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An International Center for Research on Women Report

to the Development Support Bureau of AID:

Incorporating Concerns with Women in Development to

the Activities of AID's Office of Population

Paula E. Hollerbach, Consultant

July, 1979

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# An International Center for Research on Women Report to the Development Support Bureau of AID: Incorporating Concerns with Women in Development to the Activities of AID's Office of Population

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## SUMMARY

The recommendations in this report are based on background reading and interviews at the Agency for International Development (AID) with Pat Baldi, Jerry Bowers, Jim Brackett, Duff Gillespie, Sarah Green, Barbara Kennedy, Hall Pedersen, and Marshall Rothe of the Development Support Bureau (DSB)'s Office of Population, with Robert Simpson of the Program Office, and with Ann Van Dusen of the Bureau for Program and Policy Coordination.

Based on the guidelines provided by Robert Simpson, I have attempted to provide a comprehensive overview of the Office of Population of the DSB/AID, indicating gaps in the current program activities and reinforcing ideas deemed worthwhile, and making recommendations for the World Fertility Survey, suggestions for implementation and broader use of research, and references to relevant research materials. In addition, I have addressed topics suggested by Sarah Green, Chief of the Policy Division: inputs or outputs to enhance the status of women in population policy development research, an evaluation of demographic data and ways to measure women's status, the manner in which Family Planning can generate employment for women, possible sex-typing of training opportunities provided to men and women, and Information, Education, and Communication (IE&C) campaigns for progeny of either sex.

The report is arranged as follows: After a general introduction which reviews some literature on the relations between contraceptive availability,

socioeconomic change and fertility decline, this report assesses the work of and makes specific recommendations to individual divisions and branches within the Office of Population.

The main recommendations proposed are:

- Operations Research: that qualified staff be added to develop and oversee model projects integrating development and family planning.

- Grants Branch: that it encourage institutions such as the International Planned Parenthood Federation (IPPF) and the Pathfinder Fund to initiate integrated projects to reach less accessible groups of women, such as sexually active adolescents and women migrants.

- Family Planning Services: that it promote service programs which provide a variety of contraceptives to give women users a greater selection to choose from.

- Training: that it fund projects that seek to train and place women in middle and high-level managerial positions in family planning programs; that it encourage projects with salaried paramedical personnel positions, especially for women; that postgraduate medical and administrative training opportunities in family planning be made equally available to women and men.

- Demographic Division: Contraceptive Prevalence Survey: that additional data on the type and nature of women's productive activities be collected. In addition, that data be collected on the economic and health consequences of female economic activity, and that several modules be developed to make the survey more adaptable to different regions and cultural zones.

- Demographic Division: World Fertility Survey: before a second round of surveys is initiated, that participating countries give their assessment of previous experiences and results as well as suggestions for

improvement. That useful measures of women's status and family socio-economic status be developed and incorporated into future survey schedules. Finally, that research on the socioeconomic determinants of fertility be carried out in areas where family planning programs have failed.

- Population Policy Development: that special research attention be given to topics such as the development of good indicators of socioeconomic status and microlevel analyses of male and female incentives and motivation for reproductive behavior, the relation between women's self perceived interests and aspirations and objective indicators of their position in society, the differential impact of development on men and women, and the determinants of adolescent fertility. Furthermore, that data generated by projects currently being funded be made functionally available to policy makers.

- Information, Education, and Communication (IE&C): that it develop prototypes of curricular materials on population and health education and make them available for school use in countries seeking to reinforce the demographic goals of their population policies.

I have not attempted to establish priorities among the recommendations made, given my incomplete understanding of budgetary restrictions, and of the interrelationships between the Regional Bureaus, DSB, and the Office of Population. My suggestions for Operations Research, which would be my major priority for funding, would require its integration with other AID Economic Development Offices and, therefore, an integration of budget lines. For many of the suggestions, I feel that AID Staff can make better assessments of the investments required.

The suggestions provided in the report reflect my assessment and not that of the Population Council, which extended a leave of absence without pay for undertaking the consultancy to the International Center for Research on Women (ICRW).

I. Introduction: The Short-term Demographic Effects of Access to Family Planning and the Long-term Effects of Socioeconomic Change:

The present focus of the Population Office is largely the distribution of cost-effective family planning services to developing nations through community-based distribution systems. Interest in working with women's groups is limited to the extent to which these groups can facilitate the delivery of services and increase the number of contraceptive acceptors.

There is no doubt that knowledge and availability of contraception and abortion, and program efforts initiated by governments have an impact on fertility. Knowledge of contraceptive methods and abortion, the perceived availability of such methods, and their acceptability contribute to the individual's awareness of alternatives to childbearing and are necessary considerations and determinants in fertility decision-making. However, they have only a short-term effect on demographic trends. In the long run, lower rates of population growth are achieved by socioeconomic change which reduces the economic value of child labor and, hence, produce a decline in the number of desired children.

Based on his analysis of fertility decline in Eastern and Western Europe, Coale (1973) suggests three possible preconditions for fertility

decline: 1) fertility should be within the calculus of conscious choice, i.e., beliefs and norms should not forbid family planning or favor very large families; 2) reduced fertility must be economically and otherwise advantageous for couples; and, 3) effective techniques of fertility reduction must be available, this being the focus of current AID Population programs. Under these conditions the process of demographic transition, and the course of fertility within transition, might follow different paths depending on economic and social circumstances, beliefs and norms, and techniques of fertility regulation.

Attempts to distinguish the socioeconomic causes of fertility decline have been investigated, primarily through examination of the historical census material of Western Europe. A variety of explanations have been offered: sustained reductions in infant and child mortality; increased secularization and a decreased influence of traditional pro-natalist religious beliefs; higher levels of education; urbanization and exposure to alternative life styles; decrease in agricultural employment and an increase in industrialization; shift from household production units to impersonal wage and salaried industrial employment; increased female employment in the nonagricultural labor force and the rising status of women; the development of social security systems; rising standards of living; increasing consumption possibilities; social mobility and higher aspirations; the growth of individualism and shifts of primary individual allegiance from the family and kinship group toward the larger society; increased costs of childbearing and absorption of family resources; declining economic benefits of children through compulsory education and

the decreased use and value of child labor; and increased opportunity costs of childrearing from the standpoint of the nonfamilial roles of parents (Leibenstein, 1974; Ryder, 1976). Yet, studies attempting to ascertain the differential effects of "socioeconomic factors" and "family planning efforts" have to rely on the few poor proxies of these socioeconomic variables which currently are available.

Research at the micro-level indicates that the direct costs and opportunity costs of each child, as perceived by each parent, determine fertility desires, and are subject to change over time. Among the direct costs, modern consumption patterns (Hermalin, 1974), educational aspirations for children (Mueller, 1972), and expected financial assistance from children (Hermalin, 1974; Stinner & Mader, 1975) are notable considerations. Identified determinants of opportunity costs are the structure of nonagricultural female employment opportunities (Hermalin, 1974), male-female wage differentials and the availability of child care substitutes, work intentions (Waite & Stolzenberg, 1976), the value of work for women (Beckman, 1978; Hoffman, Thornton & Manis, 1978), and cultural and individual approval of nondomestic roles for women (Hass, 1972).

Given this perspective on the short-term demographic effects of increased access to family planning and the long-term effects of socioeconomic change, a number of changes can be made in the AID population programs to educate policymakers, create model family planning programs

which not only provide additional services to women but enhance their status within the community, and create employment opportunities for them in the delivery of health and family planning services.

II. Suggestions for Programs of the Office of Population:

A. Operations Research: Program Integrating Service Delivery and Income-Generating Activities

A recent report prepared by staff members of the Center for Population and Family Health and the Office of Population-AID (1978), appraising the use of community-based and commercial contraceptive distribution, focuses on the Indonesian experience as a unique example of the successful spread of a community-based approach and its extension to other development sectors. It concludes: "An unexpected by-product of the development of the family planning group in the subvillage has been the group's rapid expansion into other development activities such as cooking, nutrition planning, sewing, weaving, tile making, and direct economic undertakings such as cooperative chicken raising and marketing. This appears to be a case of development activities springing from village family planning" (Foreit et al., 1978).

Social networks, referred to as social environmental press, are crucial in the adoption and continued acceptance of family planning practices (Chung, Palmore, Lee, & Lee, 1972; Rogers, 1973). A community-based family planning service project with local support and supervision can become self-perpetuating by establishing a grassroot network and, as previously noted in the Indonesian case, can foster the development of programs to meet other needs and desires of the villagers. This example, cited as an unexpected but laudable effect of the family planning program,

does not receive budgetary support when focused in the reverse. A case in point is Pathfinder's initial attempt to use AID Population Funds to establish income-generating activities for women. Approval of funds was conditioned upon the requirements that all projects include the provision of family planning services but that Pathfinder provide systematic empirical proof that these projects did, in fact, enhance contraceptive prevalence. Given Pathfinder's lack of research capabilities and recognition that the fertility-reducing effects of community-based distribution programs are only apparent after a number of years, Pathfinder seems to have been placed in a bind.

I was considerably impressed with the variety of programs and research being undertaken in the Operations Research (OR) Division: The cultural specificity of the projects, the strong emphasis on the integration of health and family planning actions, the emphasis on contraceptive mix, which increases utilization of contraception by matching varying users' preferences and allowing women to change methods rather than discontinue contracepting out of dissatisfaction with the available alternatives; the recognized value of intensive fieldworker training and adequate compensation of auxiliary personnel; recognition of problems concerned with measures of cost-effectiveness; the use of improved measures of contraceptive use (contraceptive continuation and couple-years of protection, rather than mere acceptance); and the development of a modified delivery system for the 38-village study in Egypt, to include a broader contraceptive mix as well as health and community development components.

Outside the OR Division, however, a majority of the programs of the Office of Population seem to reveal a resistance to any attempts to integrate income generating activities and family planning. The conception that women are exclusively childbearers (reflected in statements making reference to the unmet need for family planning services and the low-dose pill as the answer for the future), and inadequate comprehension of the cultural and economic situations of several societies within which AID now funds Population programs may account, in part, for these attitudes.

Given the perceived narrowness in perspective outside of the OR Division, I would recommend the addition of staff members with the appropriate field and academic credentials to the OR Division. They would be responsible for the development and oversight of good model programs which seek the integration of development and family planning. To cut initial costs, they could begin with a selection of project sites already receiving funding from OR, where family planning systems are well developed and governments do not oppose rural development, and could administer a modified contraceptive prevalence survey to assess the development needs of the population (see section on the Demographic Division). These surveys could also be used to measure the longitudinal demographic impact of economic development projects and should be modified in order to permit the assessment and revision of the implementation and operation of development strategies as well.

To date, most of the research on the differential demographic impact of family planning and socioeconomic factors has been used to indicate the most efficient manner in which to allocate funds for maximum effectiveness. Since research indicates the strongest declines in countries where strong family planning program efforts are combined with strong "socioeconomic setting" (Mauldin & Berelson, 1978), it would seem advantageous to maximize AID economic development inputs in these areas, to further reinforce declines in desired family size. Thus, the addition of an education component for women would raise their aspirations, change their perceptions of themselves, increase their effectiveness in communicating with their husbands--a necessary condition for effective family planning--and, most notably, raise their desires to maximize opportunities for their own children through family size limitation (Kennedy, Paul-Bello, and Rojas de Lara, 1974). Similarly, it is probable that the expansion of productive economic opportunities for women, along with the provision of cooperative child care facilities and contraceptive services, would facilitate a greater fertility decline than would occur if family planning alone were offered. This kind of integration however would require an articulation of policies and programs within various bureaucracies of AID, which were beyond the scope of my investigation.

Although I am unfamiliar with the development projects currently funded by AID since my focus was the Office of Population, it is possible that many of them can incorporate family planning/maternal child health components into their development plans, and follow similar evaluation guidelines as those followed by categorical family planning programs to

assess demographic impact and impact on women's status. Economic development projects can create a demand for family planning if they raise aspirations for mobility for one's self or one's children and simultaneously reduce the economic value of child labor, provide educational facilities as an alternative, do not create greater value for male children than female children (Nag, 1978), and allow for the completion of primary school or higher education.

Any development project initiated should not have deleterious effects on the status of women within that community, that is, it should not reinforce the dependence of women on men and male children as the sole source of economic security. In situations where this occurs, early marriage and early childbearing are reinforced, women utilize children to insure against abandonment by the husband, and high fertility in and of itself becomes a source of status and power (Shedlin & Hollerbach, 1978).

The following points are offered as a rationale for integrated projects:

First, although the provision of family planning certainly improves women's health by reducing fertility and encouraging child spacing, and should also enhance the health status of children who are born, concentration on demographic goals alone may hinder the development of programs which can provide integrated services of maternal and child health, immunization, nutrition and education, the distribution of health supplements, especially to pregnant or lactating women, as well as efforts to encourage rural development and a sustained decline in fertility.

Second, pilot programs with maternal-child health/family planning components may have initial high expenditures, but governments, upon viewing their success, incorporate them on a larger scale. A similar approach is necessary for those projects which incorporate development/population components, which may be more attractive to policy makers than those programs with demographic targets alone.

Third, programs which integrate family planning and other development projects--e.g., cooperative income-generation, marketing and credit unions, literacy, and non-formal vocational adult education--can expand family planning acceptance and continuation by incorporating those groups which may initially oppose family planning, in particular older kinsfolk (Shedlin & Hollerbach, 1978). Moreover, they create additional points of entry and motivation to remain in a program. They also allow for the disguise of contraceptive use. There is some cross-cultural evidence, from Latin America and the Caribbean mainly, (Scrimshaw, 1972, 1973, 1975; INCAP and Ministry of Public Health of El Salvador, 1978: Region of Subsistence Agriculture) that women who live in rural areas or small towns are required by modesty and other cultural reasons, to maintain a high degree of discretion about their family planning activities. In such situations the women would prefer to have fertility control services delivered in disguised form, along with health, education and/or training services. In culture regions where stages of the reproductive cycle--menstruation, pregnancy and childbirth--are viewed as illnesses that need treatment (Harrison, 1977:6; Lewis, 1963: 290-291), it would be culturally consistent to offer fertility regulation services as part of wider health services that deal with general issues of health and disease and particular issues of pregnancy and delivery. Finally, the provision of integrated programs can also promote the use of family planning for women who are motivated to use contraception, but whose husbands and kin oppose it. Of particular relevance are the findings from the AID-funded

project in San Pablo Autopán, Mexico, where monthly service statistics indicated that 10% to 25% of the new acceptors were contracepting without the knowledge of their husbands, primarily through use of the IUD (Shedlin & Hollerbach, 1978). The need for integrated programs to disguise contraceptive use, as well as the need for contraceptive mix is clearly indicated by these findings.

Fourth, integrated projects allow the participants themselves to determine ways to meet their needs and develop local organizational capabilities. Fifth, the provision of productive economic opportunities reinforces nontraditional roles for women and raises the status of women within a community, changing women's self perceptions and providing positive role models for younger female children. There are many examples of programs in which women have been successfully incorporated as auxiliary workers, providing health care and family planning services in their communities. One such project that is of particular interest is the World Bank funded project in Cornwall County, Jamaica. In this project, 2000 women with primary school education have been successful at reducing infant mortality and the incidence of child malnutrition primarily by identifying high risk cases and providing health education. The attrition rate among these health auxiliaries is quite low, which is attributed in part to the relatively high salary that they are paid.

Sixth, income-generation reduces the dependence of women on husbands and sons for economic security, raises the value of female children, encourages balanced sex composition preferences and redistributes income to the poorest sectors of the society. Finally, income-generating activities provide women with the training necessary to instruct other

women, promoting the self-sustaining nature of the activity, and the eventual decline of need for foreign funds to maintain the program. Any program, in order to be successful, must necessarily be based on the participation of local women, reflect their desire for skills training and assure marketability of the articles produced.

As fertility control efforts continue, they must also provide women with the necessary stimuli to participate more fully in activities derived from non-mothering roles. Furthermore, it is important to recognize that family planning programs must be accompanied by services to meet the needs created by women's reduced fertility and greater participation in non-reproductive activities.

B. Grants Branch: Meeting the Needs of Less Accessible Women

Community-based distribution systems, Maternal, Child, Health/Family Planning (MCH/FP) facilities and even commercial distribution systems fail to adequately service particular groups of women who, for various reasons, are less likely to utilize established services. These groups include sexually active teenagers, women in the labor force, particularly women who must function as heads of household, and rural women whose husbands or kin oppose family planning.

A large proportion of teenage women are in institutions of secondary or university education, and a large proportion are employed in domestic service. Although the social class, and hence health needs, of these two groups of women differ, both represent an appropriate group for family planning information through integrated services. An additional

factor to be borne in mind is that many pregnant teenagers and teenage mothers of young children are unmarried. The social and economic problems of single mothers are severe and these are probably most acute for the teenage single mother. Although research is scarce, one study of women in a Cali, Colombia barrio noted that premarital pregnancy was common among residents of the barrio primarily employed as domestic servants; pregnancy terminated the employment of these women, leading to early age at first union and rapid childbearing (Browner, 1979). Women in the barrio sought abortion only when they feared abandonment by their partners or in situations in which the husband had taken another wife. Similarly, age at first intercourse is positively related to social class in Lima (Hall, 1965), where 60% of the lower-class women reported having their first sexual experience before the age of 20 in comparison to 28% of the upper-class women and 33% of the middle-class women.

A variety of studies have noted that women who are heads of household and women who are employed in service occupations are concentrated among the poor (López de Rodríguez and León de Leal, 1977) and have higher fertility than their nonemployed counterparts (Hass, 1972). Their employment is motivated by high fertility, and the establishment of contraceptive distribution services through integrated programs such as credit unions, cooperative child care, cooperative income-generating and marketing activities should greatly facilitate their ability to meet the economic needs of their families and provide access to family planning. Women in the labor force and women who must function as heads

of household are also less likely to utilize maternal-child health clinics, may not have the time available to obtain contraceptives, and are less likely to breastfeed. Thus, an important way to service the needs of these particular groups is again through integrated programs through women's networks, which create alternative distribution points.

Finally, another optimum focus for integrated development programs would be rural areas with high rates of female and male outmigration. Women migrating from rural areas in Latin America frequently move to become domestic servants in urban areas or to search for better-educated urban husbands. Programs integrating income-generation and family planning services in these rural areas of origin offer an alternative to urban migration and the resulting higher concentration of poverty within urban areas. Second, in areas of high male outmigration, agricultural extension programs for women and family planning services should be established, since women assume agricultural production in their husband's absence. This situation currently exists within Mexico, in areas selective of male migration to the United States, as well as in Ecuador and many other regions of the developing world.

Groups such as IPPF, Family Planning International Assistance (FPIA), and Pathfinder might be encouraged to initiate integrated projects reaching these less accessible women although opposition to these proposals currently seems to exist within the Office of Population. Although program activity sheets indicate that IPPF is currently involved in youth programs and projects to improve the status of women and FPIA is initiating family planning programs through

existing women's organizations, insufficient detail was obtained on these programs to allow an assessment of their adequacy. Any activities or networks chosen should be those that reinforce nontraditional roles for women wherever possible. Judith Bruce of the Population Council is currently preparing a series on projects which have been successful in generating income for women, which could serve as models for programs integrating family planning and income generation. Another source of information is the Washington, D.C. office of the League of Women Voters, which has provided training in management for women from developing nations through its Overseas Educational Fund.

C. Family Planning Services

The primary function of this division appears to be the distribution and logistical supply of family planning and health kits, and, as such, does not appear to be a useful point for incorporation of concerns with women and development. I was surprised, however, to find that high-dosage oral contraceptives, containing .075 mg. or more of estrogen, have been distributed through AID for a number of years and that a contract for lower dosage oral contraceptives (.05 mg. or less) is only now being sought, despite the long-term evidence that low dosage pills are just as effective in preventing pregnancy as the higher-dosage methods and do not carry as many risks. Although oral contraceptives and condoms are appropriate to community-based distribution systems, greater efforts should be made to encourage governments to enhance their contraceptive mix, so that the decision to utilize contraception, the selection of a method, the possibility of switching to another method versus discontinuing altogether, or the selection of the surreptitious method, is made by the woman herself based on informed choice rather than by policy makers.

D. Training

One of the new directions for programs envisaged by Barbara Kennedy, Acting Chief of the Training Office, is the expansion of CEFPA (Center for Population Activities) management-training skills for women, placing them in higher-level decision-making and budgetary control positions within family planning. The provision of such training programs would not only generate employment for women in higher-level management positions, but should serve to enhance the provision of services which reflect the needs and desires of the women they serve. Funding for this project should be encouraged. Women managers and family planning personnel are more likely to have access to information from other women and relate positively to women they serve, since typical patterns of female deference and concerns with modesty should be abated and women's ease and trust in the delivery of services enhanced (Scrimshaw, 1975).

The use of female health attendants and community-based female personnel is commonly accepted in most societies. Efforts should be made to discourage the use of volunteers for such activities, in order to increase the ability to recruit and expand such programs, reduce staff turnover, and provide employment opportunities for women in occupations which may constitute the only culturally acceptable way to provide employment in traditional societies. At higher-level management positions the existence of women managers may provide "visible" positive role models for women and encourage the aspirations of paramedical and auxiliary personnel (Buvinić and Leslie, 1979).

The use of female paramedical personnel should also provide positive role models for female children within the community. An analysis of INCAP data from the "four villages" longitudinal study in Guatemala indicated that significant gains in the cognitive development of female children were at least in part due to the positive role model influence of female nurses on girls, who otherwise were immersed in a community with traditionally rigid sex roles (Engle et al., 1978).

One of the greatest achievements of the Office of Population has been its substantial input into the creation of employment of women as paramedical/auxiliary family planning personnel. An investigation of the sex-typing of training opportunities for post-graduate medical training and training for family planning managers and supervisors may indicate a comparative sex imbalance. If so, special efforts should be made to make these programs available to women to insure their participation and representation at the decision-making and budgetary control levels.

E. Demographic Division

1. Contraceptive prevalence surveys. In these surveys, already utilized in Mexico, Colombia, Thailand, and South Korea, work status of women is measured by the question: "As you know, many women work... I mean, aside from doing their own housework. Some take up jobs for which they are paid in cash or kind. Others sell things, or have a small business. Are you doing any such work at the present time?" Response: yes or no.

This question--labeled work status--offers a bare minimum of information regarding the economic status of women. Data could also be collected on the type of activity, whether or not they are paid or unpaid family workers; use of their earnings (household maintenance, food, educational savings, consumer durables); participation in agricultural activities; whether they form part of the seasonal labor force, paid or unpaid; and whether their economic activity has in some manner reduced their ability to obtain health and family planning services through lack of time, inconvenient hours, travel time, etc. These questions could also be included in the second-round WFS, which would be a more appropriate format, given the focus of the contraceptive prevalence survey.

Currently, the only factors measured in the non-use of methods known to women relate to availability, cost, distance, and convenience of depot, rather than characteristics of the method itself, perceived and actual side-effects, husband's attitude toward family planning and other factors, which would be useful in establishing a data base on desired contraceptive mix or developing educational materials regarding contraceptive use.

Also lacking are questions regarding the acceptability of particular methods which might have been used in the past but currently are not, and questions on the perceived quality of services.

Although the primary utility of a contraceptive prevalence survey is to indicate commercial or private sources of supply of contraception and provide a more representative picture of their current usage, the module developed to date is not necessarily the best for all areas, given differences in program delivery, mix of methods, familiarity with methods

and availability, and preprogram fertility levels. A variety of modules might be developed to assess the perceived quality of service and perceived side-effects of methods which are losing acceptors, since perceived and actual side-effects noted by husbands and wives are the primary reason for method discontinuation (Peng, Chow, & Corsa, 1970; Sun, Chen, Chang, & Cernada, 1970). A special module for interviewing women who, despite motivation to limit fertility (as ascertained through the question on fertility desires) and familiarity with services, still do not use them or have discontinued use, should be developed as well. Results could be used to make direct programmatic changes in particular areas and improve the quality of services so that they more directly meet the needs and desires of their clientele.

Finally, since fertility surveys often represent the first large-scale attempts of governments to assess the fertility desires of their populations and, hence, their desire for family planning services, they also provide an opportunity to assess desire for other types of programs or services into which family planning can be integrated, or which can be encouraged following the establishment of family planning services. They could provide useful baseline information for development planners and policy makers to understand the felt economic and social needs of community women. The results of such surveys could be utilized by the Population Policy Division and the IE&C Division to inform opinion leaders and/or policy makers on policy implementation--projects in both family planning and non-family planning sectors that meet the needs of their populations.

2. The World Fertility Survey. The major benefit derived from the World Fertility Survey is the provision of data on fertility trends in the absence of good vital registration data, and information on contraceptive knowledge and availability as well as on unmet need for family planning.

Aside from these topics, much of the data provided by WFS, especially that concerning the socioeconomic determinants of fertility, do not have direct policy relevance. I find the modules developed by WFS western and urban in orientation; data provided on economic activities of males are inadequate; good measures of employment and underemployment of men, women, and children and other indicators of women's status, such as those developed by the UN, are missing; finally, the question on fertility desires used in the WFS has been criticized repeatedly for its superficiality.

Moreover, WFS omitted in many country reports essential information on individual and family income, infant mortality, breastfeeding, and details on contraceptive use and availability. The loss of good data on socioeconomic status, in particular income, is especially unfortunate, given recent research on the significance of income distribution for fertility decline (World Bank, 1974). The measures on women's employment used in the WFS were so poor that the WFS Working Group on Hypotheses for WFS analysis wanted to eliminate any reference to them.

Although some attempt at cultural specificity was made through the development of a variety of modules, the data requirements of Asian

countries with good vital registration and fertility survey data and strong program efforts differ considerably from the data needs of Nepal, the Philippines and Bangladesh, where data are poor, fertility is high, and program performance is weak or nonexistent. Given my previous experience in the analysis of the KAP Surveys conducted by Centro Latinoamericano de Demografia (CELADE KAP) (most notably the maternal employment data), on which the WFS is patterned, I am well aware of the superficiality of data obtained in cross-sectional sample surveys and their limited policy relevance.

Prior to the execution of a second round of surveys, reports should be obtained from participating countries containing their assessment of the relevance of the data and suggestions for improvements and topics for analysis. Second, any planning group for subsequent WFS should include a review of useful measures of women's status and family socioeconomic status so that they can be incorporated in the second round. Studies are currently being planned in countries in which fertility is undergoing decline. Research on the socioeconomic determinants of fertility behavior in areas where family planning programs have failed could also be initiated.

F. Population Policy Development

This program offers an innovative opportunity for research and population policy development, but is beset with problems of understaffing and possible administrative overlap with other segments of AID, for which current solutions are being sought. Some of its projects are extremely useful, in particular its research program to examine laws

which--unintentionally--have a pronatalist effect. Laws which regulate the status of women (legal age at marriage; restrictions on inheritance of land to males; parental control of marriage; the dowry system; restrictions on receipt of credit), can be identified for policy makers and modified to enhance the status of women within a society and reduce fertility as well.

In FY 77 and FY 78, social science research projects were selected through the advertisement of two requests for proposals for research grants of limited size (not to exceed $125,000 and $150,000), and of limited duration (2 years). As a result of these two competitions and of the funding of unsolicited grant proposals, some 22 small research grants are monitored out of the Policy Division, with assistance from other Office of Population professional staff. Unfortunately, the selection of only two topics (infant mortality and status of women) coupled with the large monies allocated for such projects resulted in the funding of proposals which were not deemed worthwhile by the staff and created a backlash within the Office of Population on research pertaining to status of women in particular. My experience, gained from positions as a scientific reviewer on NIH social science study sections and contract teams, is that less than 20% of all grant applications reviewed, regardless of topic, are judged worthy for funding. The Population Policy Division (PPD)'s receipt of applications of questionable quality does not reflect the futility of research on infant mortality and status of women, but simply the low probability of receiving good grant applications on a one-time basis on two limited topics.

The plan envisaged by PPD to remedy this situation is very good, that is, to "wholesale" small project research through a carefully selected and supervised grantee, with a small central core staff, supplemented by a selection advisory committee; to insure that high quality research is directed to problems which are policy-amenable, either by action of donor agencies or through implementation of policies by national governments; and to require that researchers demonstrate explicitly the policy linkages and propose a dissemination plan for the results of their studies through an ordinary language report of scientific findings, seminar for policy-makers or some other mechanism. The ordinary language reports should also be distributed within the appropriate AID offices and policymakers to further the dissemination of research results. One of the research foci of the program might be the development and testing of better measures of "socioeconomic factors" or "social setting." Good measures have been developed for "family planning effort," due to the emphasis placed on family planning monitoring and evaluation. Measurement of the other side of the coin, however, still depends on gross proxies such as percent urban, mass media exposure and gross national product, rather than total family income, proportion landless in agricultural areas, size of holdings, extent of underemployment and unemployment, and other variables which more clearly indicate the distribution of income within a society and achievements of development efforts. Other topics for investigation more directly related to women include: micro-level research on male and female incentives and motivations related to reproduction and fertility decision-making,

especially in rural and poor urban areas; interrelationship between women's self-perceived interests and aspirations and objective indicators of her position in society; the differential impacts of development on men and women; determinants of adolescent fertility; and socioeconomic determinants of fertility in areas where family planning programs have failed.

In addition, a contract could be extended to gather data on the status of women for inclusion of the population data bank maintained on 80 LDC's (RAPID program). Some possible indicators include: sex differences in literacy, proportion of male and female school-age children in primary, secondary, and university education; degree of sex segregation in occupational categories; proportion of single women aged 20-24; proportion of women aged 20-29 in the labor force; proportion of eligible preschool children in child care centers; male-female wage differentials; and male-female morbidity and mortality data. Obviously the types of data that can be incorporated will vary by country and the availability of information. In time, information on the effect of fertility as a determinant of women's status can also be clarified.

Information obtained through more detailed questions on sex differences and women's status, if incorporated into information on the use of family planning directed to policymakers, should make them more aware of the economic contribution of women in their own societies, and may identify bottlenecks in the functional availability of family planning services to working women who have little additional time.

With regard to the research on status of women currently being funded, some attempt should be made to integrate these research results for policy-makers. Data being generated on the interaction of female education, female employment and fertility might be incorporated into the data bank on 80 LDC's in the RAPID system. Unfortunately, I am not too optimistic that the research studies focusing on secondary data analysis will clarify the relationships between female employment, education, and fertility, given inadequacies in the measures employed and the lack of longitudinal data. As noted in a previous paper by Youssef and Buvinic (1979):

> "Employment statistics and census categories in developing countries usually underreport women's participation in production: a) Home production activities, which in industrialized nations have market value, are often not counted; b) Censuses tend to ignore the interchangeable roles of many women as housewives and gainful workers and classify these women as economically inactive; c) Productive activities in the informal sector, where women are heavily overrepresented, are often not recorded in the labor statistics; and d) The "unpaid family worker" category, into which women mostly fall, is deleted in a number of national censuses." (p. 1)

G. Information, Education, and Communication (IE&C)

The program lacks focus for a number of reasons, primarily the general wane of IE&C materials within the population field, and the understandable resistance of host-countries, with their own marketing and

communication industries, to accept prototypes developed by US-AID. Of the three posters seen, the one, "The Pill is Safe," is relatively useless, since social networks, especially among women and kin, determine the perceived safety, acceptability, and continuation of contraception rather than implicit messages on wall posters, which are no longer viewed by the disenchanted (Kar, 1978). One poster developed by IE&C which I thought was useful was the one depicting the advantages and disadvantages of various contraceptives. Although its comprehension would require a basic level of literacy, it is useful in providing women with options, considerations and familiarity with methods other than the pill and condom, thereby promoting contraceptive mix and, ultimately, a higher level of contraceptive continuation, by placing decision making in the hands of each individual.

The poster developed for the Mexico project was also excellent. A uniformed health worker, carrying her medical bag, with the caption, "Sembrando Salud." The message increases awareness of the existence of health workers and the government's efforts to enhance public health, plus it provides a positive nontraditional role model for women and, as such, is an improvement over many of the posters printed in the past, which stressed "responsible parenthood" and carried implicit pronatalist messages in their depiction of women with children (see report by Vajrathon, 1975).

Possible projects for IE&C might include: prototypes of curricular materials on population and health education, to be incorporated

into school curricula in those countries seeking to reinforce the demographic goals of population policy; encouragement of mass media materials which provide a positive image of women in nonchildbearing roles; and evaluation of the impact of meetings for policymakers on changing economic and demographic policies.

One of the suggested topics made by Office of Population personnel was an IE&C campaign designed to encourage progeny of either sex, reducing son preference and, therefore, fertility. Such a project does not seem likely to affect fertility desires. Recent evidence from the Value of Children study indicates that those values most consistently related to fertility decline in the variety of societies surveyed were vanishing economic roles for children and rising aspirations of parents. Cross-cultural, rural/urban, and socioeconomic differences in the perceived value of male and female children stemmed from the differential economic contributions of male and female children, and considerations regarding lineage and inheritance of name and property. Thus, the perceived value of male and female children is determined more by socioeconomic structures, economic opportunities, and legal statutes and is, therefore, dependent on social structure, cultural considerations, and structural change.

Finally, I have often sensed that policies are more frequently changed by viewing their successful implementation in other societies, and trying to replicate them elsewhere, than by publication of study results or conferences for policymakers. Viewing the successful implementation of development-population programs, especially the successful implementation of programs developed by and for women, may encourage the acceptance and reinforcement of these programs in other societies.

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