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WOMEN'S DEVELOPMENT PROJECTS
AND FERTILITY CHANGE:
SUGGESTIONS FOR ASSESSING FIELD EXPERIENCE

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Women's Development Projects
and Fertility Change:
Suggestions for Assessing Field Experience

by Katherine Blakeslee Piepmeier

June 1980

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The search for alternatives to the traditional vertical approach toward family planning in developing countries has spawned a number of integrated women's development programs which combine family planning with other development activities. My work at the International Planned Parenthood Federation with the Planned Parenthood and Women's Development Programme convinced me of the need to evaluate and document these experiences. My conviction was strengthened by the interest and questions of policy makers, governmental as well as non-governmental, about the progress and results of these projects. Ann van Dusen and Barbara Herz of AID/PPC/PDPR articulated the interests of donors in these programs and the need to evaluate them. This paper is a response both to the questions raised by donors and to the concerns of field staff who work with these programs.

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SUMMARY

Throughout developing countries there are now a number of small community level pilot development projects for women sponsored by family planning and population agencies, both governmental and private. Their objectives are to create the pre-conditions for practice of family planning through improving the living conditions and opportunities available to women, and to introduce and provide family planning information, education and services within the context of women's multiple roles and needs. The women themselves define their own priorities and are full participants in the design and implementation. These are action rather than research projects. Most receive less than \$20,000 per year in financial assistance. Despite indications that they are having an impact on the lives of the women participants, there are few evaluations of these projects. This is partly because most are too new for evidence of their influence on family planning practice to be seen and partly because there has been little work done on developing appropriate frameworks, criteria and indicators for analyzing the impact of this type of project. The primary objective of this paper is to provide suggestions on ways in which they can be evaluated for their impact on the lives of the participants and for their influence on family planning practice and fertility change.

Part I: The Demographic Rationale for Integrated Women's Development Programs, examines the rationale for these projects within the context of population and development goals. The focus is on the influence that the status and roles of women in developing countries have on the effectiveness of family planning programs.

Part II: Strategies for Change, gives some suggestions for program interventions at both national and community level. The role that women's groups can and do play as a vehicle for development and a constituency for family planning is examined in relation to integrated family planning/development projects.

In Part III: Evaluating the Impact of Integrated Women's Projects, both the need for evaluation and the reasons why there have been so few evaluations to date are discussed. Several issues inherent in the implementation and evaluation of pilot projects using the integrated approach are raised. Finally a framework for analysis is proposed. Specific criteria and indicators of impact which could be applied to projects are suggested in Table I and Charts I, II and III. An example of an actual field project in Kenya is included as an Appendix in an effort to link the suggestions made in the paper to reality.

In conclusion, integrated women's development programs are being implemented throughout developing countries by family planning and population agencies as a response to the concern for finding alternatives to traditional approaches to family planning work. These projects represent one potential strategy within the field of population and development. Analysis of experience with alternative approaches is needed to see what works and what doesn't work in actual field situations. Moreover, the evaluation of community based integrated women's development projects can contribute to our knowledge of the mechanisms and causality behind the determinants of fertility. It is possible to evaluate these projects using innovative frameworks based on a thorough understanding of the rationale behind the approach and the process of implementation. The next phase should be to select from among the integrated projects now being implemented and to carry out some analyses in the field.

"The degree to which women are able to exercise equal rights with men is a significant factor having a major influence on freedom of choice as to family size and the effectiveness of family planning programmes."

From The Study on the Interrelationship
of the Status of Women and Family Planning

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INTRODUCTION

Throughout developing countries, there are a growing number of small community level pilot development projects for women sponsored by family planning and population agencies. Their objectives are to create the pre-conditions for practice of family planning through improving the living conditions and opportunities available to women and to establish an entry point for family planning work through development activities. Within these projects the beneficiaries are full participants, and the priorities are defined by the women themselves. Increasing women's participation in the development process is an important goal, and it distinguishes these projects from programs in which women are merely targets for messages or recipients of services. These pilot women's development projects are small and new. Most are less than three years old and their average cost is under \$20,000 per year.

The programs provide experience from which to learn more about the nature of the interrelationship between social and economic factors which impinge on women's status and fertility. They allow an opportunity to realistically analyze what is possible, what works and what doesn't work in various field settings. Already there are indications that such projects can have a practical impact on the lives of the women participants, and that they are a valuable approach within the field of family planning and population. However, to date there have been few useful analyses of their impact on the lives of the participants or of their potential influence on fertility. The interrelationship between population and development and the key role of women in this dynamic make study of field projects based on this approach important.

The ultimate objective of this paper is to suggest appropriate frameworks, criteria and indicators for analyzing the impact of these projects. These must be based on the rationale behind the projects and

the nature of their implementation. In order to reach the stage of suggesting criteria and indicators it is necessary to begin with the rationale and assumptions underlying the integrated approach to population and the role of women within it. Thus, the task of this paper is threefold. First, to examine the interrelationship between population and development and the role of women within this dynamic. Second, to discuss the rationale and strategies for integrated women's development programs and the actual field projects now in operation. Third, to suggest ways to analyze the projects' impact on both the participants' lives and on family planning use and fertility. The paper is divided into 3 parts. PART I: The Demographic Rationale for Integrated Women's Development Programs, PART II: Strategies for Change and PART III: Evaluating the Impact of Integrated Women's Projects.

In writing this paper it was imperative to consider the perspectives of all those who are involved in the development process, e.g. policy makers, program planners, project managers, and project participants. It is difficult to analyze and present the problems and issues in a way which is likely to be meaningful, appropriate and useful to all concerned. Nevertheless, writing from only one perspective for only one audience is not valuable because project implementation results from and in turn affects policy. In the evaluation process it is particularly important to reconcile the goals and activities of the participants and managers with those of the policy makers. In view of the often serious gap between the action and policy levels it seemed important to try to include and bring together both perspectives. It is hoped that this approach will contribute to a better understanding of the roles of each in the development process and facilitate constructive working relationships. Having said this I do not pretend to have been wholly successful in my efforts.

Much of the material in this paper was gained from or corroborated by a visit to Kenya where discussions were held with individuals working

in agencies sponsoring integrated women's development projects, project managers or coordinators and with the women participants. As a result of this visit a description of a women's self-help group and the process of change it has undergone in relation to fertility attitudes and behavior is included in the Appendix.

PART I: THE DEMOGRAPHIC RATIONALE FOR INTEGRATED WOMEN'S
DEVELOPMENT PROGRAMS

POPULATION AND DEVELOPMENT

National policies aimed at fertility reduction are relatively new in the developing world. Ten or twenty years ago in many countries, population growth was too sensitive a subject to be discussed. Now most nations have recognized it as an important part of social and economic development. The governments of fifty-four developing countries consider their current fertility rates too high.¹

In 1974 the World Population Conference in Bucharest was marked by conflict between those who believed that the key to fertility declines lay with stronger more effective population programs and those who felt that social and economic development was the crucial first step. Despite a lack of clear program guidelines linking these two views, the Plan of Action adopted by 138 nations during the WPC clearly called for action to integrate population with other development activities and pointed out that family planning programs were but one part of population policy.

The focus on the interrelationship between population and social and economic factors and the integration of activities at program level resulted from two different types of experience. Research on determinants of fertility provided indications of social and economic variables which were likely to be related to lower fertility. Declining birthrates in more than 30 developing countries during the late 1960s and early 70s were linked to a number of factors: availability of contraceptives, increased education and employment of women, decreased infant mortality, general development including increases in and redistribution of income.

At the same time experience from on-going family planning programs pointed to the need for a new approach. In many areas family

planning services are underutilized or recipients of the services discontinue contraceptive use, or at least program participation at rates of 40 to 60% after one year.² In other places, a direct approach to population or provision of family planning proved unacceptable. There have been instances of backlash against family planning programs where people felt that their own governments or external agencies were concerned only with reducing their fertility and not with meeting their other needs.³ In countries unconcerned with fertility declines, family planning is most acceptable as part of a package to improve the health and productive capacities of its citizens. The need for alternatives to traditional programs which rely on direct promotion of family planning through individual contacts by field-workers, mass meetings or the use of media had begun to be recognized.

In the last half of the 1970s, governments, private agencies and donors began to give greater emphasis to the integration of family planning with general development activities and to the use of social and economic interventions as a means of accelerating fertility declines. Changes in the social setting have been found to have a substantial relationship to fertility decline. Family planning programs also have a significant influence on fertility. The effect is greatest where the social setting supports lower fertility and there is a strong family planning program. Since program efforts must be made within various socio-economic contexts, policies and programs aimed at fertility reduction must find their foundations in an examination of the conditions associated with high fertility.

The Conditions for High Fertility

High fertility has been found associated with a number of social, economic and cultural conditions. Significant among those which are amenable to intervention programs are the following:

Preference for large families: The various functions and roles of children are a major force in the preference for large families. In many places children's labor is needed either to supplement family

income or to contribute to non-income producing domestic or subsistence work. Where there is no system of social security or opportunity for personal savings, children are an important investment in old age security for their parents. This is particularly true for their mothers who may find themselves widowed or divorced with little or no earning capacity. The comparative advantage males have in the economic sphere means that the more sons one has the greater the potential for economic security.

Desire for large families has a social and psychological as well as an economic basis. Children are a source of satisfaction and affection which is all the greater where poverty and underprivilege allow few other pleasures or hopes in life. Where the status and power of women is based primarily on their role within the family as mothers, many children provide the only means to obtain or increase their status. Again, where women are viewed primarily as breeders, children are often necessary insurance against divorce or are a means of obtaining male economic support. The virility of men may be judged by the number of their children in some societies.

Infant Mortality: High infant mortality has been identified as a characteristic of countries with high fertility. Upgrading the basic health and nutritional status of women and their infants contributes to fertility declines in the long run. There may be an immediate increase in population until the fact of child survival is internalized and behavior begins to change accordingly.

Early age at marriage: Early marriage for females lengthens the time of exposure to pregnancy and may contribute to high fertility where marriage is universal and where there is little desire to regulate fertility within marriage. The age at marriage for girls is influenced by several interrelated factors, including education and employment opportunities and cultural stereotypes of the appropriate role for women.

Contraception: The high worldwide incidence of abortion (in many places under illegal and unsafe conditions) is evidence of the number of women who wish to regulate their fertility, yet have not managed to avoid conception. This may be because family planning is not available. It may also be that husbands prohibit their wives from using contraceptives. Many women may not choose to use services or are ineffective in their attempts because the services are not oriented to their needs, sensitivities and lifestyles.

Changing the conditions associated with high fertility in order to enhance the utilization and effectiveness of voluntary family planning programs entails some action addressed directly to the needs and problems of women. In all the areas mentioned above, the influence of women's status and living conditions is more crucial than that of men. Clearly the consequences of high fertility for women as individuals and as a group are important barriers to their equal participation in their families and in their society's development. In this paper the focus is on the other side of the relationship, that is, the status and living conditions of women as determinants of family planning use and fertility.

Family Planning Programs

The social and economic factors which impinge on women's status are not the only elements in fertility declines. Family planning programs have a crucial role to play. Their effectiveness depends on reaching women in the first place and on providing a service which continues to satisfy the needs of the clients. In some places the objectives of family planning programs have been to reduce fertility; in others to provide the means by which women could exercise control over their reproduction in the service of better family health. Almost all programs regardless of whether their objective was demographic or aimed at human rights have approached women as mothers only, ignoring their important non-familial roles and needs. This approach serves to reinforce the motherhood role while at the same

time often hoping to limit it. Where programs have sought to provide higher quality services, the emphasis has been on efficiency and convenience (less waiting time, convenient clinic hours, etc) not on counselling, follow-up or the non-familial needs of women.

Perhaps the lack of attention to women as individuals stems from the belief that women are a homogenous class for whom it is only necessary to provide services in order to stimulate a demand for family planning. The reasons why women practice family planning fall along a continuum. Some turn to contraception as a last desperate measure after they have borne many children and their own health is substantially impaired. These women want family planning because they cannot cope, either physically or emotionally, with additional pregnancies. There is an obligation to serve them. But in cases where the motivation stems from desperation, contraceptive use comes too late to repair the often irreversible effects of too many pregnancies from too early an age. Further, while these women may be counted statistically as family planning acceptors, fertility regulation under these conditions will not have a significant demographic effect.

At the other end of the spectrum there are women who will begin planning their pregnancies from the first birth, knowing that they want only a few children and why. Their lives, including self-perceptions and aspirations for themselves and their children differ greatly from those of the mothers of 8 living children who have been pregnant and anaemic nearly non-stop for most of their reproductive lives.

The majority of women in most developing countries fall somewhere along this continuum. Some have or will soon accept family planning. For many more, fertility regulation may not be rational or possible. These women will want and use family planning when their living conditions or their perceptions of what is possible can accommodate fertility regulation as a useful and consistent personal strategy. Under-utilization of existing services and high discontinuation rates

indicate that availability of services is not always enough to stimulate demand.

A further reason why reorientation of population and family planning programs toward the real needs and problems of women has been slow in coming is the implicit assumption that women's programs are not investments in development but rather welfare efforts. The evidence of the relationship between women's status and fertility reflects not only the effect of population and development on women, but more importantly how population and development are affected by women.

In some places it is possible to enhance the use and effectiveness of voluntary family planning programs by reorienting the services to better meet the needs of users and potential users through provisions of greater choice of contraceptive methods, follow-up, counselling, greater participation of women at all decision-making levels and community based distribution of contraceptives. In others where awareness of and interest in family planning is low, population policies and programs will need to extend beyond family planning services to encompass a wide range of activities less directly related to fertility behavior. It is these indirect lines of action which form the basis of the programs discussed in this paper.

WOMEN, POPULATION AND DEVELOPMENT

Despite recognition of the importance of social and economic factors as determinants of fertility, until recently there has been little programmatic action directed specifically at meeting the needs of women as a means of influencing fertility. This fact should be of concern to population policy makers because the role of women in population dynamics is so critical.

Modernization has not always improved conditions for women. In some places their role and participation have remained static; in others they have been lessened.⁴ The resulting diminution of women's capacity to contribute effectively through work, because they are not given access to technology and training in new methods, has been a loss not only to the women themselves, but also to their families and societies. Simultaneously, their time honored status as the bearers of the next generation is being devalued by policy makers urging them to curtail their fertility. But the changes in women's roles and prospects, which would make rational the voluntary regulation of fertility, have not come.

The Influence of Women's Social and Economic Status on Fertility

There are several aspects of women's role and status which are key factors in changing or maintaining the conditions associated with high fertility. Almost all are amenable to change through program initiatives which can also be linked to the provision of contraceptives.

Health

Women have a crucial role in improving infant health and survival. Not only are basic health and nutrition programs necessary for infants, but also for their mothers. Women's nutritional and health status affects the survival chances of their unborn and existing

infants. Stillbirths, complications during delivery, birthweights, peri-natal and infant mortality, are related to the mother's age, parity and basic health.

Women must be educated and helped so that they can identify and treat common childhood diseases and effectively utilize available services offering immunization, ante and postnatal care, family planning, nutrition information. Attention to MCH is not enough in itself; living conditions such as lack of clean water or food may thwart the efforts of caring mothers and health services. The following health measures will support and can be integrated with family planning programs:

1. Provision of basic health services especially for women and children that are sensitive to their needs and lifestyles;
2. Education and assistance for mothers in health related areas;
3. Nutrition programs;
4. Environmental action in related areas such as water, food preservation and preparation, hygiene;
5. Family planning services based on the needs and sensitivities of the users which also include appropriate contraceptives for lactating women and where indicated vitamin and mineral supplements, etc.

Education

The influence of education on fertility operates through several intermediate variables: a) Age at marriage. Young unmarried girls who are not in school or working are often seen not only as an economic, but also as a social liability to their families. In Sri Lanka the education of girls has been cited as an important contributory factor in delaying marriage. b) Employment. Where education leads to or facilitates employment which is satisfying (in personal, social and economic terms), women may begin to balance out the rewards and recognition they receive for child-bearing with those for non-familial activity. The families of girls who spend

their teenage years working are under less economic pressure to marry them off early since they are not an economic liability.

c) Awareness of life options. Education increases a girl's knowledge of the world outside, providing examples of life options which differ from those set by her parents. d) Self-concepts. Equal education helps provide a greater basis for a girl's self-concept as the equal of boys. Fertility declines will be enhanced by the following educational initiatives:

1. free and compulsory education for both boys and girls;
2. non-formal functional education programs (including literacy) designed to fit into the lifestyles of women and girls;
3. efforts to encourage and facilitate girls staying in school;
 - a. abolition of child labor,
 - b. flexibility of formal school hours and periods of attendance,
 - c. day care and appropriate technology to lessen the demands and responsibilities of girls within the home,
 - d. waiver of school fees for girls or tax incentives for educating girls beyond a particular level.

Employment

Women's employment has been inversely related to fertility, but the research results are less clear and generalizable than those for education. The existence and strength of the correlation depend upon the type of employment and involve the women's control over the rewards for her work. Some types of employment such as agricultural work are not related to lower fertility. It has been speculated that this is because they do not conflict with childbearing and rearing. But it may be that the lack of adequate social and economic recognition for this work and control over rewards is the critical factor rather than the physical compatibility with childbearing. Increasing female participation in the economic system through the following mechanisms can facilitate fertility declines:

1. vocational training for girls and women,
2. opening up of traditionally male jobs to women,

3. extension of credit to women,
4. establishment of cooperatives,
5. establishment of marketing channels,
6. maternity protection and child care,
7. guarantee of receipt of rewards of work.

Work and Parenthood

Creation of employment that is compatible with motherhood is important for several reasons. It allows women with children to remain in the workforce. It facilitates their participation in the formal as well as in the informal sector, where many women are forced not only because of discrimination, but also because its flexibility can accommodate motherhood. The provision of facilities that make it easier rather than harder for mothers to work conveys societal approval of female employment and in turn makes the domestic role less important as a means of status. While few women will choose to remain childless in favor of employment, they may space their children and limit their family size if they have a socially rewarding alternative to motherhood.

While the man is generally acknowledged as the head of the family, this responsibility is increasingly left to women in many places.⁵ Women cannot begin to realize their true potential or in some cases even maintain their health under the double burden of domestic work including care of children, and work outside the home. The whole family will benefit from increased involvement of fathers in the raising of their children. And education for shared responsibilities must begin from an early age. The following can contribute to a better balance for both women and men between familial and work responsibilities:

1. Maternity protection for employed women,
2. Day care for children of employed mothers or fathers,
3. Education for shared parenthood responsibilities.

Domestic and Subsistence Work

Responsibility for domestic work and subsistence farming falls primarily on women in most places. Because there is no cash return for this work, it is accorded little importance in development plans and budgets. Yet it is the primary contribution to the survival of many families. The poorer the people, the greater the role women's domestic and subsistence work plays in the well being of the family. Where it consumes most of a woman's time and energy she does not have the extra capacity to produce a surplus and enter into the cash economy. Neither is it easy for her to take advantage of educational programs or participate in other community development activities. Often her children, particularly the girls, are taken out of school to help and thus the next generation of females is condemned to repeat the patterns of their mothers.

Education for women in new methods of work and introduction of appropriate technology can help save time toward additional activities, more leisure, more time with children. It can free some girls to attend school regularly. It can also contribute to the production of a surplus beyond the family's needs which can be sold for cash or traded for other commodities. The following can help alleviate the burden of domestic and subsistence work and increase productivity:

1. Provision of appropriate technology,
2. Training in new methods of work,
3. Substitution of new activities,
4. Improved access to water and fuel.

Legislation

Laws and policies cut across all areas of women's lives. Reform to establish equal rights and opportunities for women is important because it removes official sanction for discrimination and provides legal recourse for women. But legal reform is not sufficient to

guarantee de facto changes in the situation of women. For example, if the legal minimum age at marriage is raised but girls have no educational or economic opportunities, the law will not be adhered to. Where women are legally guaranteed equal access to employment in the formal sector, without vocational training and provision for maternity and child care, their participation will be low. Legislating compulsory education for girls and boys cannot lead to real change unless there are enough school places for all and unless parents see the value of educating daughters as well as sons.

Ignorance of the law is widespread. Both men and women need information and education on their rights and responsibilities. For women to resort to the courts in order to obtain their legal rights is often difficult in the face of social and economic discrimination and the feeling of inferiority that has been ingrained in most women. The following legal strategies could contribute to improvements in the situation and status of women:

1. Constitutional amendments guaranteeing equality backed up by specific legislation and regulations to end discrimination and ensure enforcement,
2. Education on legal rights and responsibilities for men and women,
3. Legal aid and advice,
4. Encouragement of women's political participation.

Autonomy and Control

The autonomy and control that the majority of individuals in developing countries have over their own lives and destinies is severely limited. Women are not the only ones who suffer. However in comparison with men, women are the most underprivileged. For where men are subject to external constraints, women are subject to the same constraints and to the wishes of the male members of their families and communities. Women need access to the tools and opportunities for achieving a greater measure of independence so they

can claim an equal role with men in decision-making within their families and communities. Strategies for enhancing women's autonomy and control cut across all areas of their lives.

The Process of Change

Before discussing strategies for change, it is useful to consider the process by which changes in all these aspects of women's status affect each other and in turn act to influence fertility. Contraceptive use and later marriage age will be used here as the most appropriate indicators of fertility decline. Marriage age will only be an important indicator in societies where there is universal and early marriage and where prevalence of contraceptive use within marriage is low. Diagrams I and II summarize the change process. Intervention strategies based on both the interrelationship between the social and economic aspects of women's status and fertility and on the process of individual and group development will be discussed in the next section.

DIAGRAM I
CONTRACEPTIVE USE

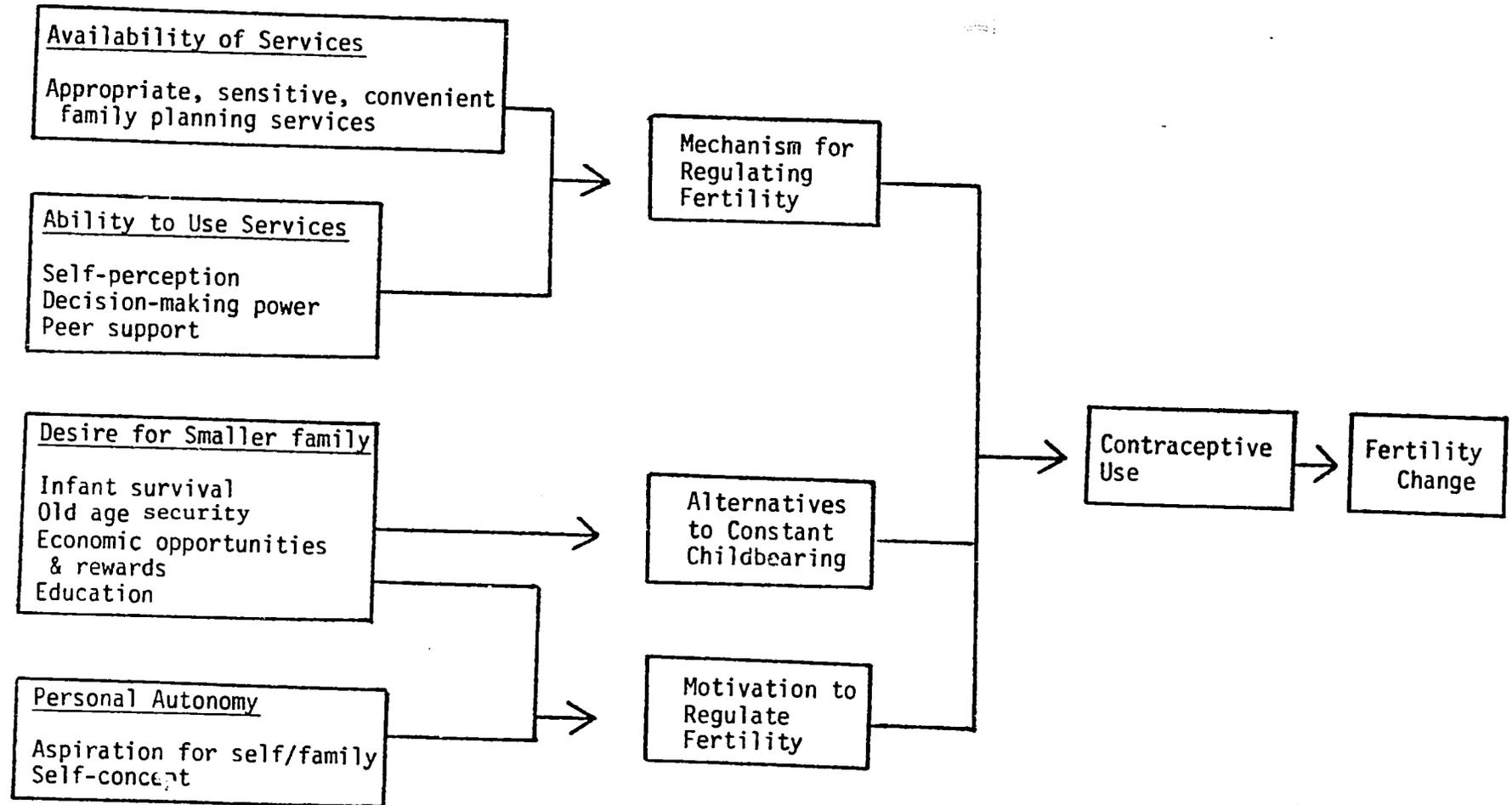
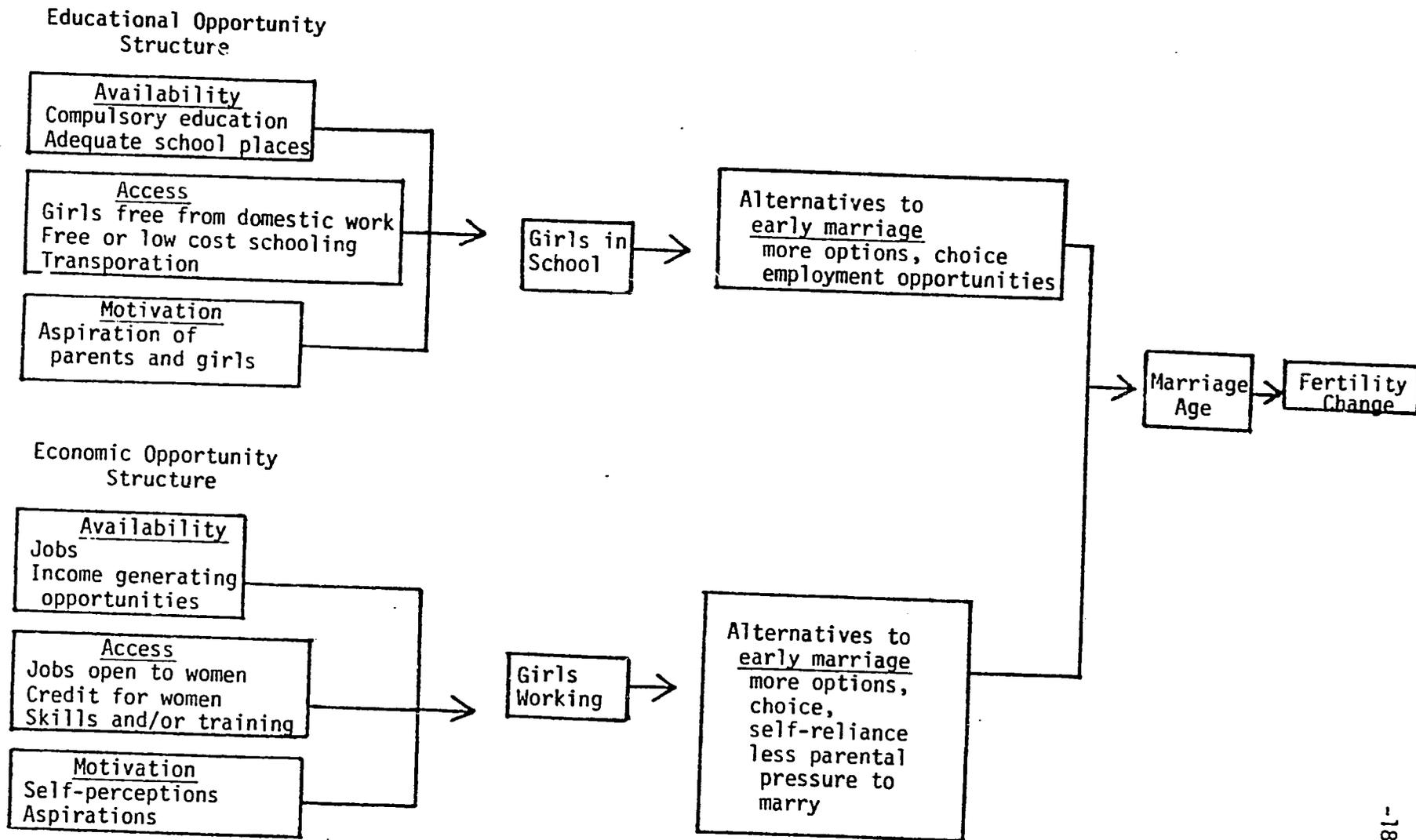


DIAGRAM II
MARRIAGE AGE



PART II: STRATEGIES FOR CHANGE

In seeking to bring about changes in fertility through indirect interventions related to women's status, policy makers and programmers are faced with the questions of what to do and where to start. Deciding on which interventions will be most important is difficult not only because of the variations between local social settings, but also because women's status and fertility patterns are determined by complex interactions between a number of variables. Change is neither direct nor instantaneous - it is a complex and evolutionary process.

NATIONAL LEVEL

At national level possible interventions include legal and policy reforms that would raise the legal minimum age at marriage, make education free and compulsory, provide non-formal education and vocational training programs specifically for women, increase opportunities for additional income through extension of credit, open traditionally male oriented industries to women, and provide child-care and maternity protection.⁶

To succeed, policy and program interventions at national level will involve considerable effort across the board. Changes will be necessary in all the interrelated economic and social structures which impinge on women's status. Governments will need to commit financial and human resources to changing the living conditions and opportunities available to women. So far, with rare exceptions, such comprehensive commitment has not materialized.

COMMUNITY LEVEL

In the meantime it is both possible and important to begin multi-purpose projects with women in their local communities, often in rural areas where government policies and programs are slowest to permeate, to provide them with the wherewithall for improving their own situation and prospects.

The most effective way to determine what services and programs are needed and promise to be the most effective means of changing women's situation or perceptions is to listen to the women. Such an approach need not entail disproportionately expensive needs surveys, nor does it necessitate blind response to every expressed need. It is a different perspective, but one which is receiving more and more attention in the development community. Mounting evidence on the shortcomings of the top down approach of the last 20 years is leading to emphasis on meeting individual basic needs using a participatory approach.

Among one group of women the priority may be water which may lead to an interest in nutrition which may in turn provide an opportunity to begin thinking about family planning. A steady source rather than sporadic income may lead to a desire to budget and plan for the future which may include planning of pregnancies. Day care centers may provide an opportunity to discuss child development and spacing with mothers while at the same time making women's participation in the work force easier. The opportunity to organize group self-help activities may increase the self-confidence of individuals so that they feel freer to voice their opinions and desires both at home and within the community. It is not the provision of resources or services per se which is the crucial part of the project but the interpersonal relations and group dynamics which are set in motion as a result of the project activities. Resources or services may be the necessary starting point for group development but they cannot by themselves result in continuing change and development.⁷

Small community level efforts have several advantages. They can, with modest resources, address many of the interrelated needs of women simultaneously in a realistic and practical way. The individual and her multiple roles within the community can be seen clearly at this level. Such micro level projects can provide examples of the type of change which are needed in national policies and programs. They allow an analysis of the dynamics of change not possible on the macro level.

WORKING WITH WOMEN'S GROUPS

When viewed from outside reaching and working with women in many places may seem very difficult whether due to religion, culture, lack of education or shyness with outsiders. In all societies there are women's groups whether formal or informal and these have formed a critical part of a great many of the integrated women's projects supported now: they have been the vehicle for change.

Current work with women's organizations probably represents but the tip of the iceberg of their potential contribution to development and potential as a constituency for family planning. Examples of the contributions they can make if organized and supported, have begun to emerge. In Korea, the Korean Mothers Clubs begun by PPFK for family planning have expanded their activities to embrace many aspects of community development and their achievements have received international recognition. In Kenya over 30 women's organizations have joined to tackle the water problem throughout the country. The Tanzanian government has given the responsibility for establishment of pre-school child care to UWT the largest women's group in the country. There are other similar cases.

Not only do women's groups serve as the focal point for change within an individual community, but also they are a mechanism for the expansion, spread or replication of activities or approaches. The process by which an approach spreads at local level is an important element in the strategy for development. At the policy making and funding level the ripple effect of a project from the first community to others is often not recognized and therefore not counted as part of the return on the investment in the original project. Women's groups can play an important role in spreading development. After accumulating their own assets, some women's self-help groups have given financial assistance to new groups. Some local groups are associated with each other through national level organizations. Others have links with different communities through the shared use of markets, clinics, extension services. Some individuals are associated with groups outside the project group. Often other com-

munities adopt the approach or a modification of it without asking for external assistance. Sometimes they need only the time and assistance of an extension worker or access to services.

It is tempting to think that small local groups could all become part of a national structure either governmental or non-governmental and that this could be an ideal way in which to enhance the spread of development activities. In some cases this is possible. In others the local groups may avoid such association for fear of being exploited politically. They may similarly resist becoming too closely involved with some external development or population agencies for fear of being overwhelmed and losing their own identity and priorities. In the interest of their continued viability as a development resource and a source of support for their individual members, these groups must be strengthened, but not exploited. ⁸

INTEGRATED WOMEN'S DEVELOPMENT PROGRAMS

Since 1975 a number of governmental and private population or family planning organizations such as IPPF, the Pathfinder Fund, FPIA and UNFPA have begun integrated development programs for women. ⁹

Underlying Assumptions

The interrelated assumptions underlying these programs are:

1. without the participation of women in development, national goals including those related to fertility cannot be achieved,
2. family planning by itself does not result in women's greater participation in or contribution to development,
3. voluntary fertility regulation has an important contribution to make to national development strategies which are concerned with achieving a balance between resources and population,
4. the ability to regulate one's own fertility has important benefits for individual women,
5. without other changes in their status and degree of participation in society women may not perceive as rational, or be able to take advantage of the benefits of family planning,
6. without effective utilization of contraception by large numbers of women, population growth will remain high.

The projects within these programs are most often small pilot efforts which encompass several types of related development activities such as credit, cooperatives, functional education, appropriate technology, agricultural improvements, child care, nutrition and basic health. All include family planning introduced within the context of the women's needs and the other project activities. Many are implemented by women's groups of organizations and participation is a key element. One common element is the focus on women's co-operation and work together as a group. Financial support is very modest ranging from approximately \$2000 to \$50,000. Projects in which women are merely targets or beneficiaries of services are not considered to be women's development projects.

Project Examples

The following are examples of projects included in women's development programs supported by family planning/population agencies. The National Christian Council of Kenya, FPAK, the national government and the Nairobi City Council are working together to help provide economic opportunities for women in an urban squatter settlement. The scheme provides women with a greater degree of self-sufficiency and economic independence through a small sewing cooperative and adult literacy classes. Nutrition, health and family planning services are provided in conjunction with these other activities.

In Jamaica the government Women's Bureau and the FPA have addressed the problem of school drop-outs due to teenage pregnancy. A Center was established to provide these girls with counselling, including family life and family planning education, academic instruction and support for several months during their pregnancies. The Center staff takes responsibility for arranging and facilitating the girls re-entry into school after the birth of their babies.

The FPA of Turkey established a community center in a low income area of Ankara where the population is composed largely of rural migrants.

The center provides educational and vocational training programs for women and young people. One goal is to assist their integration into urban life relying on local resources and self-help rather than welfare. Family planning education and services are included.

The National Union of Tunisian Women in collaboration with the government and two international agencies established a Community Center in a rural area to establish solidarity among the women whose lifestyles were characterized by isolation and to promote women's participation in community affairs through collective activity. Training courses include sewing, processing and weaving wool, basic health and nutrition, poultry farming, vegetable growing, food preservation and storage.

In a rural area of Ghana, village women have organized small groups to increase their economic options through soap making, gari making, baking bread and sewing. Basic health care, nutrition education and family planning services are provided and linked to the group through field educators. Support and collaboration comes from several governmental and non-governmental agencies.

In Bangladesh a women's organization established a women to women family planning service which not only responds to the needs and sensitivities of the women, but utilizes women workers and is run by women.

Indications of Impact

It is clear to those working in the field that the provision of family planning in conjunction with activities which address other priority needs of women is a valuable approach to population and development. There are indications within these projects that family planning workers and organizations are viewed with more credibility than they are in regular family planning programs. Family planning concepts often can be introduced and accepted within the context of integrated development activities, with relative ease. Services are often requested.

The women quickly become actively involved in all project activities. Changes can be detected in the living conditions, self-perceptions and aspirations of the participants.

Progress in these programs to date has not invalidated assumptions about the interrelationship between women's status and fertility behavior. Changes in fertility behavior are related not only to changes in elements of women's status like education or employment, but also to changes in women's perceptions of themselves. An essential element has been a willingness to identify with the women themselves and to respond to their own felt needs. Usually this has been accomplished by working with and strengthening women's groups which have been organized to solve both individual and community problems.

Documentation of these experiences is important. How can we determine whether the current enthusiastic reception in places where projects are being implemented is representative of the value of the approach and if so, how it is done and what can be expected from an expansion of such programs. In Part III analysis of the impact of these projects on the participants and ultimately on fertility behavior will be discussed.

PART III: EVALUATING THE IMPACT OF INTEGRATED WOMEN'S PROJECTS

Few integrated women's projects have been evaluated for their influence on fertility. There are several reasons why:

1. the indirect relationship between the condition and status of women and fertility has led some to believe such evaluation is too complicated,
2. most integrated women's programs are new and have not reached the stage where their influence on family planning use or fertility behavior can be shown,
3. women-specific projects are often viewed by policy makers as welfare and not as serious investments in or contributions to development,
4. many projects have suffered set-backs as the priorities of sponsoring agencies and donors have vacillated,
5. very small action oriented projects often do not appear to be ideal candidates for 'scientific' or for purely quantitative evaluation,
6. research and documentation are low priorities for the participants and managers because the needs of the women are so great that any extra capacity is put into further action,
7. traditional family planning program evaluation schemes are inadequate or inappropriate to analysis of these projects.

Despite the real and apparent barriers to evaluating these projects, it is important to find a means of analyzing the impact of integrated development projects on family planning and to apply it in the field. The need for alternatives to the traditional approach of most family planning programs was outlined earlier in this paper. These new projects represent an exploration of alternatives based on experience and research. It is important that the results are documented and utilized as an input into future policy and program decisions. Without study they will remain small development efforts from which we learn very little. But we will still be faced with the need for alternatives.

Women's development projects provide excellent opportunities to study the process of change that takes place among the participants and ul-

timately the relationship between such change and fertility regulation. The purpose of the evaluations should be a learning one; to determine whether actual field programs can be implemented in such a way as to have an impact on the lives of the participants including their fertility behavior, and to gain insights into the process of change, rather than to test or reprove existing academic research.

PROBLEMS AND ISSUES

Before discussing possible criteria and indicators by which these projects might be evaluated, there are several issues and problems which are inherent in most field pilot projects. These have a bearing on evaluation.

Pilot Projects

An oft heard criticism of pilot projects is that one cannot afford to think in terms of small labor intensive projects no matter how successful they may prove for the particular individuals. Pilot projects should be developed as part of a strategy and not merely as isolated efforts to help small groups of people. In addition to an impact on the lives of the participants, the projects should be designed to: demonstrate critical needs and how to meet them, influence policies and programs of governmental and non-governmental organizations, allow for expansion to other areas and people with minimal external aid, provide an approach which can be adopted by governments or other organizations, provide insights into the dynamics of social change. As with all pilot projects, the strategic purposes of women's projects must be considered from the planning stage and must also be reflected in their evaluation.

Community Participation

Development agencies are beginning to emphasize the importance of the participatory approach in all sectors. Where projects have been designed and implemented from the top down without the involvement of

the community they have often failed.¹⁰ Traditionally within the population/family planning field, participation has meant acceptance of family planning methods, nothing more. Such an approach either assumes an inevitable conflict between the interests of the individual women and national policy or reflects an insensitivity to the people themselves. Evaluation schemes used for such top-down programs will not work for those based on community participation. Both the size and participatory nature of these projects have implications for evaluations. Neither large sample surveys nor sophisticated scientific schemes or analyses are appropriate. And the interests and feelings of the participants will have to be considered. The social process initiated by the project will be an important focus of evaluation.

Self-Sufficiency

The future of the project itself is an important concern to all. To donors, this usually means will it be self-sufficient or will it continue to need external aid indefinitely? There is no one answer. One must look at the projects and at their various components. For example, if the project includes service delivery (unless it has a commercial basis) it is not likely to become self-sufficient. On the other hand, there are projects or components of projects such as income generating schemes, cooperatives or day care centers which can become self-sufficient. Any project with goals related to creating a demand for family planning will have to include family planning services or arrange for access to them. If the community wishes to support services or if they are put on a commercial basis, continual aid may not be necessary. But self-sufficiency, where services are involved, cannot be a rigid condition upon which support of the project is decided, nor its worth evaluated. Self-sufficiency should be defined not only in financial terms, but also should include the capacity of the community or individuals involved to take over the leadership and implementation on their own.

Replication

High on the list of criteria of many agencies for the support of pilot projects is their replicability. The term "replicate"

used in this context most often implies that external administrators or funders will repeat the project somewhere else. Much of the effect of community development is a function of the involvement of the community members. When donors or sponsors see a project as 'replicable' they are in some sense seeing it as theirs, rather than the peoples. In leaving out the people, the fact that a project may spread or be replicated by the people themselves may be missed. For instance, if a project is located in a village that has contact with other villages, the concept and some of the activities may spread to or be adapted by other villages. Where members of one women's group are also members of other groups, individuals may instigate the diffusion of an approach. The term replication should be used in its broadest sense. Above all it should not exclude the people's role in the process, which includes the networks among individuals in contiguous areas. Donors interested in replication strategies could support strengthening of these networks.

Timeframe

As with most pilot projects there is often an impatience for results, particularly on the part of donors. If straightforward family planning programs need 5 years until they begin to take off, integrated projects will take longer to show results, perhaps up to 10 years. As the baseline and the anticipated results from these two approaches differ, so do the timeframes. This does not mean that no evaluation is possible before 5-10 years. There are several phases in these projects and proxy indicators of change can be utilized before this time. It does mean that in order to realize the initial investment, support must be allowed for an adequate implementation period. The 3 years that many donors are willing or able to support pilot projects is often inadequate. In these instances it may be necessary to secure additional funding after 3 years. Unfortunately, a 3 year old project is often of less interest to donors than a new one or one that has been proven successful and is ready for expansion.

Cost

The cost issue has several dimensions which relate both to funding

and evaluation of integrated projects. Inherent in all is a tension between the philosophy and goals of donors and the needs of the individuals or communities involved in the project. First, self-help projects are necessarily small scale efforts, sometimes under \$5000. There is an urgent need for small grants; furthermore trial of innovative approaches to population and development assistance in many instances must begin modestly. Unfortunately the procedures and policies of some donors militate against meeting these requests, although they may represent some of the most positive approaches to development. Second, some policy makers do not consider small integrated projects worth evaluating in terms of the extra administrative effort and resources necessary for evaluation. Finally, the indirect approach to encouraging family planning practice taken in integrated projects makes the usual calculation of cost effectiveness inappropriate.

The gap between donor agencies funding policies and procedures and evaluation criteria and the needs in the field must be bridged. Utilizing the will and energies of the people is a means of leveraging development assistance. The extra development gains made possible by the people's involvement cannot be directly matched to financial inputs of donors. In relation to fertility, high continuation rates and the creation of constituencies for family planning, which are expected results of many integrated projects, represent a great return or investment. However, these long term gains will not come to light if cost is related only to acceptor figures. We need more inventive methods for calculating the cost and benefits of such projects. Unless donors are willing to invest time and money in analyzing small innovative projects, valuable information and lessons will be lost.

Policy Relevance

The influence of pilot projects on national policy depends in part on whether they are seen to be addressing a widespread problem or identifying one. The projects should be substantively relevant to

existing or future policies. If projects are presented to governments in relation to national development plans and implementation structures, the applicability and usefulness of their approach may be seen more clearly. There are exceptions where the results of controversial projects can influence government policy and priorities, but even these should be presented within the context of national needs and policies. Government officials (if not as actual collaborators) should be kept informed and/or involved from the beginning. Documentation of the projects must provide information which is useful and relevant to the needs and questions of policy makers. Still, the results and lessons gained from evaluating small self-help projects sometimes may go unrecognized by policy makers. Clustering similar projects together in evaluation studies may add to their visibility.

FRAMEWORK FOR ANALYSIS

Most of the issues mentioned above include some element of tension between what donors and sponsors are able to do, the results they expect and the needs and constraints of the field. Unless the perspectives and situations of all involved are brought into the open and discussed, misunderstandings can grow and future development gains may be jeopardized. One important step is to ensure that the framework for analysis of the projects is broad enough and flexible enough to take account of the realities of the field as well as the mandates and questions of policy makers and donors.

An important difference in perspective concerns the dual objectives of these projects. Where sponsoring agencies have demographic objectives, these may not be shared by the project participants whose goals are to improve the quality of their lives. This does not mean that there will be no impact on fertility; but it will result from the women's efforts to improve their own lives and opportunities which will ultimately include regulating their fertility. The tension between these two objectives need not be a stumbling block to evaluation if the demographic goals of policy makers are viewed as a second order effect of the achievement of individual goals. Impact analysis must take account

of both perspectives. If the analysis focuses exclusively on family planning behavior, useful insights into how individuals and communities come to the point of acceptance and practice of family planning may be missed. It is also important to keep in mind that women's development projects have not started, nor do they continue in a vacuum. They extend beyond the inputs of external donors. If they are implemented by women's groups, these groups often already have some *raison d'etre*, and as time goes on, they will have activities outside the sphere of the project itself. These other activities may well contribute indirectly to the effectiveness of the project although they may go unrecorded in project reports to sponsors. The beginning and end of a particular project will not correspond with the beginning and end of the group nor of the process of development. Analysis cannot be limited to that component of a project funded from a particular source or the whole process of change will not be shown.

Social Impact Analysis

Most field projects are evaluated on the basis of whether the objectives set out at the beginning have been achieved. In order to learn what works and how the change process takes place in integrated women's development projects, it is not enough to monitor and judge achievement of objectives.¹¹ Much more useful information and insights can be gained from social impact analysis which examines changes in the social and economic environment which are directly or indirectly related to the project activities.¹² The rationale behind the projects and the objectives may be questioned in light of the results. The analysis takes into account individual and group changes in attitude and behavior, linkages or relationships and access to and capacity to use resources. It includes several dimensions:

1. the benefits to the participants and community in terms of additional resources and increased capacity to improve living conditions,
2. the process by which individual and group change results from and in turn affects the project implementation itself,
3. changes in the social setting (norms and social and economic structures) in relation to the project.

Analysis of 'project' impact can never control for or rule out all the external factors which may contribute to change.¹³ Social impact analysis does attempt, through examination of changes along several dimensions, using multiple sources of information, to take into account and understand the process of development and the interaction among the many factors that lead to it.

Hypotheses

The assumptions and hypotheses upon which field programs are based provide the guidelines for selecting criteria and indicators of impact. Specific operational hypotheses for a project vary according to the objectives, activities and method of implementation. While all possible project specific hypotheses cannot be listed here, it is possible to formulate several general hypotheses which underlie integrated women's programs aimed at influencing fertility behavior. These are presented to establish the operational rationale for such programs.

1. Collaboration between family planning organizations and other groups in projects which integrate family planning education and delivery systems with other programs to improve the health, welfare, nutrition, educational and economic prospects of women can be an effective means of creating an indirect demand for family planning.
2. The base of family planning work will be broadened and its image and credibility enhanced through collaboration in integrated women's development projects.
3. Integrated women's development projects can be designed and implemented so as to respond to the needs of the women as they evolve, thereby creating and answering the demand for family planning at a stage when it is seen by the community as a rational solution to some of their problems.
4. Integrated women's development projects can contribute to the greater self-reliance and independence of women which will lead to their greater influence in family size decisions and more effective use of family planning.
5. Through the active involvement of the women in the planning and delivery of services, integrated women's development projects can create a situation in which the use of contraception is indigenously supported.
6. Integrated women's development projects provide a pilot situation where valuable information can be collected which will demonstrate the applicability of the approach.

Criteria and Indicators

The selection of criteria and indicators for determining project impact will depend upon the project's specific operational hypotheses, the nature of implementation, the context or social setting and available or obtainable data. There is no one set of indicators which will apply to all integrated women's development projects.¹⁴ Both criteria and indicators should be chosen to yield information for which there is a definite purpose and to utilize data which can be obtained with as few complications for the project as possible.

In Table I criteria and indicators have been listed along 3 dimensions of change. I. Benefits from and Capacity to Use Resources and Services, II. Social Process, III. Social Setting or Context. Many projects may not include activities related to all the areas listed under I. Some projects may not have been in operation long enough to yield the type of information suggested as indicators.

It is important to stress that change is a process and that indicators of change are not related to single inputs. Following from this is the fact that different indicators will become appropriate at different phases in the life of the project. For example, it may be 5-10 years before changes in contraceptive use can be measured. Before this time, it is possible to examine the process of change leading up to fertility influence using criteria and indicators related to changes in the living conditions, self-perceptions and opportunity structures brought about through the project.

Fertility Change Indicators

Examination of fertility change indicators can be made along all three dimensions listed on page 32. For example, availability of and access to family planning services and capacity to use them are related to the first. The process of change in individuals and groups may help bring about changes in attitudes and behavior toward family planning use. Changes in the social setting which are related to the project may

T A B L E I.
IMPACT ANALYSIS
CRITERIA AND INDICATORS

I. BENEFITS FROM AND CAPACITY TO USE RESOURCES, SERVICES	CRITERIA	INDICATORS
<p><u>HEALTH</u></p> <p>MCH</p> <p>NUTRITION</p> <p>ENVIRONMENT</p>	<ul style="list-style-type: none"> - Access to Resources Services. - Use of Resources, Services - Impact on Living conditions 	<ul style="list-style-type: none"> - Request for resources, services - Utilization of resources, services - Food production and use <p><u>INFANT HEALTH</u></p> <ul style="list-style-type: none"> - Incidence: nutritional deficiency, infectious diseases, parasitic diseases - Birthweights <p><u>MATERNAL HEALTH</u></p> <ul style="list-style-type: none"> - Incidence: Maternal Mortality, Complications of pregnancy, delivery, anemia, infertility, parasitic diseases
<p><u>FAMILY PLANNING</u></p> <p>INFORMATION & EDUCATION, SERVICES</p>	<ul style="list-style-type: none"> -Awareness -Acceptability -Use -Internalization of concept -Community Support 	<ul style="list-style-type: none"> -Trust in family planning workers - Knowledge of options -Open discussion of family planning -Request for information on side effects, infertility -Demand for services -New acceptors -% of women continuing use -Voluntary mention of family planning in relation to other aspects of development -Peer pressure for spacing, limitation -Participation in service delivery

	CRITERIA	INDICATORS
<p><u>EDUCATION</u></p> <p>LITERACY PROGRAMS NON-FORMAL EDUCATION FORMAL EDUCATION SPECIAL EDUCATION, e.g. AGRICULTURE, HOME IMPROVEMENT, ETC.</p>	<ul style="list-style-type: none"> - Improved skills - Increased opportunities - Confidence 	<ul style="list-style-type: none"> - Enrollment - Changes in literacy level - Degree of community participation - Continuation in school - Roles in decision making - Increased opportunities for work - Expansion of activity - Demand for more education programs - Improvement in domestic and agricultural methods of work
<p><u>INCOME</u></p> <p>VOCATIONAL TRAINING SKILLS TRAINING ECONOMIC OPPORTUNITIES COOPERATIVES CREDIT RESOURCES</p>	<ul style="list-style-type: none"> - Income generation - Participation in formal sector - Viability of cooperatives - New businesses - Access to credit 	<ul style="list-style-type: none"> - Marketing channels - New or improved skills - Increased income - Employment - Better jobs & remuneration - Ownership & use of land, housing - Personal savings - Number and size of businesses - Group assets
<p><u>DOMESTIC & SUBSISTANCE WORK</u></p> <p>APPROPRIATE TECHNOLOGY INFORMATION & TRAINING ENVIRONMENT</p>	<ul style="list-style-type: none"> - Workload - Productivity - Self-reliance - Effect on family 	<ul style="list-style-type: none"> - Changes in daily time allocation for women - Expansion of activities - Income from surplus production - Increase in domestic food supply - Decrease in food loss - Better school attendance of girls

	CRITERIA	INDICATORS
<u>FAMILY AND WORK RESPONSIBILITIES</u> DAY CARE MATERNITY PROTECTION FAMILY LIFE EDUCATION	<ul style="list-style-type: none"> - Compatibility between work & family - Balance between male and female family responsibilities 	<ul style="list-style-type: none"> - Decrease in family/work conflict for women - Less time off work - Child development, e.g. progress in primary school - Male time spent on family responsibilities. - Female involvement in formal sector - Change in daily time allocation
<u>LAW</u> LEGISLATION POLICIES EDUCATION ON RIGHTS AND RESPONSIBILITIES LEGAL AID/ADVICE	<ul style="list-style-type: none"> - Law reform - Implementation policies - Knowledge of rights and responsibilities - Access to legal process 	<ul style="list-style-type: none"> - Changes in law - New implementation policies - Changes in land ownership, divorce, inheritance, marriage age, school attendance - Use of legal aid, advice, courts - Knowledge of law
II. SOCIAL PROCESS		
<u>INDIVIDUAL</u> RESOURCES OPPORTUNITIES PARTICIPATORY CHANNELS	<ul style="list-style-type: none"> - Access to, use & control of resources - Interpersonal relations - Participation - Self-perceptions - Self-reliance - Leadership - Planning 	<ul style="list-style-type: none"> - Individual participation in group, community clubs cooperatives - Planning & organization of daily activities & responsibilities - Degree of responsibility - Initiative - Confidence - Role in family-decision making - Aspirations - Individual's replication of group activities

II. SOCIAL PROCESS	CRITERIA	INDICATORS
<p><u>GROUP:</u> ASSISTANCE, RESOURCES INFORMATION, GUIDANCE</p>	<ul style="list-style-type: none"> - Access to use & control of resources - Participation - Cooperation - Outreach - Linkages - Goal Orientation - Image/Identiy - Organization - Leverage - Decision-making - Viability - Self-reliance 	<ul style="list-style-type: none"> - Group assistance to other/new groups - Participation in community affairs - Number of group activities - Contact, cooperation with other organizations - Development goals, future plans - Recognition by community - Power to obtain resources supplies from community - Membership: growth & degree of involvement - Asked for advice by community - Desire & ability to use resources outside the project, e.g., extension services, back loans - Group organization - More individuals involved in decision making - Group interest in donors work and personal lives - Group assets
<p><u>PROJECT VIABILITY</u> ASSISTANCE RESOURCES</p>	<ul style="list-style-type: none"> - Self-sufficiency - Future plans - Expansion to new areas, activities 	<ul style="list-style-type: none"> - Evolution of goals for future - Expansion to community rather than just women - Less reliance on outsiders - Interaction with local government & private agencies - Imitation or adoption of approach of activities by other communities, agencies, government

	CRITERIA	INDICATORS
III. <u>SOCIAL SETTING</u> <u>OR CONTEXT</u> PROJECT ACTIVITIES	<ul style="list-style-type: none">- Development gains- Relationship between project & community- Decision-making	<ul style="list-style-type: none">- Community perceiving group work and achievements as an example to be emulated- Change supported by community, especially elders and men- Contact with other communities, organizations- New community sanctions or norms related to women and girls- Development orientation of community- Change in decision-making structures

directly and indirectly support family planning use and smaller families. While analysis cannot be limited to an examination of fertility indicators alone, special attention can be paid to them in relation to the project activities and the changes and process they set in motion.

In order to illustrate the process which results from such projects and the phases at which particular indicators will be useful, three examples are given in Charts I, II, and III. All three focus on the process of change in family planning attitudes and behavior in relation to other development activities over a 5 year period. They represent three different starting points: (1) an area with no exposure to family planning, (2) an area with awareness but no services (3) an area with services and some acceptors. The examples illustrate approximate phases of a project and are not intended to fit specific field projects precisely.

The reader should be cautioned that these examples were prepared in order to illustrate how changes in fertility-related attitudes and behavior are linked to the process of development in individuals and groups. Thus family planning activities and indicators are shown in greater detail than are the other development activities and indicators. In analyzing an actual project, it would be necessary to give equal attention to other development activities and to the social process.

CHART 1

NO FAMILY PLANNING EXPOSURE, BASIS FOR DEVELOPMENT ACTIVITIES
PROJECT IMPLEMENTATION

		PRE-PROJECT YEAR 0		YEAR 1		YEAR 2	
		0	6	0	6	0	6
PROJECT ACTIVITIES	MO.	<ul style="list-style-type: none"> Identify leaders, needs, collaborating agencies establish rapport with community develop project proposal 	<ul style="list-style-type: none"> work with community collecting materials, money discussions w/ other agencies conduct baseline survey 	<ul style="list-style-type: none"> assist group organization purchase equipment group activities start set up monitoring system 	<ul style="list-style-type: none"> group begins functioning actively leadership training skills training introduction of family planning concept & information 	<ul style="list-style-type: none"> individual members begin to imitate group activities group organization is strengthened family planning discussion 	<ul style="list-style-type: none"> expansion of activities legitimation of group family planning education
		<ul style="list-style-type: none"> submit proposal for funding 	<ul style="list-style-type: none"> receive funds 				
INDICATORS OF IMPACT				<ul style="list-style-type: none"> group harmony & identity stable leadership active participation increase in group ideas requests for information & assistance 	<ul style="list-style-type: none"> group harmony & identity stable leadership active participation increase in group ideas requests for information & assistance discussion of family planning 	<ul style="list-style-type: none"> improved living conditions group & individual self-reliance spill-over of group action to individual activity new group objectives open discussion of family planning 	<ul style="list-style-type: none"> group decision on new activities recognition of group by community requests for specialized training for development activities requests for family planning information

YEAR 3		YEAR 4		YEAR 5	
0	6	0	6	0	6
<ul style="list-style-type: none"> provision of specialized training in development activities carry out interim evaluation intensive motivation in family planning & related subjects 	<ul style="list-style-type: none"> emphasis on new dev't activities expansion of group membership provision of family planning services 	<ul style="list-style-type: none"> replication of group activities by individuals on larger scale long range planning by group peer group motivation for family planning use 	<ul style="list-style-type: none"> discussion w/ gov't departments on expansion of approach identify new technical assistance needs follow-up of acceptors discussion of family planning w/ young women 	<ul style="list-style-type: none"> expansion of dev't activities throughout community obtain technical assistance involvement of men in fp/responsible parenthood discussions 	<ul style="list-style-type: none"> discuss project activities & approach w/ nearby communities evaluation of impact reorientation of fp services w/ greater participation of women
<ul style="list-style-type: none"> use of improved methods in dev't activities request for fp services 	<ul style="list-style-type: none"> improved living conditions group status & leverage within community group has assets acceptance of fp by some 	<ul style="list-style-type: none"> # of individual projects or enterprises increased decision-making by women in family & community group decides on future goals increase in fp acceptors 	<ul style="list-style-type: none"> gov't awareness of approach increased group contact w/ extension workers, other outsiders continuous use of fp new fp acceptors 	<ul style="list-style-type: none"> community interest & dev't activity community perceives group work & achievements as an example younger fp acceptors continuous use of fp 	<ul style="list-style-type: none"> interest & requests for assistance from nearby communities improved living conditions throughout community new fp acceptors low fp drop-put rate women's participation in fp service & delivery

CHART 2

		PRE-PROJECT YEAR 0		YEAR 1		YEAR 2	
PROJECT ACTIVITIES	10.	0	6	0	6	0	6
		<ul style="list-style-type: none"> identify leaders, needs, collaborating agencies establish rapport with community develop project proposal 	<ul style="list-style-type: none"> work with community collecting materials, money discussions w/ other agencies conduct baseline survey 	<ul style="list-style-type: none"> assist group organization purchase equipment group activities start set up monitoring system begin fp discussions 	<ul style="list-style-type: none"> group begins functioning actively leadership training skills training fp education & motivation 	<ul style="list-style-type: none"> individual members begin to imitate group activities group organization is strengthened fp training for lay motivators provide fp services 	<ul style="list-style-type: none"> expansion of activities legitimation of group motivation through lay motivators organized group discussion on fp & related subjects
INDICATORS OF IMPACT							
				<ul style="list-style-type: none"> receive funds 	<ul style="list-style-type: none"> group harmony & identity stable leadership active participation increase in group ideas requests for information & assistance request for fp services 	<ul style="list-style-type: none"> improved living conditions group & individual self-reliance spill-over of group action to individual activity new group objectives some fp acceptors 	<ul style="list-style-type: none"> group decision on new activities recognition of group by community requests for specialized training for development activities increase in fp acceptors group consensus on usefulness of fp

YEAR 3		YEAR 4		YEAR 5	
0	6	0	6	0	6
<ul style="list-style-type: none"> provision of specialized training in development activities carry out interim evaluation 	<ul style="list-style-type: none"> emphasis on new dev't activities expansion of group membership 	<ul style="list-style-type: none"> replication of group activities by individuals on larger scale long range planning by group 	<ul style="list-style-type: none"> discussion w/ gov't departments on expansion of approach identify new technical assistance needs follow-up of acceptors reorientation of services w/ greater participation of women 	<ul style="list-style-type: none"> expansion of dev't activities throughout community obtain technical assistance 	<ul style="list-style-type: none"> discuss project activities & approach w/ nearby communities evaluation of impact community discussion of value of fp
<ul style="list-style-type: none"> discussion on fp methods, side-effects, relationship to lactation, infertility group discussion of fp w/ community follow-up of acceptors 	<ul style="list-style-type: none"> group discussion of fp w/ young women discussion of fp, responsible parenthood w/ men 	<ul style="list-style-type: none"> group suggestions for improved fp services group discussion of community based distribution of fp 		<ul style="list-style-type: none"> community based distribution of fp 	
<ul style="list-style-type: none"> use of improved methods in dev't activities new fp acceptors % women continuing fp use 	<ul style="list-style-type: none"> improved living conditions group status & leverage within community group has assets new fp acceptors % women continuing fp use 	<ul style="list-style-type: none"> # of individual projects or enterprises increased decision-making by women in family & community group decides on future goals spontaneous discussion of fp in relation to dev't e.g., land, schooling improved health & productivity of group members new fp acceptors continuous fp use 	<ul style="list-style-type: none"> gov't awareness of approach increased group contact w/ extension workers, other outsiders younger fp acceptors continuous use of fp favorable male attitudes to fp 	<ul style="list-style-type: none"> community interest & dev't activity community perceives group work & achievements as an example degree of women's participation in fp delivery group pressure on members to space or stop child-bearing new acceptors continuous use of fp 	<ul style="list-style-type: none"> interest & requests for assistance from nearby communities improved living conditions throughout community community support & approval of fp longer birth intervals fp practice

CHART 3

PROJECT IMPLEMENTATION

		PRE-PROJECT YEAR 0		YEAR 1		YEAR 2	
		0	6	0	6	0	6
PROJECT ACTIVITIES	no.	0	6	0	6	0	6
		<ul style="list-style-type: none"> identify leaders, needs, collaborating agencies establish rapport with community develop project proposal 	<ul style="list-style-type: none"> work with community collecting materials, money discussions w/ other agencies conduct baseline survey 	<ul style="list-style-type: none"> assist group organization purchase equipment group activities start set up monitoring system 	<ul style="list-style-type: none"> group begins functioning actively leadership training skills training 	<ul style="list-style-type: none"> individual members begin to imitate group activities group organization is strengthened 	<ul style="list-style-type: none"> expansion of activities legitimation of group
INDICATORS OF IMPACT			<ul style="list-style-type: none"> submit proposal for funding 	<ul style="list-style-type: none"> receive funds 	<ul style="list-style-type: none"> review appropriateness of fp service group discusses fp give detailed information on fp methods, side-effects 	<ul style="list-style-type: none"> discussion of fp in relation to lactation, infertility fp motivation w/in group training for lay motivators support services for motivators work reorientation to women's needs 	<ul style="list-style-type: none"> group discusses fp w/ young women & men
					<ul style="list-style-type: none"> group harmony & identity stable leadership active participation increase in group ideas requests for information & assistance 	<ul style="list-style-type: none"> improved living conditions group & individual self-reliance spill-over of group action to individual activity new group objectives increased use of fp service 	<ul style="list-style-type: none"> group decision on new activities recognition of group by community requests for specialized training for development activities new acceptors continuous use of fp women's discussion of service & delivery

YEAR 3		YEAR 4		YEAR 5	
0	6	0	6	0	6
<ul style="list-style-type: none"> provision of specialized training in development activities carry out interim evaluation 	<ul style="list-style-type: none"> emphasis on new dev't activities expansion of group membership inter-agency cooperation in integrated fp discussions & activities 	<ul style="list-style-type: none"> replication of group activities by individuals on larger scale long range planning by group discuss community based distribution & motivation 	<ul style="list-style-type: none"> discussion w/ gov't departments on expansion of approach identify new technical assistance needs follow-up of acceptors set up CBD system training for CBD 	<ul style="list-style-type: none"> expansion of dev't activities throughout community obtain technical assistance family life education 	<ul style="list-style-type: none"> discuss project activities & approach w/ nearby communities evaluation of impact work w/ youth in relation to fp interim evaluation of CBD approach
<ul style="list-style-type: none"> interagency cooperation in integrated fp discussions & activities 					
<ul style="list-style-type: none"> use of improved methods in dev't activities community & male support for fp evidence of fp work by other agencies fp agencies invited to join boards, committees of other agencies new acceptors continuous fp use 	<ul style="list-style-type: none"> improved living conditions group status & leverage within community group has assets spontaneous discussion of fp in relation to dev't, e.g. land, schooling improved health & economic productivity of group members new fp acceptors continuous fp use 	<ul style="list-style-type: none"> # of individual projects or enterprises increased decision-making by women in family & community group decides on future goals younger fp acceptors continuous fp use 	<ul style="list-style-type: none"> gov't awareness of approach increased group contact w/ extension workers, other outsiders group pressure on members to space or stop child-bearing fp acceptors continuous fp use 	<ul style="list-style-type: none"> community interest & dev't activity community perceives group work & achievements as an example longer birth intervals community support & approval of fp men's involvement in discussions of family life & responsibilities 	<ul style="list-style-type: none"> interest & requests for assistance from nearby communities improved living conditions throughout community discussion of fp in relation to community welfare

Methodology

Analysis of any small action oriented projects, subject to the constraints of the field must be based on common sense and sensitivity to the participants. The dynamics of a project may often be fragile and can be overwhelmed by heavy-handed investigations. Scientifically controlled experiments are not possible. But it may be possible to select projects whose situation makes them "natural experiments". For example project areas can be compared to similar although "unmatched" areas without integrated development activities. Or an area with services but no community participation may be the baseline for comparing utilization of services and development gains when a participatory approach is taken with the same communities.

The small size of most of the projects prohibits large sample surveys and elegant statistical analysis. Instead both quantitative and qualitative data must be combined to complement and support each other. Wholly new methods and tools do not need to be invented, but careful selection from among the traditional methods and tools must be made. Four sources of data suggest themselves. First information from secondary sources such as censuses, government records, reports or studies made by other agencies. Second, records kept by the project staff for internal monitoring and evaluation purposes. Third, discussions and interviews with project sponsors, managers, and other community members. Fourth, unobtrusive measures based largely on observation.

An interim analysis of the situation could be carried out for most of the integrated women's development projects after 2 years of implementation. In many, change in family planning use might not be measurable at that point but as illustrated in Charts I-III there could well be indications of change toward family planning acceptability. Selecting from the list of indicators an interim analysis could be conducted during a couple week site visit by a team representing the project participants and the sponsoring agency. After five years of implementation there should be indications of family planning acceptance and use in almost all projects at which point a more comprehensive analysis could be carried out.

There is no one single methodology for analyzing the impact of development projects in relation to fertility. Past evaluations of family planning programs and of development projects have often failed to shed light on the process of individual and group change among women that leads to family planning use and fertility declines. It is hoped that by allowing flexibility and innovativeness in the design and in the collection and analysis of data, useful information and insights will be obtained.

In this paper I have tried to explore the possibilities for evaluating the impact of women's development projects on family planning use and fertility. No final answers or solutions can be presented. The intention is to start a process within which these ideas can be discussed, tried in the field and developed further.

CONCLUSION

The search for alternatives to traditional approaches to family planning work in developing countries has led to the implementation of small integrated women's development projects in many countries. Although the need to evaluate these projects has been discussed, little action has been taken. Analysis and documentation of experience with alternative approaches is needed to see what works and what doesn't work in actual field situations. Moreover, the evaluation of community based integrated women's development projects can contribute to our knowledge of the mechanisms and causality behind the determinants or correlates of fertility. And similarly they can contribute to our understanding of the role that women's groups can play as a constituency for family planning services as well as for other development efforts.

These projects demand flexible and innovative evaluation schemes based on a thorough understanding of the rationale behind the approach and the process of implementation. It is no more possible to provide a cookbook recipe for analyzing the impact of women's development projects on fertility than it is to provide a precise protocol for the design of such projects. The purpose in this paper has been to provide

the ingredients for analysis and suggest the perspective and framework within which the ingredients can be combined.

The next phase should be to select from among the integrated women's projects now being implemented and carry out some analyses in the field. It would also be valuable to select and plan for the analysis of some new projects which have not yet begun. Whether new or existing projects are selected, it is important to begin this work now to provide some answers to questions which policy makers and programmers are raising with increasing frequency. In an effort to begin to link the suggestions in this paper to reality, a brief description of an actual field project in Kenya is included as an Appendix.

FOOTNOTES

- 1 According to the Third Population Inquiry, 1976, carried out by UN Population Division, 54 developing countries perceive their fertility rate as "too high", 53 as "satisfactory" and 7 as "too low".
- 2 Drop-out rates are not always easy to calculate and they vary by method. They are a cause of concern in many programs. A 12 country study showed that 38 - 45% of first time pill users discontinued after one year. (Ross et al., 1972). In a Botswana study about 58% of the sample discontinued use after 10 months. (Stephens, 1978). In Kenya on average 48% of acceptors at FPAK clinics discontinue use within one year. Over time, the drop-out rate has ranged from 40 - 60%. (FPAK, 1979).
- 3 The situation in India is a notable example of this. Similarly in Pakistan family planning clinics were targets in some of the riots in the sixties.
- 4 See, Boserup (1970) and Palmer (1979) for discussion and examples of the negative effect of development and modernization on women.
- 5 "The average percentage of potential household heads who are women is 22% for Central America and the Caribbean, 16% for North Africa and the Middle East and 15% for South America." (Buvinic and Youssef, March 1978), p.i.
- 6 For further discussion of legal and policy changes in women's status and opportunities and fertility, see Dixon (1975) and Piepmeier (1980).
- 7 The leader of a rural self-help group in Kenya stated that long term goals do not emerge until the group has some resources or assets.
- 8 There are a number of articles which address the role and potential contributions of women's groups to development. These include valuable discussion on the differences between groups and ways in which to work with them. See Bruce (1976), Germain (1975) and Helzner (1980).
- 9 For descriptions of these programs, see IPPF (December 1977), IPPF (June 1978), IPPF (April 1979); The Pathfinder Fund, Women's Programs Division Guidelines; UNFPA, Women, Population and Development (no date).
- 10 For two examples of the failure of top-down approaches in forestry, see Spears (1978).
- 11 Monitoring of progress should be an on-going activity that is an integral part of project implementation. Impact analysis does not replace routine monitoring and internal evaluation, but is intended to answer different questions.

- 12 The Inter-American Foundation uses social impact analysis on development projects and has developed a list of Social Gains Indicators as a tool.
- 13 See Hoole (1978) for a discussion on the evaluation of the impact of field projects.
- 14 Some work has been done on criteria for analyzing the impact of general development projects on the participants and on women in particular. See Dixon (1980), Palmer (1979) and ACVAFS (1975). Analysis of the impact of women's development projects on fertility behavior has received less attention.

Integrating Family Planning and Development -- An Example in Kenya

The following description of an actual women's self-help group in Kenya illustrates the linkages between the process of development, individual and group growth and the concept and practice of family planning. It is based on written reports of the project and discussions with the project coordinator, sponsors and the leaders of the group.

The Gatitu Women's Group is one of 10 women's groups that the Family Planning Association of Kenya began assisting and working with in 1979. FPAK lists 4 objectives for their involvement with the groups:

- 1) to improve the status of women through income generating activities in order to make them economically self-reliant;
- 2) to promote family planning by integrating it with other development activities;
- 3) to increase the number of acceptors within the groups involved so that they could be seen by other women outside the group as reference groups or examples;
- 4) to educate the members of the women's groups about family planning so that they can disseminate the information to other women in their community.

This collaborative project represents an alternative to the traditional approach to family planning work within the country. It is necessary to know something about the Kenyan situation and the existing family planning activities in order to put this project into context.

Family Planning in Kenya

Family planning programs including services have been in existence in Kenya for a long time. The FPAK had begun work and become affiliated to IPPF by 1962. The government program started in 1967. Yet by 1978, it was estimated by the Kenya Fertility Survey that only 7% of currently married women between the ages of 25 - 34 were practicing family planning. Despite services, information and education work, favorable government policies and considerable financial resources, the practice of family planning has not grown significantly and the rate of natural increase in population has risen from 3.3 to 3.9 in a little over 10 years. The population growth rate is among the highest in the world.

This situation has led to concern for finding possible alternatives to the direct family planning motivation and service delivery approach. The programs now in existence cannot reach significant numbers of women because they rely largely on individual contacts made by fieldworkers; nor do they permit continuous contact and discussion of family planning with potential users. The influence of continued discussion and peer group support on the process of individual decision-making about family planning use has been neglected. Neither have the regular programs been able to capitalize on the link between family planning and the process of development.

In this context it was felt that family planning program effectiveness could be improved by integrating family planning with other development needs and encouraging the active participation of community members, particularly women in family planning work. The focus is on women because virtually all contraceptive methods and services are for women and because the roles and status of women are more critically linked to fertility behavior and use of family planning than are those of men.

To this end, several organizations have started integrated pilot development projects with women's groups in Kenya. The Gatitu Women's Group was chosen as an example in this paper because it has been in existence for 10 years and there are more indications of change than would be available for newer groups. The strong group movement in Kenya is not found in all countries; therefore this example cannot be taken as a precise model for implementation everywhere. But many of the principles and much of the process are relevant to other settings.

The Gatitu Women's Group

"Together we use what we have to get what we don't have."

--Motto of the Group

There is a self-help group of 24 women in the village of Gatitu, Tetu Division of Nyeri District, in the Central Province of Kenya. Members of the group are between the ages of 30 and 46; approximately 50% of

them are literate. The main activity in this area is agriculture. The group's primary objective is to improve the living conditions and opportunities of the members' families and the community through self-help.

The status and leverage within the community enjoyed by the group today is the result of a process begun over 10 years ago when 8 individuals joined together to help each other cultivate their land in the face of rising labor costs. One of the initial activities was to raise money to buy seeds and fertilizers for a group kitchen garden. This was later expanded so that each member had her own garden. The proceeds from the group garden were saved and used to begin a small poultry raising business. The group membership expanded over time to stabilize at about 24.

The achievements of the women's group are now seen as an example by the rest of the community. Their poultry raising scheme is economically viable and they have already begun negotiations for registration as a cooperative. Plans include setting up a processing system for producing poultry feed for their own use as well as for sale. The group poultry project has now expanded so that in addition to the 500 birds kept by the group, each individual member has 50 birds which she keeps at home for domestic use as well as individual income. Other group activities include kitchen gardens for each member, regular weekly educational activities including nutrition, family planning, home and environmental hygiene, agriculture and animal husbandry.

As a result of their group work these women enjoy substantial improvements in living conditions, status in the family and increased economic opportunity. The group achievements have spilled over to the community and helped to raise the general level of development. There is still a clear difference between the development gains made by the group members and the others in the community; it appears that active participation in the group has given the members advantages not gained by individuals.

Family Planning in Gatitu

In the process of discussing nutrition, MCH, home improvements and economic opportunities the group itself identified the need for a means by which children could be spaced. This took place within the first 2-3 years of the group's existence and occurred without official contact with family planning workers. It was the group itself which invited family planning workers to give more information and advice on services.

In 1979 FPAK and the group began to collaborate in a much more concrete way. Fieldworkers visit the group and there is contact with both FPAK and IPPF staff. FPAK is supporting cooperative training for the members at their request. The women have in turn become more active in promoting family planning within the community, and they say that they feel this is an important role for them.

A number of group members are not using contraceptives, because of their age. But their influence and status within the community and with their children and relatives is an invaluable asset to the family planning movement. In Kenya old women play an influential role in the fertility decisions of younger women and their husbands. Sons may be persuaded that they should continue having children until all their important relatives have been named. This could mean 6 or 7 children. Where sons take the advice of their mothers seriously, a young wife might find it impossible to practice family planning against the wishes of her mother-in-law and husband. Family planning programs which are targeted only at women of the same age, neglect the linkages and authority that span several age groups. The younger members of the Gatitu group feel a responsibility for setting an example and influencing their peers.

The women themselves said that they began to see the application of family planning to community development as a result of many discussions and the process of growth that the individuals and the group have gone through over the years. Use of family planning within the group is said

to be higher than that in the community, but the level of use by non-group members has been influenced positively and to a large extent by the group members' example and active promotion. The results of this pilot situation contrast with the response which has been experienced within the regular programs of private and governmental organizations in Kenya.

Conclusions

FPAK has been working with this group for less than one year. A number of staff members have expressed their belief in the value of this approach despite the short time that has gone by. The timeframe cannot be accurately dated from the beginning of FPAK's involvement since the group has been developing over a 10 year period. The working relationship which has been established between FPAK and the group will continue even though it may not be necessary to lend financial assistance in future years.

The group's size and the ages of its members have raised questions about the value of assisting and working with it. Careful examination indicates three important characteristics of this group which are related to fertility behavior: 1) the group members have internalized the concept of family planning, 2) they are convinced enough of its value to promote it within the community; 3) as a result of its achievements the group has attained influence within the community. It is clear that the group's support for and involvement in family planning resulted from a process of material and social development over a period of time. FPAK hopes to enhance this process and help strengthen the group and its role as a family planning constituency.

No impact analysis has as yet been carried out, but some insights into the change process can be gained by observing and talking with the group members and project coordinator. The following are indications of the impact on development and fertility.

Improved living conditions:

1. better nutrition
2. child spacing

3. home improvement
4. increases in personal income
5. group assets

Individual and Group Growth:

1. individual self-reliance
2. planning and organization as an important part of daily life
3. use of new channels for communication and participation
4. leverage within the community
5. individual and group responsibility within the community
6. future goals
7. family planning practice

Social Setting

1. group work and achievements considered an example by the community.
2. group members use their status and leverage to influence family planning attitudes and behavior in the community.
3. spill-over of group development activities and gains to community.

These and other indicators could be used systematically in analyzing the group's progress and the ways in which fertility attitudes and behavior are influenced. The interaction between the group and the community and the spread of both development activities and family planning use should also be examined in depth.

Considering the implications of rapid population growth in Kenya, this example may appear a minute effort. But the value of this project is based on several important elements. 1) change has occurred, 2) the group is now a constituency for family planning, 3) the group provides a potential mechanism for the spread or diffusion of changes in fertility behavior that is not a by-product of individual contacts, of seminars or group meetings to which there is no continuous follow-up, 4) the group is representative of many more throughout the country with which this approach to family planning work could be used. A family planning officer in the area estimated that collaboration of this nature with 50 groups in the District could make a significant difference in the use and effectiveness of family planning services.

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EXECUTIVE SUMMARY

Women's Development Projects
and Fertility Change:
Suggestions for Assessing Field Experience

by

Katherine Blakeslee Piepmeier

June, 1980

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The focus on the interrelationship between population and social and economic factors, and the integration of activities at program level resulted from two different types of experience. Research on determinants of fertility provided indications of social and economic variables which were likely to be related to lower fertility. At the same time experience from on-going programs pointed to the need for a new approach. In many areas services are underutilized or recipients of the services discontinue use or at least program participation at rates of 40 to 60% after one year.

Changing the conditions associated with high fertility in order to enhance the utilization and effectiveness of voluntary family planning programs entails some action addressed directly to the needs and problems of women. In the areas of social and economic change related to fertility the influence of women's status and living conditions is more crucial than that of men.

Throughout developing countries there are now a number of small community level pilot development projects for women sponsored by family planning and population agencies, both governmental and private. Their objectives are to create the pre-conditions for practice of family planning through improving the living conditions and opportunities available to women and to introduce and provide family planning information, education and services within the context of women's multiple roles and needs. Despite indications that they are having an impact on the lives of the women participants, there are few

evaluations of these projects. The primary objective of this paper is to suggest appropriate frameworks, criteria and indicators for analyzing the impact of these projects on the lives of the women and on fertility attitudes and behavior.

The paper is divided into three parts. Part I: The Demographic Rationale for Integrated Women's Development programs, examines the rationale for these projects within the context of population and development goals. The focus is on the influence that the status and roles of women in developing countries have on the effectiveness of family planning programs. Part II: Strategies for Change, gives some suggestions for program interventions at both the national and community level. The role that women's groups can and do play as a vehicle for development and a constituency for family planning is examined in relation to integrated family planning/development projects. In Part III: Evaluating the Impact of Integrated Women's Projects, both the need for evaluation and the reasons why there have been so few evaluations to date are discussed. Several issues inherent in the implementation and evaluation of pilot projects using an integrated approach are raised. Finally a framework for analysis is proposed. Specific criteria and indicators of impact which could be applied to projects are presented. An example of an actual field project in Kenya is included as an Appendix.

The methodologies, criteria and indicators suggested are deliberately geared to small action projects rather than to large scale projects or those whose primary rationale is research. They are intended to throw light on the process of change using a combination of quantitative and qualitative data.

While it is not possible to provide a cookbook recipe for analyzing the impact of women's development projects on fertility, this paper has given the ingredients for analysis and the perspective and framework within which the ingredients can be combined. The ultimate purpose of the paper is to address the evaluation of projects, but it can also give some guidance in the identification and design of small development projects for women which will be likely to influence fertility.

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