

An Overview of Women's Health Issue and the Relevant Government Measures in Singapore

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Rec date: May 3, 2016; Acc date: May 19, 2016; Pub date: May 26, 2016

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Mini Review

Singapore has transformed from a poor third world country into a first world one within half a century. The rapid economic development has triggered tremendous social changes, among which are the surging entrance of women in the workforce and their changing roles in the society.

As more and more Singapore women (referring citizens and permanent residents throughout this essay) receive better education and have the desire to work for financial independence and career advancement, the traditional expectations emphasizing women's roles and responsibilities within family have imposed great pressure upon them.

Research has suggested that in Singapore the conflict between family and work roles constitutes one significant threat to women's health. While women's health is significant to the small country's total fertility rate and quality of workforce supply, two important aspects to sustain its growth, the family-work balance should deserve greater attention.

Unfortunately, rare research has systematically explored how the family-work conflict affects health in the population of Singapore women. Nor does research investigate whether extant government measures potentially benefiting women's health have devoted any attention to the family-work conflict.

To partially fill this void, this essay provides a brief review on the issue of Singapore women's health from the lens of women's changing roles and relevant government policies and programs. It ends with the argument that more attention should be focused on the family-work conflict to further improve women's health.

The Lifestyle Change and Health Issue of Women in Singapore

Singapore is located at the southern tip of the Malay peninsula with a total land area around 719 km² [1]. This small island-state was founded as a trading port under British colonial rule in the early 19th century and gained independence from the UK in 1963.

Before its total independence in 1965, Singapore merged into the Malaysian Federation for a very short time. Despite almost no natural resources, Singapore has achieved impressive records in the global economy.

Accompanying the quick economic development is the striking change of Singapore women's roles in the society. Singapore has been a traditionally patriarchal society where women are expected to fulfill their roles as homemakers and caregivers [2,3].

But with the state government's various efforts to encourage women's participation in workforce [4], women have been surging in the labor market. Among Singaporeans, female labor force participation (LFP) increased significantly from 34.9% in 1975 [5] to 65% in 2014 [6]. While women have more opportunities to participate and advance in the labor market, men have not yet engaged in the housework and caring responsibility to a comparable extent. For instance, the Singapore Fatherhood Public Perception Survey [7] showed, despite 99% of respondents agreed that parenting responsibilities should be shared equally between women and men, most still viewed fathers' main role as the breadwinner.

In terms of actual time spent with children, surveyed fathers were less involved in their children's lives than surveyed mothers. Thus, the stubborn social expectations and social structure have imposed a dual-loaded and even harder life to better-educated women when they become working wives and mothers.

The tension between work and family requirements is highly likely to generate emotional, physical and mental problems affecting women's health. Although research or direct evidence on the association between work-family conflict and women's health status has yet been available, some clues may help to make the inference. First, regardless of the consistently enhanced pro-procreation programs by the Singapore government, the total fertility rate (TFR) in Singapore has kept decreasing since late 1980s.

Statistics have shown that TFR fell from the peak of 1.96 births per female in 1988 to 1.24 per female in 2015 [1]. Jones [8] in his study of late marriage and low fertility in Singapore pointed out, "Neither the labor market conditions, employer and co-worker attitudes, nor husband's or potential husband's attitudes make it easy for women to combine full-time work with raising a family", and suggested Singapore women tend to delay their marriage and have fewer or no children. A second clue is the major causes of death among Singapore women. For both men and women, lifestyle diseases like cardiovascular disease and cancer already replaced infective diseases to be the most popular cause leading to death in this country [9].

Within the female group specifically, breast cancer has been the most common cancer and the leading cause of death (Table 1). Despite Singapore is a multiethnic state consisting of around 75% Chinese, 14% Malays, 8% Indians and 3% others, the top cause of death remains the same across different ethnic groups. Among several risk factors of breast cancer identified by physiologists are delayed first birth (after the age of 30), having fewer children or never having a child, and sedentary life pattern [10]. These risk factors, together with the trend of local women's marriage and childbearing mentioned above, suggesting women's struggle for fulfilling the family and work roles has negatively affected their health.

The most frequent cancers				The most frequent cancer deaths			
Rank	Site	Number	%	Rank	Site	Number	%
1	Breast	9,284	29.2	1	Breast	2,051	17.6
2	Colo-rectum	4,221	13.3	2	Lung	1,912	16.4
3	Lung	2,399	7.6	3	Colo-rectum	1,782	15.3
4	Corpus uteri	2,089	6.6	4	Liver	748	6.4
5	Ovary, etc.	1,719	5.4	5	Stomach	693	5.9

Source: Singapore Cancer Registry, *Interim Annual Registry Report, Trends in Cancer Incidence Singapore 2010-2014*

Table 1: The top 5 cancers among Singaporean females, 2010-2014.

Another clue is the health status of working women in Singapore. One study on women's health [11] reported, relying on the opinions of a small number of occupational health authorities, the prominent diseases (health conditions) affecting local working women's health are sprain and strain/musculoskeletal disorder, occupational skin disease and occupational asthma. Additionally, the study reported that the experts consider the dual-loaded life (i.e., women workers have to undertake their family responsibilities and duties outside of office hours) and psychological stress as the top risk factors of these diseases.

Singapore Government Measures Potentially Relevant to Women's Health

Generally speaking, Singapore has achieved globally known progress in public health, and women who account for half of the population are also beneficiaries of the great progress. In 2000, the World Health Organization (WHO), based on care quality, cost-effectiveness, and accessibility, ranked Singapore the 6th among the 192 countries it evaluated (WHO 2000). As adult mortality (i.e., the risk of dying of people aged 15-59 years) stands as a crucial indicator of a population's health, Singapore has seen a significant reduction in adult mortality over the four decades from 1970 to 2010 [12]. The study found, in Singapore, adult mortality decreased from 24.0% in 1970 to 8.7% in 2010 for men and from 14.5% in 1970 to 4.7% in 2010 for women. In terms of ranking, Singapore has moved up to the 16th place for men and 14th place for women in 2010 among the 187 countries examined.

In contrast to common sense, such achievement was not gained by making substantial public investment. In fact, Singapore only devotes approximately 4% of GDP to health, a lower share than that of many developed countries [13]. This is due to the philosophy that financing the healthcare is a shared responsibility among individuals, families, employers, insurers, and the government. Consistent with the idea, the Singapore government has devised a multi-layered financing system that offers universal healthcare coverage (UHC) but is featured with various co-payment mechanisms [14].

Except a relatively low level of public finance, the government has undertaken diverse endeavors to improve Singaporeans' health, including the provision of better nutrition, cleaner water, and refined sanitation as well as healthy lifestyle education to the public. More importantly, the government has worked hard to guarantee the effectiveness and accessibility of the healthcare provision. Ramesh's study [15] reveals, since 1980s, Singapore public hospitals as a key

player of the national healthcare system have undergone a series of reforms and become more capable to provide affordable quality healthcare. While these general efforts are beneficial to women, they are not targeting women and their health issues specifically.

Government programs focally targeting women's health exist but remain very few. What Women Need to Know about Health is a public educational program, and the main components include the Inspiring Women's Health Booklet, a set of calendars filled with healthy tips and recipes for different racial groups and a series of women's health workshops. Another program called Breast Screen Singapore (BSS) targets women in the age group of 50-69 years, providing subsidized mammograms to encourage them to take breast screening biennially [16]. Research has provided evidence that the screening program is effective in detecting breast cancer at an earlier stage and raising the survival rates [17].

One recently ceased initiative should also be mentioned. It is a component added to the Workplace Health Promotion (WHP) grant in mid-2013 to support women's health in the workplace. Organizational applicants who are awarded this subset of the WHP grant can use the money to encourage their female employees to go for women's cancer screening and organize seminars on women's health and wellbeing. Unfortunately, government announced this pilot initiative was discontinued as of 31st October 2015 without further explanations [18].

Given the work-family conflict stands as a major threat to Singapore women's health, the policies encouraging marriage and childrearing arrangement related to women's familial role and responsibilities are reviewed here too. First, the housing policies encourage marriage and especially earlier marriage. In Singapore, around 80% of Singaporeans live in Housing and Development (HDB) high-rise apartments, a government-subsidized form of housing. While singles must be over the age of 35 to be eligible to purchase HDB apartments, people planning to marry receive various incentives for purchase. Second, the government even gets involved in matchmaking directly to reduce the singlehood rates [8]. The direct involvement can be traced to 1984 when the Social Development Unit (SDU) was formed to assist partnering among university graduates. Then this unit was combined with one established later to assist those with lower educational qualifications in 2009 to create the Social Development Network (SDN) assisting singles at different levels. According to Jones, these two measures effectively stalled the increase in singlehood in Singapore.

For married women, a set of policies called the Marriage and Parenthood (M&P) Package encouraging childbearing was introduced in Singapore around 1987. The package has been continuously enhanced since then, with the paid maternity leave extended from 8 to 12 and then to 16 weeks, subsidies to working mothers continuously increasing, and employers' cost of firing pregnant women constantly expanding. More critically, measures encouraging men's involvement in family have been introduced and enhanced since 2000. For instance, paternity leave of 3 days for fathers who worked as civil servants was included in 2000, and paid childcare leave for each parent with a child below age six and unpaid infant care leave were added in the 2008 version.

In terms of childcare arrangement, the total number of childcare centers in Singapore has increased from 713 in 2009 up to 1,256 by the end of 2015. With more childcare centers, the goal of providing enough childcare places for one in two children set for 2017 has been met ahead of schedule [19]. Another noticeable trend of childcare arrangement is that more childcare centers are set up at workplace. According to the data released from the Early Childhood Development Agency (ECDA), there were 390 childcare centers at workplaces, accounting for 31% of the total number of childcare centers in 2015 and indicating 5 percentage points increase from 2012 [20]. The increase in the total number of childcare centers as well as in the number and share of childcare centers at workplace are both considered the responses to the phenomenon that more women enter and intend to stay in the workforce in Singapore.

Closing Remarks

To sum up, with the economic development of Singapore, more and more women receive better education and actively participate in the workforce. However, the social expectations regarding the labor division between men and women and men's actual involvement in family responsibilities have not evolved correspondingly. As women are overloaded as working wives and mothers, they are highly likely to suffer from breast cancer, which has been recorded as the most common cancer and leading cause of death among Singapore women.

Singapore government is widely known for its efficient and quality public services [21]. The healthcare is not an exception. With a relative low level of public investment, the government has been working hard to improve Singaporeans' health status. Singapore women, as part of the total population, have their health outcomes largely improved. The implication is that general measures and those targeting women's health, marriage, and childbearing are working. However, this review discovered that the attention and research efforts have less been put on the potential relationship between work-family imbalance and women's health.

With more direct evidence derived from research to support the focal relationship, the author would argue that the following actions could be taken as response and Singapore women's health could be further improved. First, more endeavors should be taken to change the social expectations and men's behaviors to relax women from the tension between family and work roles. Second, policies and programs regarding women's health and reproduction should be more integrative and coherent so that both women's health issue and the low fertility rates can be better addressed.

Women, despite facing lower quality of life due to "less favorable objective conditions" such as income, occupation and leisure time, were still able to be more satisfied with their quality of life than men.

Female in Singapore seems to be less satisfied as a whole compared to their male counterparts.

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