194-212) found 22 percent of married women aged between 15 and 24 reported their pregnancies were unintended. Factors contributing to unintended pregnancy in India were number of surviving children, whether women and husband wanted more children. Violence also contributed significantly to unwanted pregnancy especially sexual violence. Women who experienced sexual violence had 1.5 times higher chance of having unintended pregnancies compared to their counterparts who are not similarly predisposed. This reveals the low bargaining power of women with regard to sexual behavior.

Siddhanta and Singh (pp. 265-286) pointed out that gender inequality which is deep rooted in India has resulted in physical, mental, and sexual health problems for women. They studied the gap between perception and behavior of men regarding the sexual and reproductive rights of women in India and found that 10 percent of married women experienced sexual violence and the rate was higher among younger women in rural areas, were the lowest income quintile and low education. The gap between perception and behavior among men in India meant that while they had positive perceptions on the right of women, sexual violence still continued.

In contrast with India where fertility is still high at 2.4, Korea's TFR is only 1.19. The study on Korea by Hwang and Lee (pp. 213-234) explored the factors contributing to the intention to get pregnant among working women to solve low fertility in the country. Findings from this study showed that gender role has not contributed directly to child bearing intention for women in Korea. The factors that have influenced the decision to have children for working women in Korea are age, level of education, work position, housework assistance and their existing number of children. Younger women with higher education and full time jobs received help with housework from mother, have intentions to become pregnant. The roles women play as housewife and working women remained the factor hindering working women from having children in the absence of support from the government or family.

Unintended pregnancy has led to abortion in some cases in countries where abortion services are restricted and access to safe abortion challenging. Abortion as a process of birth limiting rather than spacing among educated urban couples of West Bengal, India by Sumoni Mukherjee (pp. 235-264) found that couples tend to use traditional methods such as rhythm or withdrawal rather than effective modern contraceptives. Thus, if an unintended pregnancy arises abortion is used to limit family size.

Article by Chaturachinda and Boonthai (pp. 287-297) summarized the factors related to unsafe abortion and highlighted inequity in access to health care as an underlining factor. Low levels of education, low income, social stigma related to abortion, religion belief, restriction of law and negative attitude of health care providers are among contributing factors.

The papers in this issue pointed to problems of unintended pregnancy and unsafe abortion resulting from socio-economic disparities and gender inequality. The progress has been made, but more needs to be done especially in closing the gap between perception and behavior regarding gender equality as pointed out by Siddhanta and Singh.

## References

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