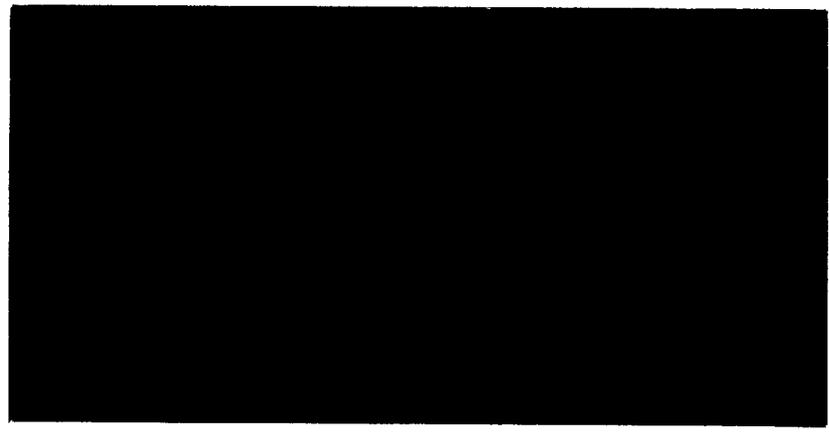
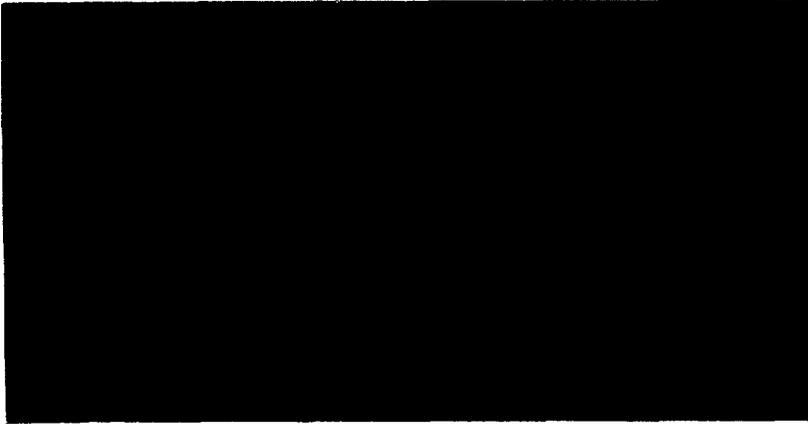


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FAMILY HEALTH INTERNATIONAL
WOMEN'S STUDIES PROJECT





Family Health International is a non-profit research and technical assistance organization dedicated to contraceptive development, family planning, reproductive health and AIDS prevention around the world.

Begun in 1993, the Women's Studies Project aims to support social and behavioral science research on the immediate and long-term consequences for women of family planning programs and methods; and to help improve policies and programs through increased knowledge of the needs and perspectives of women.

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**FAMILY HEALTH INTERNATIONAL
WOMEN'S STUDIES PROJECT**

**The Impact of Family Planning
and Reproductive Health
on Women's Lives:
A Conceptual Framework**

**Karen Hardee
Priscilla Ulin
Susan Pfannenschmidt
Cynthia Visness**

**November 1996
No. WP96-02**

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Prepared by the Women's Studies Project
Family Health International

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Table of Contents

I.	Introduction.....	1
II.	The Women’s Studies Project (WSP)	2
III.	WSP Conceptual Framework.....	3
IV.	WSP Studies and the Conceptual Framework.....	12
V.	Summary	23
	Attachments	24
	1. Conceptual Frameworks to Study Women's Lives and Family Planning.....	24
	2. Examples of Concepts in Each Dimension of the Conceptual Framework	28
	3. Secondary Analysis Supported by the Women’s Studies Project	29
	4. Study Participants and Sources of Data.....	31
	References.....	35

I. Introduction

Historically, social science research associated with family planning has focused on predicting contraceptive use or non-use. Because most modern contraceptive methods are designed for use by women, and because most programs assume that women are primarily responsible for family planning, women have been the primary subjects of contraceptive and family planning research. Researchers have asked the question, "How do various aspects of women's lives (e.g., residence, educational status, age at marriage, employment) affect the likelihood, or level, of family planning use?" (Bulatao and Lee, 1983; Mason, 1984). An exception to this line of inquiry was raised by Dixon, who, in 1975, theorized that the status of women both determines and is a consequence of variations in fertility. She suggested that the ability to plan childbearing "may be examined separately for its effect on a woman's health, the health of her children and the exercise of her economic, social and political rights" (p. 3). The question was subsequently phrased, "How does family planning affect various aspects of women's lives?"

Recently, programmatic research has addressed the need for population policies and family planning programs to become more client-centered and to address women's rights (Bruce, 1990; Dixon-Mueller, 1993). Jacobson (1992:44) writes, "In assigning 'rights and duties,' the emphasis [of population policies] is too often placed on the obligations of couples to have smaller families, and too rarely on the duties of governments to ensure that their people have the resources required to meet basic needs." According to de Barbieri (1993:87), "population policies appear to want to reduce the population growth rate without any fundamental alteration in existing social relations and inequalities."

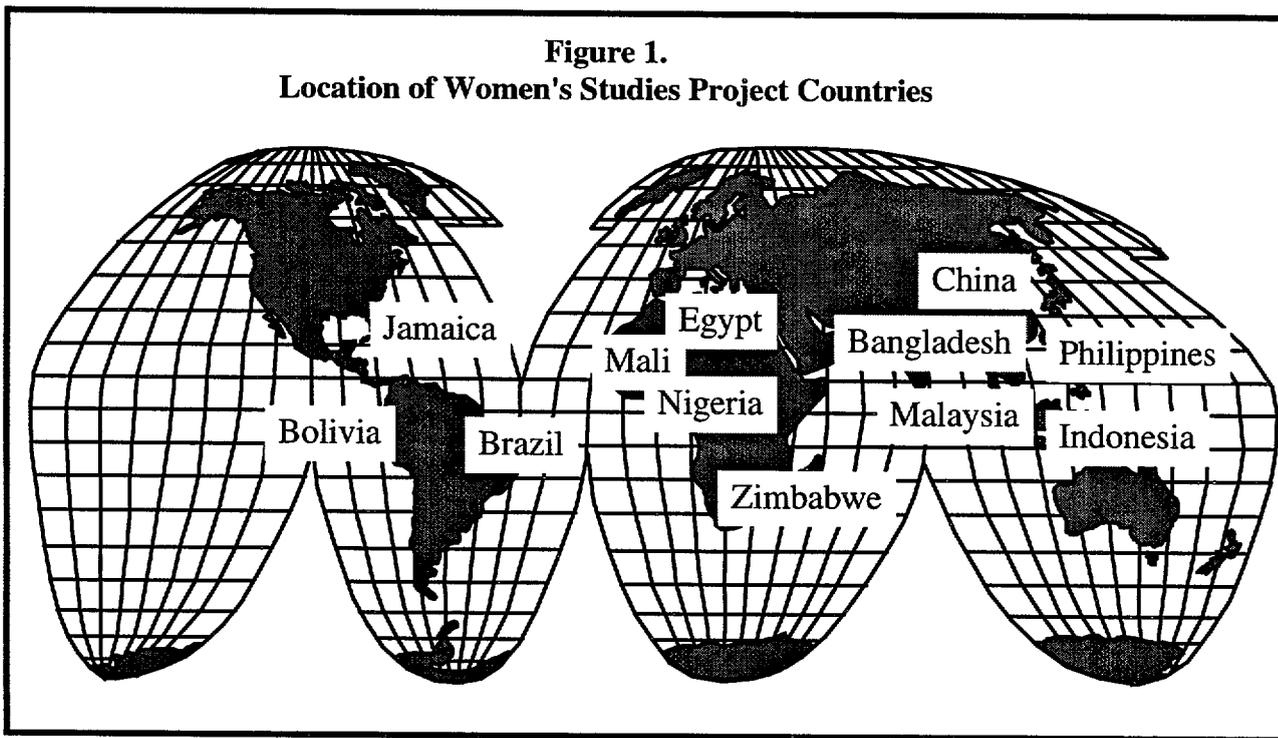
Critics of past family planning policies have challenged researchers to enlarge their vision and to focus on women's perceptions and experiences with family planning, women's reproductive health needs and the effect family planning use has had on their lives (Hong and Seltzer, 1994). For example, Berer (1993:8) states that often women are caught in the middle of both pro- and anti-natalism -- "encouraged to say no to sex and early marriage on the one hand, but denied the alternatives that education, paid employment and social independence would bring on the other hand." Women's advocates and researchers around the world are raising new questions as to whether -- and under what circumstances -- greater contraceptive use and reduced fertility improve women's lives. To what extent is contraceptive use an important ingredient for a more personally, socially or economically rewarding life for women, beyond the well-documented benefits of family planning to the health of women and the welfare of their children? In other words, both groups want to understand the effect of family planning on the *quality* of women's lives. The purpose of this paper is to outline a conceptual framework developed to study the impact of family planning on women's lives and to present a number of studies being undertaken based on the framework.

II. The Women's Studies Project

In order to help expand the research agenda on family planning and women's lives, Family Health International (FHI) began a five-year Women's Studies Project (WSP) in 1993, with funding from the United States Agency for International Development (USAID). The objectives of the WSP are, first, to support social and behavioral research on the consequences for women of family planning decisions and, second, to provide information to help strengthen reproductive health policies and programs through better understanding of women's needs and perspectives.

These two basic objectives are guiding the WSP in 12 countries (see Figure 1). Six countries are considered emphasis countries because they are the site of more than one study, and research is being directed by in-country advisory committees. These countries are Brazil, Bolivia, Egypt, the Philippines, Indonesia, and Zimbabwe. In addition, China, Jamaica and Mali are the sites of one WSP study each. The study in China is being supported with funding from the Rockefeller Foundation. Finally, in three countries -- Nigeria, Bangladesh and Malaysia -- the WSP has supported secondary analysis of existing data.

In each of the WSP countries, the research agenda differs somewhat depending on how stakeholders in the country have prioritized specific reproductive health issues. The common denominator, however, remains the effect of family planning on women's lives.



III. WSP Conceptual Framework

To guide WSP research, FHI has developed a conceptual framework that adds the day-to-day experiences of women to traditional outcomes of fertility control. The framework takes into account the larger context of social, cultural, economic and other factors associated with the quality of women's lives as defined by women themselves. While this conceptual framework is not being rigidly applied to all WSP research and is being adapted to different content areas¹, the conceptual framework is useful in describing the WSP in general and in guiding our work. The framework also helps researchers in WSP countries conceptualize their studies and allows them to achieve a measure of comparability among the studies. In addition, the conceptual framework can be used to help identify gaps in research.

In developing a framework to assess the impact of family planning on women's lives, understanding both the concept of gender and the roles of women are important. While sex is a biological distinction, gender is defined as the socially constructed roles ascribed to males and females. "This means that from birth, males and females are reared to occupy different social positions having different rights and obligations" (Mason, 1994:2). Socialization varies from individual to individual, and gender norms can change over time and vary widely within and among cultures (UNFPA, 1992). Gender, while important, is a social classifier that operates in conjunction with other classifiers, such as social class, culture, race and religion (Charlton, 1988).

While gender ascribes certain roles to women, an important consideration in research is the roles women play in a society, compared to those of men. Rather than the dual roles of reproduction and production that are generally ascribed to women, Moser (1989:1801) notes that women have three roles. "In most low-income households, 'women's work' includes not only reproductive work (the childbearing and rearing responsibilities)... but also productive work, often as secondary income earners.) ... [In addition,] women, within their gender-ascribed role of wives and mothers, struggle to manage their neighborhoods." At the community level, men often have a leadership role reflected in political participation, whereas women have a community management role, based on the provision of items of collective consumption. Demographic change, both at the individual and national level, can affect gender norms, women's roles and the time devoted to each role (Freedman and Blanc, 1991; McCauley et al., 1994).

In proposing a WSP conceptual framework, we have benefited in our thinking from Oppong's framework on the seven roles of women (1980); Hong and Seltzer's framework of family planning and the six domains of women's lives (1994); Schuler and Hashemi's framework of women's empowerment (1993); quality of life studies (Spilker, 1990;

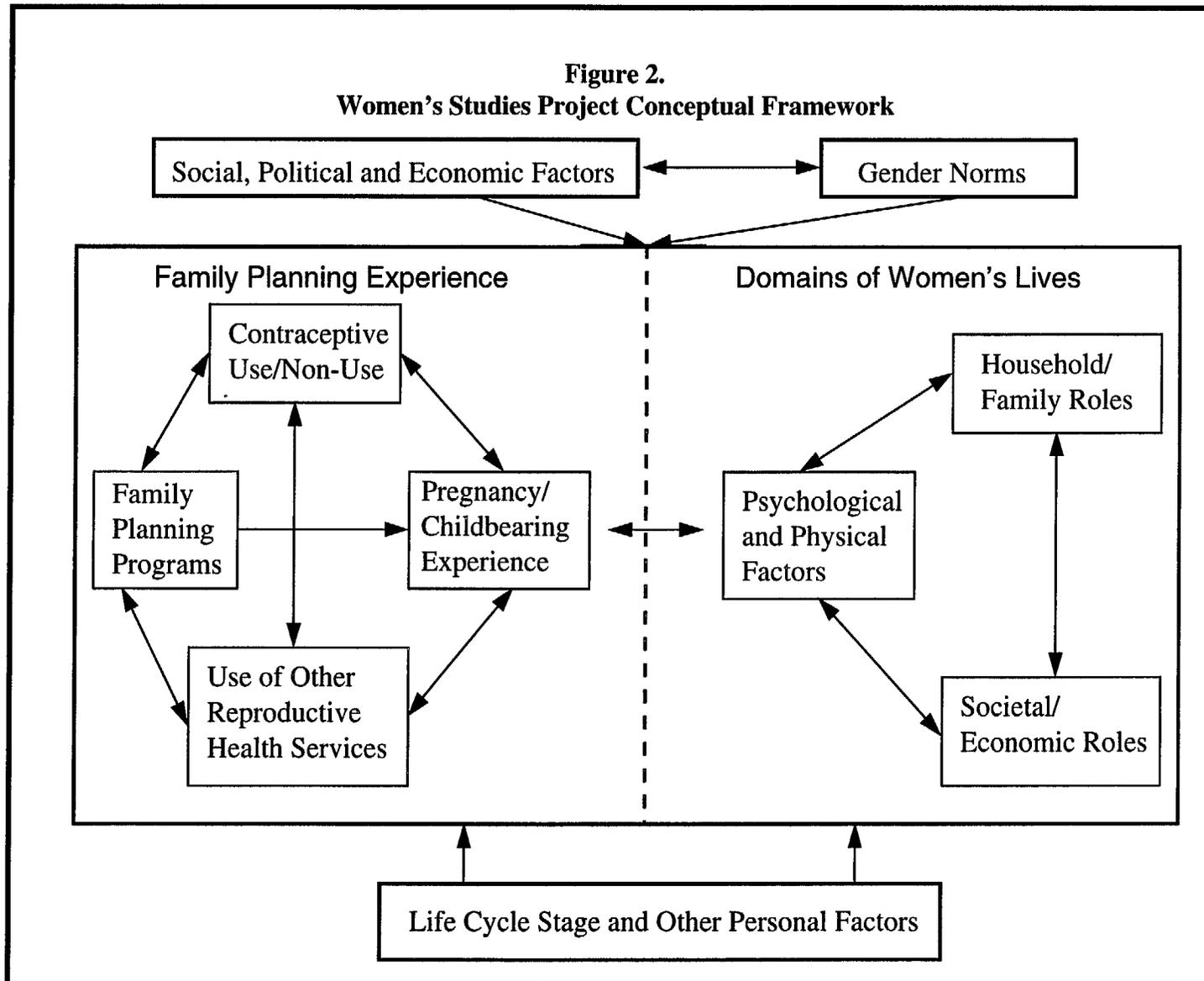
¹ For example, see Bisgrove and Viswanathan (1996) for a conceptual framework on the impact of family planning on women's work and income.

Waszak et al., 1994); Stycos' model of the psychosocial consequences of contraceptive use for women (1995), and the International Reproductive Rights Research Action Group's conceptualization of women's perception of their reproductive rights (IRRRAG, 1994; 1995). Attachment 1 describes each of these frameworks. In addition, the work of Overholt et al. (1984 ND) and Moser (1989) has helped guide our work on this conceptual framework.

The WSP conceptual framework, shown in Figure 2, has four main clusters of variables. Within the large box, two clusters of variables focus on the woman herself. One cluster contains the variables on family planning provision and use and women's experiences with pregnancy and childbearing. The other focuses on three domains of women's lives: the individual domain, the household and family sphere, and societal and economic roles². These two clusters, which are the primary outcomes of interest to the WSP, are influenced by two sets of societal factors and another set of individual factors. Societal factors include the social, political and economic context in which a woman lives and the gender norms that shape her life. Finally, a woman's life cycle stage and other sociodemographic characteristics shape her family planning use, her childbearing experience and the three domains of her life (individual, family and community). In the following section we discuss each component of the WSP conceptual framework in more detail. A list of theoretical variables for each component of the conceptual framework is found in Attachment 2.

² It is important to note that women's economic roles (where women may work on a family farm, for example) are often split between the household and family domain and the societal and economic domain, the latter including women's productive activities in the formal or informal labor force.

Figure 2.
Women's Studies Project Conceptual Framework



A. Family Planning Experience

The starting point of the WSP conceptual framework is women's experience as users of **family planning programs**. This cluster of variables includes types of programs (e.g., public or private, integrated with other development activities or non-integrated), types of service providers (e.g., physicians or other service providers, male or female providers), and the quality of services. Aspects of services that may have an impact on a woman's experience with contraception include the sex of the provider, the organization of the service (integrated or vertical), the availability of services and methods, and the quality of interaction with service personnel and amount of counseling and information received by the client.

Increasingly, countries are moving beyond family planning to a more encompassing view of the role of reproductive health in women's lives; thus, the framework includes use of **other reproductive health services** as another dimension that may affect contraceptive use and childbearing experience. Reproductive health services will vary by country but might include sexually transmitted disease (STD) diagnosis and treatment, general gynecological care, infertility counseling and treatment, maternal health services and abortion services, among others.

The model also draws attention to both **use and non-use of contraceptives**. In addition to the standard notion of use of contraceptive methods, we have included non-use by women who do not desire pregnancy, as well as by women who may desire pregnancy but are unable to achieve it. What is behind a woman's active or passive decision not to use a method, or to discontinue a method once she has started it? What are the consequences of unwanted pregnancy? If she uses contraception, other questions arise: What side effects do different methods have? And does the person who determines the method a woman gets make a difference in her experience with that method?

Use of reproductive health services may influence contraceptive use (e.g., if a woman hears of family planning during a postnatal visit to a maternal and child health clinic) or it may affect childbearing experience (e.g., if a woman receives infertility treatment). Reproductive health services can be obtained through the family planning program or through a different program (e.g., an STD diagnosis and treatment center). The availability of general primary care for women or STD diagnosis and treatment may influence how a woman experiences family planning.

Since the use of contraception has a direct impact on a woman's **childbearing experience**, pregnancy and childbearing are pivotal concepts in the conceptual framework. Along with the number of births or live children a woman has, fertility variables also may include a woman's ability to space, delay or limit children, as well as her experience with infertility, child loss or planned or unplanned childlessness.

B. Domains of Women's Lives

In this framework, the *outcomes* of contraceptive use are expressed as consequences for various aspects of women's lives. These concepts are the dependent variables in most of the WSP studies and have been combined into three dimensions of a woman's life: **societal and economic, family and household**, and the **woman as individual**. Together these dimensions reflect the quality of a woman's life. As noted in Attachment 1, quality of life is an elusive concept, which combines objective elements with subjective perceptions and interpretations of personal experience. As such, it is observable only through an individual's self-reporting and is influenced by the social and cultural context of norms, values and expectations that give meaning to everyday life.

It is difficult to fit the complexity and richness of a woman's life into a classificatory scheme. However, although cultural and individual differences challenge generalization, the WSP has attempted to construct a framework that reflects aspects of women's lives most likely to be affected by family planning and reproductive health. Below we discuss these three dimensions of women's lives and give examples of WSP studies designed to assess each dimension. Each WSP study, as well as the concepts in the framework the study measures, is described in more detail in Section IV.

Societal and Economic Roles. A woman who uses contraception may have more opportunities to become involved in the workforce and in community-based activities, because having fewer children may relieve some of the domestic burden inherent in raising a large family. On the other hand, the same woman may be negatively perceived by the community for failing to produce as many children as expected. Thus, the impact of contraceptive use on the public lives of women is variable, depending on numerous contextual and mediating factors.

Women's social and economic lives may be operationalized in terms of their participation in community activities; access to community resources, education and employment opportunities; and access to health care services, security in old age and the status accorded to women by others in their communities. Economic productivity is an important aspect of this dimension. Through both formal and non-formal work roles, women contribute to the economy.

The extent to which contraceptive use and fertility influence the nature of women's work has not been well studied; hence, WSP researchers at the Carolina Population Center, FHI and the University of San Carlos in Cebu, Philippines, chose to examine the complex relationships between women's use of family planning and their participation in the workforce, including type of work, salary, mobility and job satisfaction. Similarly, WSP research in Bolivia is exploring women's access to credit and the effect of a recent pregnancy on work characteristics/economic activities. Focusing on the early adult years, researchers at the University of Zimbabwe are investigating how early sexual experience

and access to contraception may have shaped the vocational goals of young women and influenced their ability to pursue desired careers.

A woman's ability to choose how she will allocate her time to work, family, community activity, political action or leisure is critical to this dimension. In the WSP study being carried out at Xavier University in the Philippines, time allocation is a key variable, operationalized as how women balance their time across several domains, including family roles and interpersonal relations, employment, community participation and personal leisure. The Demographic Institute of the University of Indonesia is assessing whether use of contraception influences women's decisions to join the labor market, and whether labor market activities and earning power affect household decision-making and plans for children's futures. A study at the University of Zimbabwe has added a political change component to their explanation of this dimension of societal and economic roles -- the participation of its women in community advocacy, as well as local elections, political campaigns and even running for office themselves. At issue in these and other WSP studies is the extent to which a woman who has taken control of her own fertility is empowered to act independently in other domains as well.

Household and Family Roles. Women's household and family roles include those of spouse/partner, household head, parent/guardian, and nuclear and/or extended family member (including being one wife of a polygamous husband). In many cultures, the status of women is derived from their performance in these roles, along with cultural expectations of how women "should" behave relative to others in the household unit. A woman's interaction with her spouse and other family members concerning decisions about family size may improve communication and strengthen relationships. On the other hand, it may result in negative sanctions, including domestic violence. Although the nature of women's domestic roles varies across cultures, common denominators may be found in partner relations (including issues of sexuality and sexual relations), family communication and dynamics, household decision-making, role strain and violence against women. A WSP study in Indonesia is addressing women's empowerment in the family as a result of family planning use and work experience. A follow-up study of the Cebu longitudinal survey in the Philippines includes a module on household decision-making. This module examines who makes decisions and what women do if they disagree with their partners or other household members.

Among several aspects of women's household and family roles being examined in a study of the consequences of tubal ligation in Brazil, marital stability and affective relations with partners and children have been emphasized. Family relations are also a focus of studies in Egypt and Bolivia. In a secondary analysis of data from the Malaysia Family Life Study, WSP research at Cornell University found that, compared to non-users, women who used any method of family planning in the 1970s were less likely to be divorced or separated by the late 1980s (Kritz & Gurak, 1995b).

In the extended family that values high fertility, a woman who uses contraception and produces fewer children may find herself in a state of conflict with her husband's

relatives. The Center for Research on Population and Development in Mali is conducting a prospective qualitative study of new users of contraception. One outcome of interest in this study is the dynamic of family communication and its relationship to women's subsequent decisions to continue, change or abandon the method they have adopted. In this study, as in a study at the University of Zimbabwe of the mediating effects of gender on women's participation in development, researchers are focusing on the normative context in which empowerment emanating from a woman's decision to take control of her own fertility may be encouraged or discouraged, depending on the gender-based expectations of male partners and affinal family members. Similarly, researchers in Cochabamba, Bolivia, are examining the effects of fertility regulation on the quality of conjugal relationships as perceived by both spouses, highlighting aspects such as satisfaction with communication and the influence of extended family members on couples' decisions regarding use of economic resources and family planning.

Individual Psychological and Physical Factors. Numerous studies in the past 15 years have documented the impact of family planning on women's physical health and well-being, offering strong evidence that the health benefits of contraception outweigh the risks. In contrast, a woman's psychological well-being, or the personal satisfaction she may or may not derive from critical decisions that affect her fertility and reproductive life, remain largely unexplored. Use of contraception may have positive psychological effects if it relieves women of anxiety about pregnancy and abortion. Negative effects may occur for a woman if she is using contraception secretly, or if she experiences or fears side effects or the disapproval of her spouse and others.

The meanings of psychosocial concepts such as self-esteem, self-efficacy, satisfaction, control, personal autonomy (or their opposites in alienation, subordination, fear or guilt) are variable across cultures and subcultures but no less critical to understanding the effects of family planning decisions on women's lives. For example, one might speculate that use of contraception would promote a woman's sense of autonomy and increase her ability to make decisions in other areas of her life. But, in countries with strict family planning programs, such as China and Indonesia, women may feel their autonomy is limited by strong government promotion of the use of contraception. In another example, a woman who is unable to bear children may experience loss of self-esteem and severe role strain in relations with her spouse or family. Or, conversely, she may find a sense of personal empowerment, considering childlessness an opportunity to become more active in the workforce or the community. Sexual health, including sexuality, is an equally important and unexamined component of psychological well-being and is closely related to a woman's relationship with her spouse or partner.

Psychosocial factors tend to be difficult to measure and, hence, are often neglected in family planning research. However, several WSP studies are focusing on this dimension, attempting to operationalize women's sense of themselves as women, conditioned by the cultural milieu of which they are a part. A study in El Alto, Bolivia, is exploring the effects of both modern and traditional contraceptive use on women's self-esteem and locus of control (i.e., whether she feels events in her life are controlled by her or by

external forces) and asks, in addition, whether use of contraception enhances or diminishes sexual satisfaction for women and men. At the American University in Cairo, researchers also are examining the effects of family planning use on Egyptian women's self-esteem and personal autonomy. WSP researchers at Atma Jaya University in Indonesia regard the impact of family planning on women's self-image as an important focus of study, hypothesizing that positive self-image leads to greater empowerment for women, which in turn may be the foundation for a better quality of life. Using primarily qualitative techniques to explore individual perspectives, the quality of women's lives is being studied in several countries. For example, University of Zimbabwe researchers will conduct focus group discussions to explore cultural constructions of quality of life and how the consequences of fertility may influence the quality of a woman's life positively or negatively.

The framework includes three additional sets of factors. These factors affect the family planning/contraceptive use/childbearing experience of women, as well as the three domains of their lives and, therefore, must be controlled in studies. The first set includes **social, political and macro-economic factors** that affect all aspects of women's lives and the impact of family planning. These include, among others, political system and climate, economic environment, prevailing religious climate, legal system and availability of educational and employment opportunities. Also relevant in this context is a country's population policy, which might call for compulsory use of family planning or, conversely, might be pro-natalist.

As noted previously, **gender norms**, which interact with social, political and economic factors, affect all aspects of women's lives. Mason has theorized that when assessing demographic change, it is more important to understand "institutionalized gender stratification in society's allocative processes... [than] the position of individual women on various measurable social hierarchies... (1994:1)." She notes the need to study, at a macro-level, both gender norms and the processes by which valued goods are distributed among individuals, including access to and control over material resources; decision-making autonomy and freedom of movement; sexual norms and women's sexual freedom; legal rights; and public roles. For example, the system of *pardah*, which operates in many Islamic countries, greatly constrains women's movement outside their homes and family environment and the opportunities available to women (Schuler and Hashemi, 1994). Gender inequality can affect reproductive decisions made at the household level, as well as the nature of services that are provided and the individual who decides how services are provided. For example, family planning programs have traditionally targeted women for contraceptive use. Recently, the need for male responsibility has been articulated around the world, but thus far, with little change in service provision.

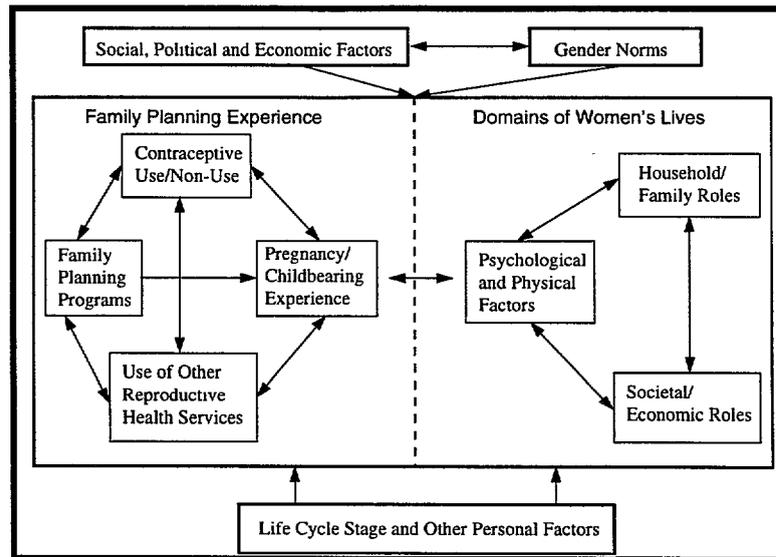
Along with this institutional and normative context, a woman's **life cycle stage** forms part of the background against which we will try to understand the perspectives of the women who participate in our studies. Life cycle stage of the woman and **other personal factors** can affect fertility regardless of contraceptive use, as well as the three dimensions

of women's lives noted in the framework. Adolescents, single and married women of reproductive age, and older women will be affected differently by family planning and childbearing experiences. For example, the intensity of a woman's feelings about her situation may change over time. A woman in her 20s who finds she cannot have children may express stronger feelings than the same woman in her 40s. Likewise, a woman with small children may experience more role strain than the same woman whose children are grown. Life cycle stage itself can affect women's lives, irrespective of family planning use. Other personal attributes such as ethnicity, social class and residence can also affect contraceptive use and its impact on women's lives. Social class can mediate the effects of gender in that women of different social classes are often held to different standards. In some cases, women of a higher social class have greater mobility and the ability to work, while in other cases, women of higher social class have more constraints in their movements outside the home.

As noted by Hong and Seltzer (1994) in their framework on the impact of family planning on six domains of women's lives, we acknowledge the difficulty in distinguishing direction of causality. We have included arrows indicating multiple lines of causality in this conceptual framework to reflect the complexity of women's lives. The studies outlined in the next section are one step in helping to establish directions of causality in the relationship between family planning and women's lives.

IV. WSP Studies and the Conceptual Framework

Each WSP study fits into the conceptual framework³. Some studies are more comprehensive, addressing multiple aspects of the framework, while others are more focused. All of the studies, with the exception of one in Egypt that focuses on family planning providers, include contraceptive use/non-use and pregnancy/childbearing experience. Nine studies address all three dimensions



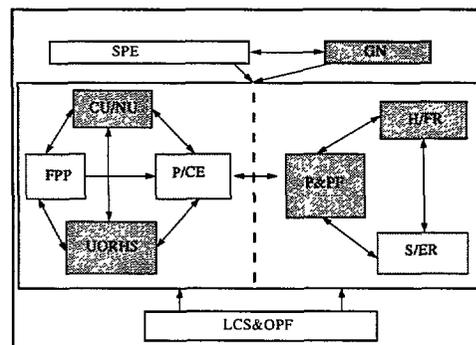
of women's lives, five address the household/family and community/society roles, and three address primarily individual, psychosocial and physical factors, and family/household factors. Two studies focus on individual, psychosocial and physical factors, and one focuses on individual and community/society roles.

Following is a brief description of each WSP study collecting primary data, along with an illustration of how the project fits into the conceptual framework. While we acknowledge that all parts of the framework may be present in some form in each study and may influence the measured outcomes, we attempt here to depict the primary variables of interest in each study. In particular, the "outside" variable clusters -- social, political and economic factors, gender norms and individual factors -- provide the context for each study and will affect each woman's experience with family planning. Yet examination of these variables is a primary objective of only a few studies. For each of the studies, the darker-shaded boxes represent the primary independent and dependent variables for the study; the lighter-shaded boxes represent variables of secondary interest. For a summary description of the studies, see Attachment 4, which lists the population(s) included (e.g., women, men, adolescents), the sample size and type of data being collected (e.g., quantitative and/or qualitative) and the method(s) of data collection (e.g., survey, focus group discussions, in-depth interviews).

³ The WSP supported a number of secondary analyses. These data were collected prior to the development of the WSP conceptual framework. For a list of the secondary analysis supported by the WSP, see Attachment 3.

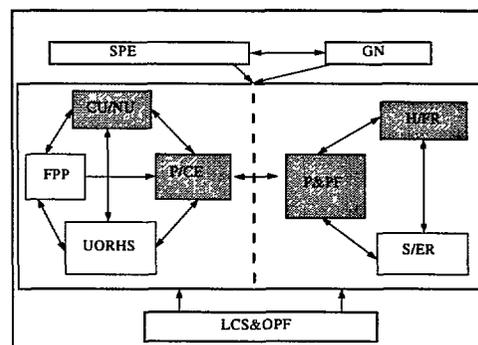
Bolivia: Impact of Men's Knowledge, Attitudes and Behavior Regarding Fertility Regulation on Women's Lives⁴

A study in Cochabamba by the Cooperazione Internazionale and the University of San Simón explores men's and women's knowledge, attitudes and behavior regarding family planning, reproductive health, information sources on reproductive health, ideal family size, sex preferences, and socioeconomic and demographic characteristics. It seeks to determine the influence of these factors on family planning use and satisfaction. Men's knowledge, attitudes and behaviors are also examined as mediating the effect of family planning use on women's self-esteem, locus of control and economic activity. A cross-sectional survey is being conducted, using a multistage probability sample of 600 couples, with women's ages ranging from 20 to 49.



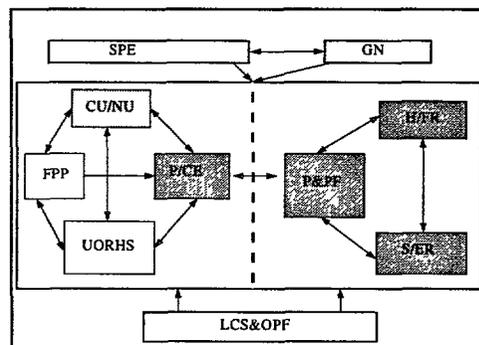
Bolivia: Psychosocial Impact of Fertility Regulation of Women

The Proyecto Integral en Salud in El Alto is examining the psychosocial impact of fertility regulation, both on the couple (in terms of couple stability, sexual relations and standard of living) and on the individual level (in terms of sexuality, self-esteem and locus of control). The study is carrying out in-depth interviews with three groups of 35 women: those currently using modern contraception, those who have quit using a modern method for reasons other than a desire to become pregnant and those who know about modern methods but never have used one. Men make up a fourth group.



Brazil: Adolescent Longitudinal Study

In Fortaleza, Brazil, a three-year study is being undertaken among two groups of adolescents, ages 12 to 18, who have sought medical attention at the Maternidade Escola Assis Chateaubriand (MEAC). The first group is composed of 400 pregnant teens seeking prenatal care; the second consists of 200 teens who have undergone an incomplete abortion and are seeking treatment. The study seeks to discern whether there are differences between these two groups in terms of socioeconomic status,

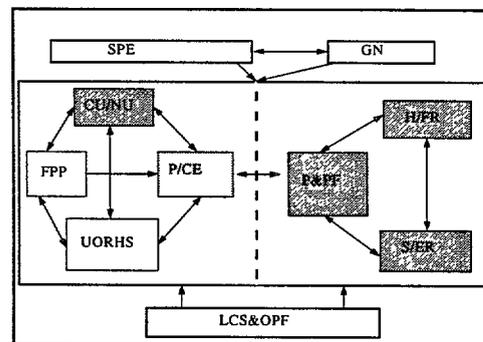


⁴ See the figure on Page 12 for a key to the abbreviations used in the figures used in this section.

psychological measures, personal and professional aspirations, and whether the pregnancy had been planned. The study is following the adolescents to determine if there are changes over time in their family planning use, acceptance of the pregnancy, school attendance and relationships with their parents and male partners. A sample of the teens' mothers is being interviewed, to look at mother-daughter patterns of reproductive decision-making. The study also asks the participants about their perceptions of the advantages and disadvantages of their choice to continue or abort the pregnancy, both for their lives and those of their partners. In this longitudinal study, pregnant teens are being interviewed four times: 1) when they arrive at MEAC for their first prenatal visit, 2) at approximately week 35 of their pregnancy, 3) at day 45 postpartum and 4) at one year postpartum. Abortion patients will be interviewed three times: 1) before hospital discharge, 2) day 45 postabortion and 3) one year postabortion. While not reflected in the conceptual framework, an additional objective of the study is to measure impact of pregnancy intendedness and acceptance on the child's development at age one.

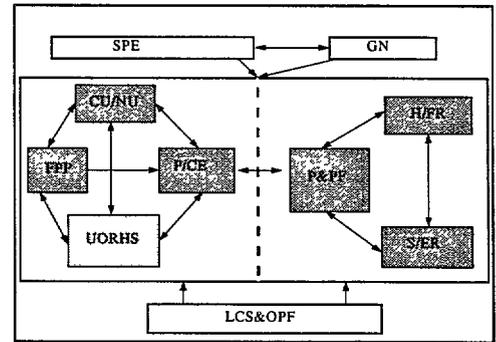
Brazil: Comparative Study of the Consequences of Tubal Ligation for Women's Lives

This study, conducted by the Centro de Pesquisas das Doenças Materno-Infantis (CEMICAMP) in Campinas, examines the experiences and perceptions of women who have undergone tubal ligation. The study centers on how sterilization affects the course of women's lives in terms of work history, time allocation, marital stability, educational attainment and psychosocial variables, such as self-esteem and affective relationships with partners and children. Using a probability sample, 388 women who have undergone tubal ligation at least five years prior to the study and 388 women (of the same age and community) who have not been sterilized are being interviewed. The interviews are being conducted in the women's homes. The surveys include open-ended questions on psychosocial variables and women's perceptions of their life experiences within the last five years. Focus groups were used to develop the questionnaires for both groups.



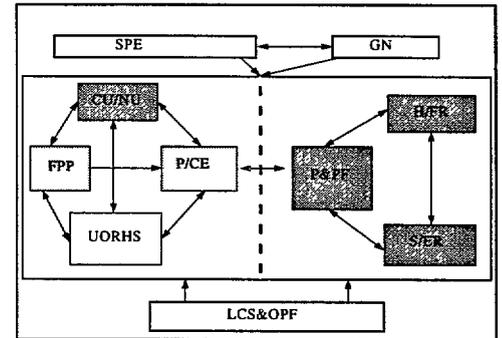
People's Republic of China: Impact of Family Planning on Women's Lives

The Chinese Population Information and Research Center is investigating how family planning has affected the various roles women play and the opportunities they have had. The study addresses the changing roles and positions of women in the household and family, family relations and the value of children, changing roles of women in society and the community, and changing individual psychological and physical factors that have resulted from the use of family planning and subsequent childbearing experience. The study is being carried out in Jiangsu Province, which has a booming economy and a rapid decline in fertility, and in Anhui Province, which has an agrarian economy and a less effective family planning program. A survey and focus group discussions are being conducted among women and men, and case studies of 40 four-generation families will be undertaken.



Egypt: Impact of Family Planning on the Lives of Egyptian Women

The American University in Cairo is examining family planning's effects on women's self-esteem, personal autonomy, family relationships, public standing, educational level, work for cash outside the home, economic resources and physical and psychological health. Formative qualitative research -- focus group discussions and in-depth interviews -- in rural and urban areas of Upper and Lower Egypt will identify the relationships as perceived by Egyptian women between use of family planning and other aspects of their lives. Hypotheses generated by these discussions will be tested in a household survey of a representative sample of women drawn from six (of 26) governorates. Some 4,500 women overall will be interviewed, including 800 women who will be re-interviewed in a sample of two villages in Menoufia Governorate in a retrospective longitudinal study. Data from the subsample of these 800 women will be linked to data from a 1990-91 survey among the same group. This previous survey dealt with women's and children's health and family planning.



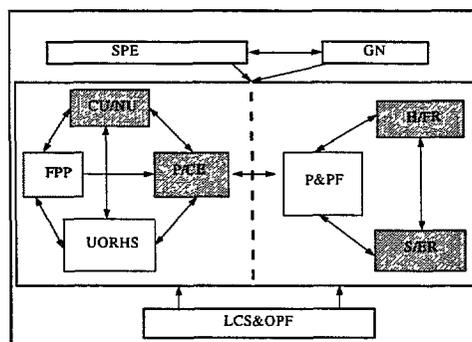
Egypt: Role of Women as Family Planning Employees

The Cairo Demographic Center is implementing a study to test the Hong-Seltzer conceptual framework (see Attachment 1) by assessing the role of women (as physicians, nurses, social workers and dayas) in the Egyptian family planning program. The study

consists of two phases: quantitative and qualitative. The quantitative phase involves collecting data on female employees in family planning programs from official records. The qualitative research will explore perceptions among approximately 600 female family planning employees in four governorates in Upper and Lower Egypt of how their jobs have affected other aspects of their lives. Findings from this study will provide greater understanding of the contributions women make to the family planning program in Egypt and will identify strengths and weaknesses of the program for its female employees from their own points of view and its effect on their own lives (e.g., autonomy, self-esteem) as well as their husbands'.

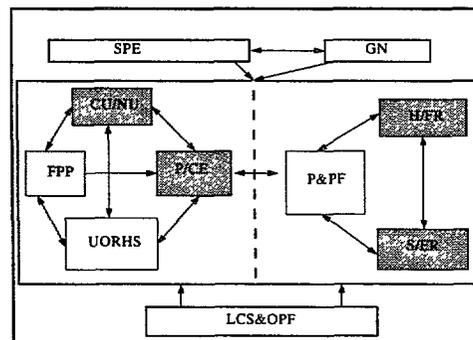
Indonesia: Impact of Family Planning on Women's Economic Activity and Household Autonomy

The Demographic Institute of the University of Indonesia is focusing on Indonesian women's labor force participation. The study will examine whether family planning use affects a woman's decision to enter the labor force and whether labor force participation, in turn, influences a woman's bargaining power in household decision-making, specifically with respect to family spending, contraceptive use and plans for children's futures. Secondary analysis of the 1993/1994 Indonesian Family Life Survey (IFLS) is looking at the relationships between reproductive histories, including contraceptive use, and work histories. A qualitative research component, using in-depth interviews, is exploring more fully the relationships among contraceptive use, labor force participation and autonomy in household decision-making. The qualitative component of the study is being conducted in North Sumatra and West Java.



Indonesia: Impact of Contraceptive Use and Fertility on Family Welfare and Women's Activities

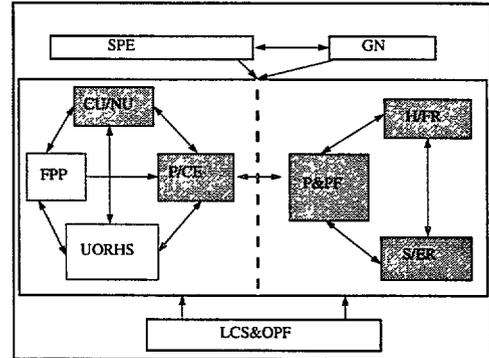
The Population Studies Center of Gadjah Mada University is analyzing the effect that family planning practice and number of children have on family welfare and women's social and economic activities. "Family welfare" is defined by the Indonesian family planning program (BKKBN) as, "legal marriage, capable of adequately fulfilling spiritual and material needs, devoted to God Almighty, possessing harmonious, proportionate and balanced relations among its members and between the family and society." A survey is being conducted among 800 women in Central and East Java.



Additionally, a subsample of about 2 percent of the women and their husbands is participating in in-depth interviews. In-depth interviews also are being conducted with community leaders.

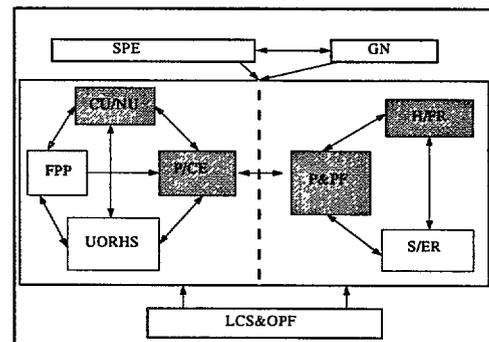
Indonesia: Impact of Family Planning on Women’s Empowerment in the Family

The Women’s Studies Center of the University of Indonesia is investigating women’s use of contraception and economic autonomy, social autonomy and empowerment in the family. The study examines the husband’s support of women’s economic and social autonomy among working and non-working wives who are users and non-users of family planning. A secondary goal of the project is to assess, from the client’s perspective, the extent to which the family planning program is gender-sensitive. Approximately 800 women, ages 30 to 45, in Jakarta and Udung Pandang, South Sulawesi, will be surveyed. In order to obtain more detailed information, the survey results will be supported by an in-depth study of 18 couples in each city. In situations where a woman lives in an extended family household, other family members may be interviewed in addition to her husband. Local leaders also are being interviewed to collect information on the status of women in the communities in which they live.



Indonesia: Women’s Reproductive Decision-Making and Its Relation to Psychological Well-Being

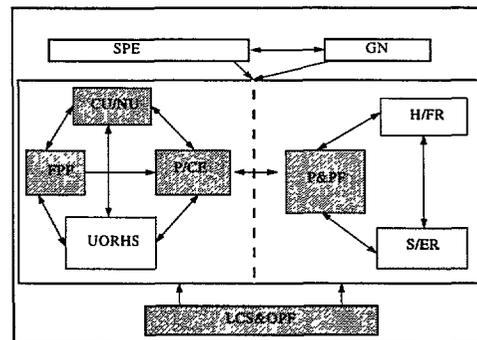
The Atma Jaya Research Center of Atma Jaya University and the Women’s Studies Program of the University of Indonesia are examining who is involved in the decision to use or not use family planning, how the woman views her position in this process in relation to others’ positions, what happens when opinions differ (including whose decision usually is dominant) and what kind of support women receive from family planning programs for reproductive decision-making. The study also explores whether family planning decisions are related to career choices and whether the woman’s experience with the process of making those decisions influences her level of self-esteem and the couple’s marital adjustment. Women’s reactions to family planning failures (especially abortion and its consequences) are being related to their self-image and their views of others. Approximately 800 married women, ages 25 to 49, are being surveyed in Lampung and South Sumatra. In addition, focus



group discussions are being conducted with women, their spouses and service providers to explore issues facing women in family planning, and in-depth interviews will be held with 24 couples to collect general information about women's experiences in family planning and the decision-making process.

Jamaica: The Jamaica Adolescent Study (Evaluation of a Project to Delay First Pregnancy)

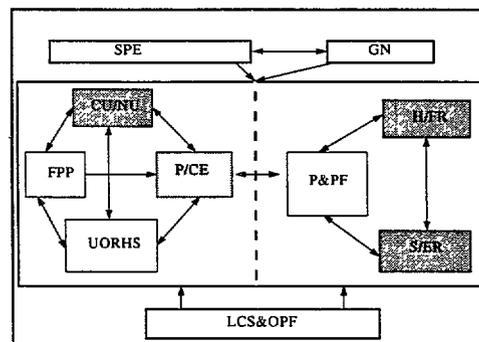
The Fertility Management Unit of the University of the West Indies is conducting a study on young adolescents at high risk of unplanned pregnancy and fatherhood. The Grade 7 Project, being implemented by the Women's Centre of Jamaica Foundation, is a new in-school family life education program designed to increase 7th graders' knowledge of sexuality issues, improve decision-making skills and increase self-esteem.



These changes are hypothesized to make students more likely to postpone first intercourse and use family planning methods. The Jamaica Adolescent Study is documenting the implementation of the Grade 7 Project and assessing prospectively its effects over a three-year period. In addition, the study explores the sexual and reproductive attitudes and behaviors of Jamaican adolescents as they make the transition into adulthood. Approximately 500 students in the Grade 7 Project and 500 students in a comparison group completed a knowledge, attitudes and practices (KAP) questionnaire in September 1995, before the Grade 7 Project began. The same students again completed the questionnaire from May to June 1996, when the Grade 7 Project ended, and will complete the questionnaire again one year later. The students participating in the study attend 10 different schools, both urban and rural, in five Jamaican parishes. Additionally, eight groups of students, with boys and girls in separate groups, are participating in focus groups at two points in time during the study period. The family life education program should be considered part of the "family planning programs" box in the conceptual framework.

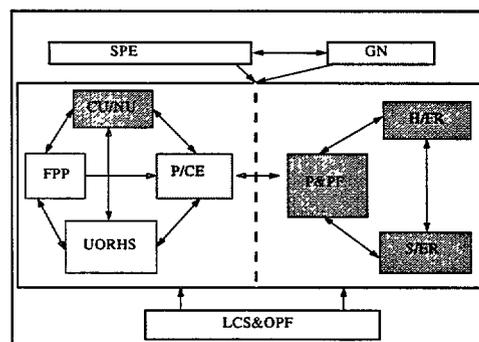
Mali: Impact of Family Planning Use on the Lives of New Contraceptive Users in Bamako

The Centre d'Etudes et de Recherche sur la Population pour le Développement (CERPOD) in Mali is looking at how family planning use influences a woman's communication with her spouse and in-laws, her employment status and her power in household decision-making. The study explores, among new users, experiences consequent to their decision to adopt family planning and identifies strategies women use to achieve their reproductive objectives and enhance their economic status in the household and the community. Investigators are following 55 new family planning users over a 15-month period, using in-depth interviews and focus group discussions. Interviews focus on the dynamics of communication in the family concerning reproductive decisions, including control, persuasion and conflict resolution; support/non-support for family planning decisions; the woman's role in household economic decisions, and the woman's economic activity.



Philippines: Cebu Longitudinal Follow-Up Survey and In-Depth Interviews

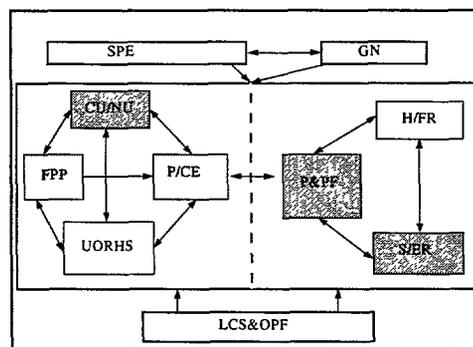
Researchers from the University of San Carlos in Cebu, Philippines, and the University of North Carolina, with assistance from FHI, are conducting a follow-up study to the Cebu Longitudinal Health and Nutrition Survey (CLHNS). The original survey was administered in 1983-86, and the first follow-up study was conducted in 1991-92. The new survey adds a third set of individual, household and community data to the existing data from the prospective survey begun in 1983, thereby providing the time depth needed for a comprehensive view over a significant portion of women's reproductive lives. The new survey collects data on women's lives, particularly work and income histories; health and nutritional status; education, and issues relating to women's status and decision-making. The study sample includes approximately 2,300 women from the original CLHNS who are still living in the Metro Cebu area. In addition, a new sample of 500 women, ages 15 to 25, has been added. The main survey is being supplemented by a series of three in-depth ethnographic interviews with a subset of 60 women. These in-depth interviews provide detailed data on the process of decision-making and women's perceptions about family planning and their childbearing experience.



Philippines: Economic and Psychosocial Influences of Family Planning on Lives of Women in Western Visayas

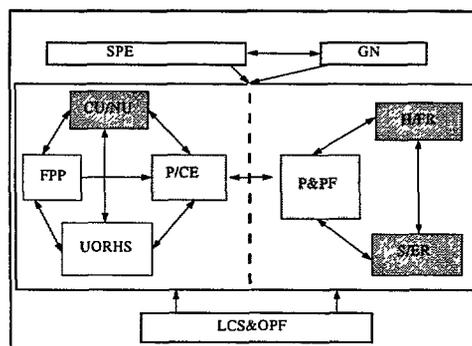
Central Philippines University is collaborating with local women’s groups and family planning organizations to conduct a study of about 1,100 ever-married women from urban and rural communities in the province of Negros Oriental. The study combines information from survey interviews, focus group discussions and in-depth interviews to examine the association between family planning practice and selected psychosocial and economic characteristics of women’s lives. Presurvey focus group

discussions were used to establish appropriate measures of psychosocial indicators, such as “quality of life,” “self-esteem” and “self-image.” Postsurvey focus groups will examine perceptions and views on the impact of family planning on women’s lives among women who were not survey respondents, women who are members of women’s groups and non-governmental organizations, and selected husbands. In-depth interviews are being conducted with key informants who are expected to have knowledge about the influence of family planning on the lives of women. These informants include family planning providers, members of women’s groups involved in family planning, family planning motivators, community volunteers and husbands of family planning users and non-users. Results of the in-depth interviews also will be used to validate, supplement and complement survey results and/or elaborate on the influences of family planning practice on women’s lives.



Philippines: Social and Economic Consequences of Family Planning Use in the Southern Philippines

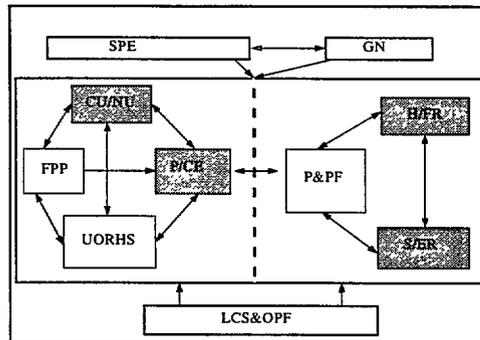
Data from two surveys and a set of focus group discussions are being used to examine the effects of family planning use on the lives of about 1,250 urban and rural women in Mindanao. Special emphasis is given to psychosocial well-being, employment and time allocation, including time for leisure and rest. The first survey interviewed a sample of about 250 rural ever-married women, ages 15 to 49, who were previously surveyed in 1994 for a UNICEF-funded maternal and child health study. The rural sample consists of women from higher- and lower-income communities and from tribal communities. The longitudinal data on the rural women allows examination of short-term effects of family planning use on selected outcomes. The second sample of 1,000 urban women was selected using a two-stage clustered sampling procedure, in which the first stage consists of all urban communities in Cagayan de Oro and the second stage consists of married



women ages 15 to 49. To supplement the quantitative data, focus group discussions are being conducted with a subset of the women and their husbands.

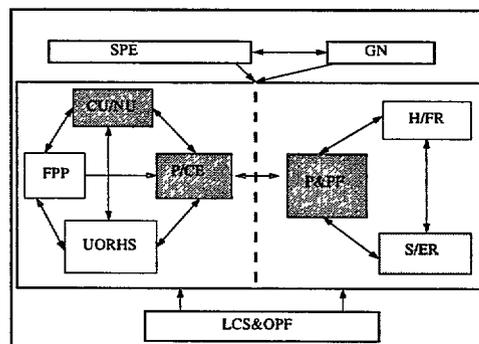
Zimbabwe: Impact of Family Planning on Women's Participation in the Development Process

The University of Zimbabwe's Department of Sociology is looking broadly at the extent to which women who control their fertility also control other important aspects of their lives. By analyzing key social, economic and political events in women's lives in relation to their reproductive history, investigators are examining the relationships between contraceptive use/non-use and the roles that women play in household, educational, economic and political domains. The study examines the link between family planning use or non-use and women's condition (defined as employment, land ownership and/or use of credit facilities), their position in the household (defined as their role in decision-making about family size, use of income, children's education, their own employment and whether they are allowed to travel outside the home) and their position in the community (defined as their involvement in public demonstrations and/or politics). The study also asks women about their levels of knowledge regarding local and national government and marriage and inheritance laws. Background information will be analyzed from the 1987 and 1994 DHS data sets and from the Socio-Cultural Study, which was conducted in 1992. Original data will be collected in a household survey of a national sample of 2,500 women, using the Zimbabwe Revised Master Sample.



Zimbabwe: Impact of Family Planning on Academic Achievement and Vocational Goals of Young Women

The University of Zimbabwe's Sociology Department is gathering information on women's early experiences with sexuality and reproductive health and the ways that access to contraception has shaped their academic and vocational goals. Many young women drop out of the educational system when they become pregnant, jeopardizing the opportunity to acquire the knowledge and status they need to pursue social and economic goals associated with lower fertility. The study is tracing reproductive, academic and vocational events in the lives of sexually active young women who have left school due to pregnancy and comparing them with students who



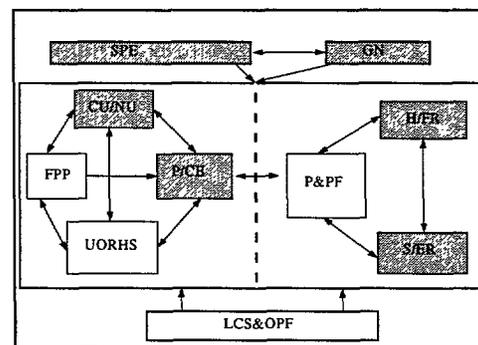
have remained in or returned to school. It is identifying factors that may be associated with the ability of sexually active young women to continue on a course that will enable them to achieve their academic and vocational aspirations. All currently enrolled female students, ages 18 to 25, in three teacher training colleges are being surveyed.

Additionally, in-depth interviews will be held with 30 women under the age of 26 who have just given birth and who indicate that they quit school because of this most recent pregnancy, as well as with 30 mothers in the community who dropped out of school for pregnancy at an earlier point in their lives.

Zimbabwe: Attitudes of Significant Others and their Mediating Effects on Impact of Family Planning on Women’s Participation in Development

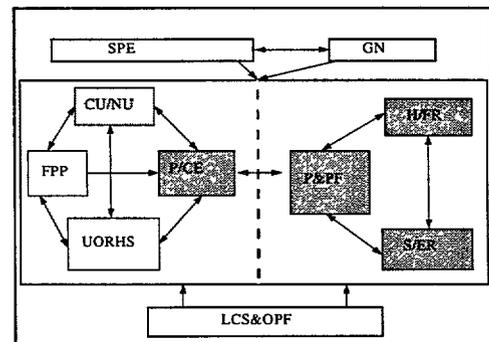
The University of Zimbabwe’s Institute for Development Studies is examining the roles of husbands and affinal family members in determining the extent to which women contraceptive users participate in development activities. Family planning has been promoted as a means of reducing the domestic burden, freeing women to participate in economic and other status-enhancing activities. There is little scientific evidence, however, to document

whether family members encourage women in these activities or whether strong family ties in a patriarchal society discourage women from taking strategic advantage of opportunities for personal advancement. This study uses qualitative methods to gain insight into the influence of significant others (husbands and older affinal female family members) on the ability of women with large and small families to participate in three domains: household decision-making, economic activity and political action. In-depth interviews are being held in both rural and urban communities with four types of participants: married women ages 25 to 40 using contraception and having one to four children; married women ages 25 to 40 using contraception and having five or more children; married men ages 25 to 50, and women over age 40 whose extended families include daughters-in-law. Focus group discussions also will be held to gather normative data on attitudes, values and expectations of men and older women regarding women’s participation in development activities and the role that family members play in determining how women with larger and smaller families allocate their time.



Zimbabwe: Consequences of Family Planning for Women's Quality of Life, Self-Esteem and Empowerment to Act

The Department of Community Medicine at the University of Zimbabwe is asking Zimbabwean women to define what "quality of life" means to them, including how this concept is shaped by factors such as their roles in household decision-making about family size; use of income and children's education; the time they have to devote to work versus leisure activities; their participation in the labor force, and the nature of the paid labor they do and their level of political involvement. The women also are being asked about consequences of family planning for their quality of life, as they define it, and the strategies they have developed to overcome potentially negative consequences. Data will be collected through focus group discussions, comparing women on the basis of age, education, and residence (rural/urban).



V. Summary

Women's lives are complex and multidimensional; thus representing women's lives in a simple framework is difficult. FHI's Women's Studies Project has developed a framework that we think captures the dynamic sequence (and feedback) of the impact that family planning can have on the lives of women, from adolescence to the older ages. While many of the elements of this framework are similar to earlier models, three additional concepts have been added: 1) the life cycle; 2) the notion of childbearing experience, which includes unfulfilled pregnancy desires and infant and child mortality, rather than just the use of family planning to delay, space or limit births, and 3) the role that other reproductive health services play both in family planning use and in women's lives more generally. In addition, the framework includes the three broad dimensions of women's lives -- the personal, the familial and the societal.

This framework has been useful in helping to conceptualize and design the many studies described in this paper. Although issues in women's reproductive health -- and, hence, the research agenda itself -- differ among the countries, the framework provides a common focus for the studies. The framework will be especially useful at the end of the WSP, to help to look at lessons learned from all the research studies. This conceptual framework then can be modified to reflect the findings from the diverse studies being undertaken, to provide the field with a deeper understanding of the impact of family planning on women's lives.

Attachment 1

Selected Conceptual Frameworks to Study Family Planning and Women's Lives

The seven roles of women. Oppong (1980), in her seminal paper on the seven roles of women, focused particularly on women's family roles (parental, conjugal, domestic and kinship). Her framework also included the individual, community and occupational roles of women. Oppong designed her framework to be comparable across countries, societies and cultures, and based it on three premises: 1) that few, if any, societies accord women equal social position with men, but that there is much cross-cultural variation and a dynamic element to the relative equality of gender roles; 2) that understanding women's and men's positions in a given context is vital for understanding demographic issues such as fertility, migration and labor force participation, and 3) that concepts used to deal with "women's status" need to be expanded and tested. Data collected to test Oppong's seven roles of women included information on the activities associated with the roles, resource use (including time, knowledge, money and material goods), power and decision-making and significant others. She measured both role activities and role expectations, and the potential conflict between roles (e.g., the roles of mother and worker).

Family planning and the six domains of women's lives. Drawing on Oppong's framework, Hong and Seltzer (1994) identified six domains of women's lives through which to assess the positive and negative impact of family planning. Their six domains included personal autonomy/self-esteem (the right to make and stand by one's own decisions/the value or regard that an individual places on herself), health status (physical and psychological well-being), educational attainment (ability to obtain an education and the level of educational attainment), employment/economic resources (nature of employment and acquisition and allocation of resources), familial relations (the degree of equality with the spouse within the kinship structure) and public standing (ability to participate in public activities and the esteem accorded individual women by the community). Hong and Seltzer designed their framework to address the lives of contraceptive users and of women who are employed in family planning programs. In their framework, family planning included both programs and contraceptive use. The intermediate impact of contraceptive use was the ability to delay, space or limit births (or, in the case of family planning workers, income, knowledge and skills, and a broader network), and the impact on women themselves is through the six domains. Hong and Seltzer noted that other, indirect beneficiaries of use of family planning or employment in family planning are children, other women, men and society.

Women's empowerment. Schuler and Hashemi (1993) focused their framework on the empowerment of women. They defined the empowerment of women through the use of six spheres: 1) sense of self and a vision of the future, including resisting negative behaviors of the husband; 2) mobility and visibility, including how women are treated

when they are traveling; 3) economic security, including cash income, new skills and knowledge; 4) status and decision-making power within the household, including making purchases on their own; 5) ability to interact effectively in the public sphere, such as joining credit programs, and 6) participation in non-family groups, such as credit programs and solidarity movements. They developed this framework for a study on women's empowerment in Bangladesh.

Quality of life. Quality of life, or the subjective measure of personal well-being, has been the subject of study by social psychologists for several decades. The concept of quality of life has been used in health care research to assess whether a medical treatment is beneficial (Spilker, 1990), but has not been used to assess family planning use (Waszak, Mayette and Joanis, 1994). Quality of life can be assessed on three broad levels. At its most broad, it can be defined and measured as "an individual's overall satisfaction with life, and one's general sense of personal well-being." More specifically, satisfaction with domains of a person's life can be measured: for example, physical status and functional abilities; psychological status and well-being; social interactions, and economic status and factors. Furthermore, components of each domain can also be measured. Waszak, Mayette and Joanis (1994) outlined three mechanisms through which family planning might affect several domains associated with quality of life: a woman's ability to control her fertility, her use of contraception and her experience with family planning services.

Psychosocial consequences for women of contraceptive use. Stycos (1995) addressed the psychosocial consequences for women of contraceptive use in a framework developed as part of the Women's Studies Project. His framework focused on the short-term (one or two years) positive and negative psychosocial consequences of family planning programs and contraceptive use. Positive consequences included diminished pregnancy anxiety, increased peer/family prestige, increased libido and sexual freedom, and time saving. Negative consequences include anxiety about side effects, shame, guilt, "promiscuity," dishonor and time consumption. Stycos cited Oppong's seven roles/domains of women as channels through which the positive and negative psychosocial consequences affect women's perceptions of their quality of life. He refers to numerous cross-national studies of quality of life, a term he uses to "cover a general sense of satisfaction or dissatisfaction with life" (p.2). Domains of life about which people are generally concerned include self, family, other people, economic aspects, job, house, costs, local area, larger society, religion and beneficence (Andrews and Withey, 1976). These domains are cited by Stycos as areas through which to measure quality of life.

Women's perceptions of their reproductive rights. In related work, the International Reproductive Rights Research Action Group (IRRRAG) conducted a seven-country study to assess women's perceptions of their reproductive rights (IRRRAG, 1995). The IRRRAG project looked at four aspects of reproductive rights: the concept of

entitlement⁵; reproductive decision-making; resistance and accommodation; and social, political, legal and economic conditions (IRRRAG, 1994). The four questions asked by the research team were: 1) According to the perceptions of women, what are the conditions, norms and beliefs that give them entitlement in the personal, health and family arena, and what do they consider they are entitled to? 2) How do women make decisions throughout their life cycles regarding childbearing, contraception, abortion, marriage, motherhood and sexuality (including sexual identity)? 3) What are the forms of resistance and accommodation in regard to reproductive health and wellness that women practice and think possible? 4) What are the social, economic, legal and political conditions and services (e.g., health, education) that affect women's decisions over their reproductive lives and rights, according to their experience and knowledge?

As shown in the following matrix (Figure A1.1), the frameworks contain similar elements, but each has a particular emphasis.

⁵ “The concept of ‘entitlement’ refers to a sense of justice that goes beyond the boundaries of law to address cultural norms, family pressures and one’s ability to actualize her self-worth within her community. In sum, it refers to a person’s own view of what she ought to have to satisfy her life projects and commitments (in this context, to realize her reproductive health and freedom).”

Figure A1.1

A Comparison of Selected Frameworks to Assess Domains of Women's Lives				
Oppong: Seven Roles of Women	Hong/Seltzer: Impact of Family Planning on Women	Schuler and Hashemi: Women's Empowerment	Quality of Life Dimensions	Women's Studies Project: Dimensions of Women's Lives
<ul style="list-style-type: none"> • Individual 	<ul style="list-style-type: none"> • Autonomy/self-esteem 	<ul style="list-style-type: none"> • Sense of self/vision of future 	<ul style="list-style-type: none"> • Psychological status and well-being 	<ul style="list-style-type: none"> • Individual physical and psychological factors
	<ul style="list-style-type: none"> • Health status 		<ul style="list-style-type: none"> • Physical status and functioning 	
<ul style="list-style-type: none"> • Parental • Conjugal • Domestic • Kinship 	<ul style="list-style-type: none"> • Familial relations 	<ul style="list-style-type: none"> • Status and decision-making in the household 	<ul style="list-style-type: none"> • Social interactions 	<ul style="list-style-type: none"> • Household and family roles
<ul style="list-style-type: none"> • Community 	<ul style="list-style-type: none"> • Public standing 	<ul style="list-style-type: none"> • Ability to interact in public sphere • Participation in non-family groups • Mobility/visibility 		<ul style="list-style-type: none"> • Community and social roles (including education and economic)
<ul style="list-style-type: none"> • Occupational 	<ul style="list-style-type: none"> • Educational attainment • Economic resources 	<ul style="list-style-type: none"> • Economic security (including education) 	<ul style="list-style-type: none"> • Economic status and functioning 	

Attachment 2

Examples of Concepts in Each Dimension of the WSP Conceptual Framework

Social, Political and Economic Factors

Economic environment
Political environment
Religious norms/beliefs
Social security
Communication infrastructure/media
Transportation infrastructure
Value of fertility/family size
Legal standing/legal climate
Availability of employment opportunities
Availability of educational opportunities
Availability of other opportunities

Gender Factors

Gender norms
Physical security/safety
Level of women's activism
Gender preferences

Life Cycle Stage and Other Personal Factors

Adolescents
Reproductive age
Elderly
Single/married
Social class
Ethnic/religious affiliations
Urban/rural

Family Planning Programs

Integrated or vertical
Public or private sector
Primary health care
Clinical
Social marketing
Commercial outlets (drug stores)
Community-based distribution
Physician or other service providers
Male or female service provides
Quality of programs
Access to services

Use of Other Reproductive Health Services

STD diagnosis and treatment
General gynecological care
Infertility counseling and treatment
Abortion
Maternal health services
Other

Contraceptive Use/Non-Use

Modern and traditional
User-controlled and provider-controlled
Permanent and temporary
Male-controlled and female-controlled
Effective/ineffective use
Reasons for non-use

Pregnancy/Childbearing Experience

Number of births/live children
Wanted or unwanted pregnancies
Ability to delay childbearing
Ability to space children
Ability to stop childbearing
Childlessness
Infant and child mortality

Individual Psychological and Physical Factors

Sense of personal autonomy
Control over body
Self-esteem
Self-efficacy
Control over time
Sexuality
Sexual enjoyment
Fear of side effects
Fear of being "found out"
Regret
Guilt
Unwanted sex
Physical health

Household/Family Roles

Partner communication
Better parenting
More household decision-making power
Partner violence
STD exposure
Role strain
Reproduction

Community/Society Roles

Participation in community activities
Community status
Access to health care system
Employment status
Educational attainment
Security in old age

Attachment 3

Secondary Analyses

The following are secondary analyses supported with funds from the Women's Studies Project:

Bangladesh

Schuler SR, Hashemi SM, Jenkins AH. 1995. "Bangladesh's family planning success story: A gender perspective." *International Family Planning Perspectives*, 21(4): 132-37.

Schuler SR, Hashemi SM, Cullum A, Hassan M. 1996. "The advent of family planning as a social norm in Bangladesh: Women's experiences." *Reproductive Health Matters*, 7: 66-78.

Malaysia

Kritz MM, Gurak DT. 1995. "Family planning and women's lives: The Malaysian case." *Indonesia Journal of Population*. (Also presented at the Population Association of America Meeting, April 6-8, 1995, San Francisco, CA.)

Kritz MM, Gurak DT. 1995 "The effects of family planning on marital disruption in Malaysia." To be presented at the 1997 IUSSP meeting in Beijing and published in a proceedings volume. (Unpublished.)

Nigeria

Kritz MM, Makinwa-Adebusoye P. 1993. "Women's resource control and demand for children in Africa." Population and Development Program Working Paper Series. Ithaca: Cornell University.

Kritz MM, Gurak DT, Fapohunda BM. 1994. "Sex preferences, women's social control and parity progression in Hausa, Ibo and Yoruba societies." Population and Development Program Working Paper Series. Ithaca: Cornell University. (A version of this paper's preliminary findings was also presented at the XIIIth World Congress of the International Sociological Association, Bielefeld, Germany 1994.)

Kritz MM, Makinwa-Adebusoye P. 1995a. "Women's control over resources and demand for children: the Hausa and Yoruba Cases." *Women's Position and Demographic Change in Sub-Saharan Africa*. Eds. Paulina Makinwa-Adebusoye and An-Magritt Jensen. Liege, Belgium: IUSSP.

Kritz MM, Makinwa-Adebusoye P. 1995b. "Ethnicity, gender and fertility preferences in Nigeria." (Unpublished.)

Kritz MM, Makinwa-Adebusoye P. 1995c. "Reproductive decision-making in Nigeria: A literature review." (Unpublished.)

Kritz MM, Makinwa-Adebusoye P, Fanglan D. 1995d. (To be submitted for publication). "Spousal agreement, women's status and family planning in Nigeria." Presented at Population of Association of America meeting. April 6-8, 1995, San Fransisco, CA.

Philippines

Adair LS, Borja J, Bisgrove E. 1996. "Effects of childbearing on quality of women's lives." Paper to be presented to IUSSP in Beijing, October 1997.

Adair L, Guilkey D, Bisgrove E, Gultiano S. 1996. "Effect of childbearing on Filipino women's labor force participation and earnings." Presented at Population of Association of America meeting, New Orleans, May 1996.

Polhamus B. 1996. "A profile of high-fertility women in the Philippines." (To be submitted for publication)

De La Salle University. ND. "Implications of Contraceptive Use for the Welfare of Women and their Families in the Philippines: Secondary Analysis of the 1993 National Demographic Survey." (Unpublished.)

Attachment 4
Study Participants and Sources of Data

Country/Study	Sample	Participants				Design	
		Women	Men	Adolescents	Other ¹	Primary Data	Secondary Analysis
BOLIVIA							
Men's Knowledge, Attitudes and Behavior	<ul style="list-style-type: none"> Interviews: stratified sample of 600 couples in which women are ages 20-49 	x	x			Quantitative (structured interviews) Qualitative (focus groups)	
Psychosocial Impact	<ul style="list-style-type: none"> In-depth interviews with 120 women and 40 men 	x	x			Qualitative (focus groups, in-depth interviews)	
BRAZIL							
Pregnancy among Young Adults	<ul style="list-style-type: none"> Interviews: 400 pregnant women 12-18; 200 abortion patients 12-18; 50-60 mothers of pregnant teen sample 	x		x	x	Quantitative (structured interviews)	
Consequences of Tubal Ligation	<ul style="list-style-type: none"> Survey: 388 women 30-49 with tubal ligation; 388 women 30-49 without tubal ligation 	x				Quantitative (survey); qualitative (focus groups)	
CHINA²							
Women's Lives	<ul style="list-style-type: none"> FGDs: older women; women 15-49; unmarried young women; successful women entrepreneurs; men over 50; men 20-49; unmarried men Case study: 20 families Survey: random sample of 4,000 people 	x	x			Quantitative (survey); qualitative (focus groups, case studies)	
EGYPT							
Lives of Egyptian Women	<ul style="list-style-type: none"> Cross-sectional survey: 4,500 women Follow-up survey: 800 women age 45 and younger in 1990-91 survey Survey: 9,900 households (1990-91) Survey: 9,000 women (1979) FGDs: 12 groups of 6-10 ever-married Egyptian women each (72-120 total) 	x				Quantitative (survey); qualitative (trend analysis, focus groups)	

Country/Study	Sample	Participants				Design	
		Women	Men	Adolescents	Other ¹	Primary Data	Secondary Analysis
EGYPT (CONT'D.)							
Roles of Women as Employees	<ul style="list-style-type: none"> Archival data: employment records of health workers FGDs: 64 groups of women health sector employees (approx. 600-640 total) Interviews: 20 high-level program managers and directors of FP programs 	x			x	Quantitative (archival), qualitative (focus groups, in-depth interviews)	Archival
INDONESIA							
Women's Economic Activity	<ul style="list-style-type: none"> IFLS survey: nationally representative sample of 7,700 households (1993) Interviews: 20 women and 20 men (40 total) 	x	x		x	Quantitative (survey), qualitative (in-depth interviews)	IFLS survey (1993)
Family Welfare and Women's Activities	<ul style="list-style-type: none"> Survey: 800 women Interviews: 16 women (subsample of survey sample) 	x	x		x	Quantitative (survey), qualitative (in-depth interviews)	
Women's Empowerment	<ul style="list-style-type: none"> Survey: 800 women Interviews: 36 couples (women and men) 	x	x		x	Quantitative (survey), qualitative (in-depth interviews)	
Women's Reproductive Decision-Making	<ul style="list-style-type: none"> Survey: 800 women 25-49 FGDs: 12 groups of 8-10 per group; women and men (96-120 total) Interviews: 24 women and their spouses (women and men) 	x	x		x	Quantitative (survey), qualitative (survey, focus groups, in-depth interviews)	
JAMAICA							
Project to Delay First Pregnancy	<ul style="list-style-type: none"> Questionnaire: 500 male and female Grade 7 students FGDs: 16 groups of 6-8 Grade 7 students (96-128 total) 	x	x	x		Quantitative (questionnaire), qualitative (focus groups, observation)	

Country/Study	Sample	Participants				Design	
		Women	Men	Adolescents	Other ¹	Primary Data	Secondary Analysis
MALI							
New Contraceptive Users	<ul style="list-style-type: none"> Interviews: 55 new women FP users 18-45; 27 women never users 18-45 FGDs: 12 groups: 2 groups each of new women FP users 18-45, women non-users 18-45, mothers-in-law of FP users, mothers-in-law of non-users, partners of users, partners of non-users; 8-10 per (96-120 total) 	x	x			Qualitative (in-depth interviews, focus groups)	
PHILIPPINES							
Cebu Longitudinal Study	<ul style="list-style-type: none"> Follow-up survey: 2,395 women (1991) Survey: random sample of 3,080 pregnant women (1983) 	x					Cebu survey (1983, 1991)
Cebu Longitudinal Follow-up	<ul style="list-style-type: none"> Survey: 2,800 women 15-55 FGDs: 4-6 groups with 6-8 women per (24-48 women total) In-depth interviews: 60 women 	x				Quantitative (survey); qualitative (focus groups, in-depth interviews)	
Women/Family Welfare	<ul style="list-style-type: none"> National Demographic Survey: nationally representative sample of 12,995 households; 15,029 women 15-49 (1993) 	x					National Demographic Survey (1993)
Economic/Psychosocial Influences	<ul style="list-style-type: none"> Survey: stratified sample of 1,100 women 15-49 FGDs: 36 groups, 8-10 participants per; men and women (288-360 total) In-depth interviews with key informants (men and women) 	x	x			Quantitative (survey); qualitative (focus groups, in-depth interviews)	
Social/Economic Consequences	<ul style="list-style-type: none"> Survey 1: clustered sample of 250 rural married women 15-49 (1994 frame) Survey 2: clustered sample of 1,000 urban married women 15-49 FGDs: 6 groups of 10 men/women per group (60 total) 	x	x			Quantitative (survey); qualitative (focus groups)	

Country/Study	Sample	Participants				Design	
		Women	Men	Adolescents	Other ¹	Primary Data	Secondary Analysis
ZIMBABWE							
Women in Development Process	<ul style="list-style-type: none"> Retrospective survey: national sample of 2,500 women 18-60 Survey: ZDHS (1987; 1994) Survey: qualitative and quantitative; national random sample of 1,450 women and 1,500 men (1992) 	x	x			Quantitative (survey)	ZDHS (1987, 1994); Socio-Cultural Survey (1992)
Academic and Vocational Goals	<ul style="list-style-type: none"> Survey: 1,200 women students 18-25 at teachers college Interviews: 90 women: 30 postpartum mothers <26 who dropped out of school due to index pregnancy, 30 community mothers 18-25 who dropped out of school due to pregnancy, 30 sexually active students from teachers college 					Quantitative (questionnaire); qualitative (in-depth interviews)	
Mediating Effects of Gender	<ul style="list-style-type: none"> Interviews: 88 total: 44 married women 25-40; 22 married men 25-50; 22 married women 40+ FGDs: 16 groups with 7-9 per (112-144 total); women and men 	x	x			Qualitative (in-depth interviews, focus groups)	
Quality of Life	<ul style="list-style-type: none"> FGDs: 18 groups of 7-9 women 18-34 each (total 126-162) 	x				Qualitative (focus groups)	

¹ "Other" indicates service providers, community/religious leaders or other family members.

² With the exception of China, the studies listed in this table are funded by the United States Agency for International Development. The study in China is being funded by a grant from the Rockefeller Foundation.

VII. References

Adair LS, Borja J, Bisgrove E. 1996. "Effects of childbearing on quality of women's lives." To be presented at the IUSSP meeting, Beijing, October 1997.

Adair L, Guilkey D, Bisgrove E, Gultiano S. 1996. "Effect of childbearing on Filipino women's labor force participation and earnings." Presented at Population of Association of America meeting, New Orleans, May, 1996.

Amin S. 1995. "The poverty-purdah trap in rural Bangladesh: Implications for women's roles in the family." *Research Division Working Papers* No. 75. New York: The Population Council.

Andrews FM, Withey S. 1976. *Social Indicators of Well-Being*. New York, NY: Plenum Press.

de Barbieri T. 1993. "Gender and population policies: Some reflections." *Reproductive Health Matters*. No. 1. May.

Berer M. 1993. "Population and family planning policies: Women-centered perspectives." *Reproductive Health Matters*, 1, 4-12.

Bhasin K. 1993. "Report on a workshop on gender concerns." December 28-30. New Delhi: Centre for Health Education, Training and Nutrition Awareness (CHETNA).

Bisgrove EZ, Viswanathan M. 1996. "A conceptual framework for the analysis of the impact of family planning on women's work and income." Paper presented at the annual meetings of the Population Association of America. New Orleans, May, 1996. *Women's Studies Working Paper*, forthcoming.

Bulatao RA, Lee RD, eds. 1983. *The Determinants of Fertility in Developing Countries*. New York: Academic Press.

Committee on Population. 1989. *Contraception and Reproduction: Health Consequences for Women and Children in the Developing World*. Washington, DC: National Academy Press.

Dixon R. 1975. "Women's rights and fertility." *Reports on Population/Family Planning*. No. 17. January.

Dixon-Mueller, Ruth. 1993. "The sexuality connection in reproductive health." *Studies in Family Planning*, 24(5), 269-282.

- Gagne PL. 1992. "Appalachian women: Violence and social control." *Journal of Contemporary Ethnography*, 20(4), 387-415.
- Gurak DT, Kritz MM. 1995. "Family planning and women's lives: The case of Malaysia." Paper presented at the annual meetings of the Population Association of America, San Francisco. April 6-8.
- Hong S, Seltzer J. 1994. "The impact of family planning on women's lives: Toward a conceptual framework and research agenda." *Family Health International Working Papers*. No. WP94-02. September.
- Lloyd CB. 1993. "Family and gender issues for population policy." *Research Division Working Paper* No. 48. New York: The Population Council.
- IRRRAG. 1994. "Framework questions for research and policy decisions: First IRRRAG meeting." Unpublished. New York: IRRRAG.
- IRRRAG. 1995. *Negotiating Reproductive Rights: A Seven Country Study of Women's Views and Practices*. Packet compiled for the Fourth World Conference on Women. New York: IRRRAG.
- Jacobson JL. 1992. "Gender bias: Roadblock to sustainable development." *Worldwatch Paper* 110. September.
- Kritz MM, Gurak DT. 1995a. "Family planning and women's lives: The Malaysian case." *Indonesia Journal of Population*. (Also presented at the Population Association of America Meeting, April 6-8, 1995, San Francisco, CA)
- Kritz MM, Gurak DT. 1995b. "The effects of family planning on marital disruption in Malaysia. Submitted to *Demography*. (Unpublished.)
- Kritz MM, Gurak DT, Fapohunda BM. 1994. "Sex preferences, women's social control and parity progression in Hausa, Ibo and Yoruba societies." *Population and Development Program Working Paper Series*. Ithaca: Cornell University, 1994. (A version of this paper's preliminary findings was also presented at the XIIIth World Congress of the International Sociological Association, Bielefeld, Germany 1994.)
- Kritz MM, Makinwa-Adebusoye P. 1993. "Women's resource control and demand for children in Africa." *Population and Development Program Working Paper Series*. Ithaca: Cornell University.
- Kritz MM, Makinwa-Adebusoye P. 1995a. "Women's control over resources and demand for children: the Hausa and Yoruba Cases." *Women's Position and Demographic Change*

in *Sub-Saharan Africa*. Eds. Paulina Makinwa-Adebusoye and An-Magritt Jensen. Liege, Belgium: IUSSP.

Kritz MM, Makinwa-Adebusoye P. 1995b. "Ethnicity, gender and fertility preferences in Nigeria." (Unpublished.)

Kritz MM, Makinwa-Adebusoye P. 1995c. "Reproductive decision-making in Nigeria: A Literature Review." (Unpublished.)

Kritz, MM, Makinwa-Adebusoye P, Fanglan D. 1995d. "Spousal agreement, women's status and family planning in Nigeria." Presented at Population of Association of America meeting, San Fransisco, April 1995. (To be submitted for publication.)

Maine D. 1981. "Family planning: Its impact on the health of women and children." New York: Center for Population and Family Health, Columbia University.

Mason KO. 1984. *The Status of Women: A Review of Its Relationship to Fertility and Mortality*. New York: The Rockefeller Foundation.

Mason KO. 1994. "Conceptualizing and measuring women's status." Paper presented at Population Association of America Meeting, Miami, FL, May 5-8, 1994.

Moser CO. 1989. "Gender planning in the Third World: Meeting the practical and strategic gender needs." *World Development*. 17(11) 1799-1825.

Opong C. 1980. "A synopsis of seven roles and status of women: An outline of a conceptual and methodological approach." *World Employment Programme Research Working Paper*. WEP 2-21/WP.94. Geneva: International Labour Office.

Overholt C, Anderson M, Cloud K, Austin J. 1984. *Gender Roles in Development Projects*. West Hartford, Connecticut: Kumarian Press.

Overholt C, Cloud K, Anderson MB, Austin J. ND. "Women's development: A framework for project analysis." Unpublished paper for USAID's International Development Case Study and Training Project.

Polhamus B. (to be submitted for publication). "A profile of high-fertility women in the Philippines." 1996.

Population Reference Bureau. 1986. *Family Planning Saves Lives: A Strategy for Maternal and Child Survival*. Washington, DC: Population Reference Bureau.

- Schuler SR, Hashemi SM. 1993. "Defining and studying empowerment of women: A research note from Bangladesh." *JSI Working Paper*. No. 3. April.
- Schuler SR, Hashemi SM, Jenkins AH. 1995. "Bangladesh's family planning success story: A gender perspective." *International Family Planning Perspectives*, 21(4): 132-37.
- Schuler SR, Hashemi SM, Cullum A, Hassan M. 1996. "The advent of family planning as a social norm in Bangladesh: Women's experiences." *Reproductive Health Matters*, 7: 66-78.
- Spilker B. 1990. "Introduction." In B Spilker. 1990. *Quality of Life in Clinical Trials*. New York: Raven Press.
- Stycos JM. 1995. "Psychosocial consequences for women of contraceptive use: Needed research." *Population and Development Program Working Paper Series*. No. 95-12. Ithaca, NY: Cornell University.
- UNFPA. 1992. "Incorporating women into population and development: Knowing why and knowing how." New York: United Nations Population Fund.
- Waszak C, Mayette M, Joanis C. 1994. "Family planning and the quality of women's lives: A theoretical framework." Paper presented at the annual meeting of the American Public Health Association, Washington, D.C., November 1-2, 1994.