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**THE FAMILY AND THE ANE REGION:
KEY CHANGES AND IMPLICATIONS FOR A.I.D.**

EXECUTIVE SUMMARY

This paper provides an overview of key issues that illustrate how families in the Asia and Near East region are being affected by broad economic and social changes and, further, what policy implications those changes have for family health and nutrition needs in the 1990s. There are two primary areas of change: demographic and socio-economic.

1. The key demographic trend with broad implications for the HPN sectors is the dramatic overall growth in the population, greater in some countries than in others. Growing age cohorts of particular concern include the under 5, women of reproductive age and the elderly.

2. The other important demographic trend is rapid growth in the urban sector both from migration and natural increase. As the urban sector takes the spotlight, however, continuing increases in absolute numbers of rural people, AID's traditional target population, must not to be forgotten.

3. Another major demographic issue noted is the upsurge in women-headed households in the region which, with urban growth, anticipates the second broad area of change.

Numerous socio-economic changes impact the family but, the most significant, the paper suggests, is the set associated with urbanization and modernization. These forces are important because they are either closely related to or subsume many of the others - i.e., diversification of agriculture, increasing monetization, growing informal sector etc.

A principal focus here is on the role of women because they are the critical actors in the family responsible at so many junctures not only for their own health and nutrition needs but for those of the other family members as well. Women's resources of time, income, and education are key determinants of family health.

Another issue is the way in which changes, including government economic adjustment policies, are further constraining poor families who exist in sizable proportions in Asia and the Near East and whose numbers, in fact, are on the rise.

Thus, the issues of women and the poor are both integrally related to families throughout the region. These two groups are key not only for understanding the momentous changes taking place but also as important players who must themselves gain the resources to improve their health and nutrition status and by so doing contribute to the better health of all.

THE FAMILY IN THE ASIA NEAR EAST¹ REGION:
KEY CHANGES AND IMPLICATIONS FOR AID

Introduction, Justification and Definition of the Family

Introduction. Will the Family become the focus of health concerns in the 1990s much as "Child Survival" became a driving force for better health in the 1980s? Since its adoption in the mid-1980s as a key program initiative by agencies such as the Agency for International Development (AID), important gains have been achieved in furthering child survival, yet much remains to be accomplished in reaching program goals. The focus on children has also brought the multiple roles of women into the picture as mothers, as providers in health care as well as key actors in meeting broader social and economic needs.

Justification of the Family. Children and mothers are naturally part of a larger unit, the family, that they both depend on and contribute to in various ways for their mutual well-being. Thus concerns about the child lead to questions and issues centered on the family that serve to integrate child and women needs with those of the others in the family. These issues include:

- o what resources are available to families for health, population and nutrition needs?
- o how are decisions made in a family to distribute those resources?
- o what results occur from the use of those resources?

The importance of the family is noted by international health expert, W. Henry Mosley, who writes "While health services and facilities are factors in reducing the level of disease and death, it is the interaction of these factors with specific political, socio-economic and ecological conditions in which families live that determines outcomes." (emphasis added) (Mosley, 1985. p. 12.)

¹The Asia Near East region comprises the 18 countries that AID currently includes in the region for its program purposes. For the purposes of this paper, in keeping with the Database developed by Atlantic Resources Corporation and Birch & Davis, Incorporated under this project, this region is further divided into the following sub-regions: the Near East; India (by itself); the Subcontinent (without India); and South East Asia. The countries in each sub-region are listed in the tables. Thus, in this paper references will be to these sub-regions unless otherwise identified.

Policy Shift. Attention is also shifting to the family from a policy standpoint because the enormous changes effecting families during the past two decades in the Asia Near East (ANE) region have become more pronounced. These include changes that are taking place within families, namely demographic changes, and external forces and influences such as socio-economic changes. An understanding of these changes is imperative within AID if the agency's Health, Population, Nutrition (HPN) programs are to be relevant to the real needs of target populations in the 1990s.

Family Defined. Having established that "the family" justifies greater reflection, it is necessary for a moment to step back and consider just what is meant by the term "family." Clearly the family has many different shapes and forms in the ANE region depending on geographic (country or cultural region), physical (rural versus urban), or social (class or socio-economic level) settings. Also, some families are more traditional in structure, such as "extended" or "joint" while others may be more modern, resembling the "nuclear family" common in more industrialized countries. While a family will have its particular identity, it is interesting to note that the major changes going on in the region have often served to blur the differences between families. Thus it is possible to have members of the same family working in different geographic locations, living in different physical settings and inhabiting different social worlds, all at the same time.

Owing to the limits of this paper, the family will be used in a generic rather than a specific sense and, for the purposes of the paper, may be thought of as equivalent to a household, the unit most often used in economic analyzes of the family. Furthermore, the family will be treated here largely as a tool for analysis of change, rather than as a target for resources; this despite growing interest in some quarters for the latter purpose.²

Demographic and Socio-Economic Changes Affecting the Family

Demographic Change: Overall Population Growth. There are two

² A proposal has been made at the United Nations to create an "International Year of the Family," notes historian Stephanie Coontz in a recent article published in *The Christian Science Monitor*, February 27, 1989. Coontz cites those opposed to this who fear such a focus would be "adopted by many nations only as part of an attempt to bury the casualties of their social policies in families." and that the role and image of women - the family's caretakers most often - would suffer as a result.

broad trends in the region with respect to demographic change. One - discussed at greater length and at the macro level in a recent study of the Atlantic Resources Corporation, "Population and Natural Resources in the ANE Region" - is simply that the overall population in the region continues to grow in numbers that are huge and very disturbing. This "people explosion" threatens to swamp any development efforts that seek to enable people to care for themselves at an elementary level, to say nothing of improving their collective standards of living.

Infants and Under 5s. This ballooning of the population is also reflected in age and sex cohorts where change is particularly relevant for families. Numbers of infants and children under 5 years of age continue to grow throughout the region. Faster rates are found in South Asia than elsewhere, where fertility rates are high, infant and child mortality rates are decreasing and contraceptive prevalence rates are low. (See Exhibits I, II, and III) Growth in this age cohort is not so rapid in Near East and South East Asian countries. For example, comparing Tables 4.10 and 4.13 in Exhibit II, it is projected that between 1985 and 2000, this cohort will grow by 11 percent in South Asia but only by six percent in the Near East and South East Asia. Growth in this age group in a family context translates to larger household sizes which, if the family is poor, means already limited resources must be stretched even farther to provide for all of the family members' needs.

Under 15s. The patterns of growth for the under 15s cohort are similar to that for the youngest cohort. In many of the countries in the region, this is one of the largest groups in a country's total population: in a number of countries the under 15 population approaches nearly half the population! (See Exhibit IV.) Thus this group is large and it is getting larger as it is added to by a growing population. Though this population is burdensome, especially during younger dependent ages, it also holds great promise. These youngsters can be educated to be productive members of society but, just as important, they can be educated to control the population's growth. This age group can be trained in the skills needed by the region's new industries so that they need not remain marginal workers all of their lives.

Statistics show increasing primary and secondary school attendance levels throughout the region, with variations by sub-region or country. These increases are positive and engender some hope yet the question remains whether these increases are great or timely enough.

Women 15 to 20 years of age. As with the other age groups, the numbers of women - particularly those of reproductive age - are

increasing. In 1985 the number of women in the ANE region in the 15 to 20 years age cohort amounted to about 73 million. By 1990 they are projected to number about 82 million, a 12 percent increase. By 1995 they are expected to number 91 million and by 2000, 97 million. Thus, though the absolute number by which they increase as well as their percentage increase will become smaller in each succeeding five year period, nevertheless, over a 15 year period this age cohort of women is expected to increase by almost one third! These figures forecast near-term growth but also longer term growth when one considers that, according to present trends, one woman in six aged 15 to 49 years in developing countries is pregnant. These trends, then, bear far reaching implications for the provision of health services for these women and their families as well as for other program initiatives in population and nutrition in the 1990s and beyond.

One step that would dramatically reduce the pressure child-bearing women place on health services would be to raise the marriage age by several years. If a woman were to marry at 21 years of age, for instance, instead of at 16, there would be five years when she and others in her cohort would not bear children. This would not only dramatically reduce the number of births in a country but it would remove the demand for birth-related health services by all these women for five years which, in turn, would reduce the overall burden on the country's health services. It would also probably render these women generally more healthy which again would mean less subsequent demand on the nation's health infrastructure.

The Elderly. Projections in the growth of the elderly are more modest than for other age cohorts but larger increases are now being seen among this group than in earlier years, especially in South East Asian countries and in some in the Near East. (See Exhibit IV.) This is so despite a dramatic rise in life expectancy in countries across the region since 1960, especially in the 25 years between 1960 and 1985 (See Exhibit V.) The average life expectancy as projected for 2000-05 in South East Asia is 68.2 compared to 67.1 for the Near East, 65.2 for India and 56.8 for the rest of the Subcontinent. The averages make clear that the elderly in the ANE context are defined differently than the developed world's aged. The ANE elderly are living far longer than a generation ago but they are still not living as long as those in the West, on average. None of the countries in the region, for instance, had reached a life expectancy of 70 by 1985, only two (Sri Lanka and Fiji) are projected by 1995 to reach or pass 70 and only three more by 2005 (Thailand, Jordan and Tunisia).

Nevertheless, as populations age and the numbers of elderly grow in the ANE countries a shift in disease patterns - from

communicable to chronic - is expected to follow with implications for the provision of health services. Families will also have to make adjustments as more of their elderly survive and live longer than they did in earlier years.

Growth in Urban and Rural Populations. The second broad pattern is in the growth of the urban and rural sectors. Urban areas are still growing faster than rural areas but not at the same pace as they did in the 1960s and early 1970s; in fact, urban growth in the 1980s has been concentrated in medium to large cities rather than in the major, megalopolises of the region. The pace of rural growth has fallen off; in fact, the proportion of the rural population is declining in most countries in the region yet it is important to remember that in absolute numbers of people, the size of the rural population in the region is still growing (see Exhibit VI).

Implications for Health Services. Beyond the growth factor in these two sectors it is important to note the differences in growth dynamics between the two. Urban growth is more a result of migration than of natural increase while in the rural areas it is more a product of the latter. Thus urban families tend to be smaller and more nucleated while rural families are larger and often closer to the traditional ideal of the joint or extended family. These differences need to be taken into account in planning for future health services coverage in the two sectors. Large rural families will continue to have sizable dependent populations, both young and old, and health services will need to be tailored to their requirements as well as their numbers whereas urban services will need to be oriented more to the demands of young, small but growing families.

Female-headed households increase. Another development receiving increasing attention by demographers and policy analysts is the growth in female-headed households. Women are sole breadwinners in an estimated one fourth to one third of the families in the world. (Leslie, 1988, p. 318)³ More women work now than ever before because they are increasingly responsible for the well-being of their families. Analysis of data compiled on women's participation rates in the labor force indicate a normative trend. Most ANE countries with relatively high participation rates saw some decline during the past 20 years while countries with low participation rates generally had an increase during the same

³ Coontz states, "Women, half the world's population, already put in two-thirds of the world's work hours, while being counted as only one-third of the world's work force and taking home just one-tenth of the world's income." Coontz, 1988.

period. (See Exhibits VII (1)&(2) and VIII.)

More women are working because of sharply increased levels of economic activity made possible by increased education and changing mores but this upsurge in female employment is, according to some studies, "much more directly the result of declining living standards." (*Ibid.*) As a result males in the family are migrating for jobs, either to cities or, in many cases, to other countries such as those in the Persian Gulf.

Though men often return remittances to their families left behind in the rural areas, it nevertheless becomes incumbent on an adult female, often the mother, to work and provide for the needs of the family. Thus urbanization and, in part, the increasing monetization of economies worldwide, are putting pressure on women to earn incomes either to provide or supplement the family's economic resources. Women's role as income earners is key, especially when they are the sole or primary source of economic support or where men or women have separate areas of economic responsibility and health and nutrition fall into the women's sphere. Many studies have found that women's ability to earn income makes an important contribution to the capacity of any poor household to purchase food and health services and other determinants of health.

Socio-Economic Changes. In general, the ANE region has experienced significant economic growth during the past two decades as reflected in rising Gross National Product per capita. (See Exhibit IX.) This growth has taken place against a backdrop of changes, adjustments, and dislocations taking place in the region as well as elsewhere in the world. These changes have been largely economic in nature such as the oil shocks and recessions, but they have engendered, in turn, social and political changes. Some countries (e.g. pre-1983 Sri Lanka, Pakistan) have achieved greater or more rapid growth than others while others (e.g. Philippines) have suffered more from the recession of the early 1980s. Though economic growth has occurred throughout the region, nevertheless rising per capita income has not necessarily resulted in better lives for the citizens of these countries, particularly where economic growth has not resulted in widespread employment and more equitable distribution of income. Thus though economic growth has been the broad brush, upon looking closer and discerning underlying developments and trends, it becomes clear social development has not always kept pace with economic progress. As a result many families find themselves struggling to balance their health and other needs with the available resources, especially true for poorer families.

Furthermore, an important recent study on structural

adjustment by UNICEF states that

"With the exception of S. Korea, real salaries have generally declined faster than the observed drop in GDP per capita ... and in Sri Lanka ... real salaries declined despite the increase in GDP per capita. Partly due to the contraction in production, [there] is strong downward pressure on wages accentuated by the increase in labor force participation - particularly [by] women - triggered by the need to offset the drop in earnings of breadwinners. There are very few data on actual household earnings. However, it is implicit from the observed drop in wage rates and the rise in underemployment and unemployment that for the majority of the households in the 10 countries experiencing such developments, actual earnings have declined despite the increase in labor force participation." (Cornia, 1987. pp. 22,38,39.)

Aside from the region's growth, other socio-economic changes have taken place that have been byproducts of that growth or outcomes of the major economic adjustments or even of national policies undertaken to cope with the effects of those dislocations. Among these changes have been:

- o the diversification and commercialization of agriculture,
- o the increasing monetization of national economies,
- o urban growth with expanding industrial and service sectors,
- o greater demand for consumer goods even by the poor, and
- o a growing informal sector which provides important income particularly for women and children.

Other changes involve:

- o the increasing gap between the rich and the poor;
- o diminishing government resources for the social sectors as well as for such key policies as food subsidies;
- o the transnational migration by family members for jobs
- o and the environmental degradation resulting from the emphasis on growth with, among other things, a consequent shift in disease patterns.

Variations in Impact. The presence and impact of these changes vary from country to country. Generally some countries, primarily those in the South East Asia sub-region (except the Philippines and to some extent Papua New Guinea) as well as some of the Near East countries (Morocco, Tunisia and Turkey), have coped reasonably well with these changes though they have certainly had their share of problems. In general, though, the health and nutrition needs of families within these countries have not been

as constrained as in the region's really needy countries, primarily those on the Indian subcontinent: India, Pakistan, Nepal and Bangladesh.

Agriculture Diversification. In agriculture, two key trends during the past decade have been diversification and commercialization, both of which have had an impact not only on rural family incomes but also in urban areas. Diversification policies have been considered and in some cases adopted by Indonesia, Malaysia, Thailand, and the Philippines, as well as some South Asia countries after achieving surplus productions of wheat and rice in these countries that threatened to lower farm incomes. That part of diversification that includes introduction of new cash food crops is making headway in some countries. As a result not only is income increasing for some families but diets are becoming more varied, with health and nutrition implications. A study for the ANE Bureau's Agricultural Strategy found that in a number of countries per capita consumption is shifting from staple grains to other non-grain and protein sources (i.e. vegetable oil, meat, eggs).

Commercialization of Agriculture. Commercialization of agriculture can have either positive or negative impacts on families. Among the positive are the "stimulus to agricultural productivity" and the creation of "substantial employment in agriculturally-related industries." (Harvard Institute for International Development [HIID] and AID, 1988, p. 18.) In some places, however, greater productivity resulting from intensified agriculture "has been associated with increased, rather than mitigated, adversity." (Phillips, 1988, p. 327.) In this example from Bangladesh the proportion of landless households grew and agricultural wages declined. Another study states that the commercialization of agriculture and economic hard times have forced men and women into temporary wage labor. In Sri Lanka, 72 percent of the female agricultural labor force is salaried (though women receive only 66-75 percent of male wages) and in India 50 percent of tea plantation labor is female. (Leslie, 1988, p. 320.)

New Green Revolution Needed to Address Poverty. This commercialization of agriculture points to one of the key themes of the agricultural strategy: that benefits resulting from economic growth have not been equitable and that the poor have been left out. Furthermore, poverty is still on the increase in the region, as noted by Julia Bloch, Assistant Administrator, in her remarks opening a recent symposium on agriculture. She issued a call for a new Green Revolution without which the problem of rising poverty can not be confronted. Yet such an appeal comes at a time when foreign assistance for agriculture is in decline, effecting, among

other policies, government food subsidies that directly help the poor and contribute to their health and nutrition status.

Research in Egypt and Sri Lanka have found that reductions in food subsidies as part of government adjustment policies do further constrain poor families. One study reports estimates from Sri Lanka, Thailand, Egypt and India that reductions have been experienced in real income ranging from 5.5 to 9 percent among the lowest income groups as a result of a 10 percent increase in food prices. (Ibid. p.332.) Though more research is needed on the effects of lowered food subsidies and rising food prices on nutrition and health, it can be hypothesized that any negative effects will particularly be felt by low income, landless women and by urban women who may be forced to reduce food expenditures, and possibly nutrient consumption, in response to higher food prices and reduced food subsidies.

The limited scope of this paper will not allow a detailed discussion of all the changes cited above, yet one or two of these such as urbanization, industrialization and modernization must be explored in some depth to provide an understanding of these forces and the impact they are having on the health and nutrition needs of families.

Major changes Effecting Families are Urbanization and Modernization. Probably the most profound and far-reaching socio-economic changes in the region are those associated with the processes of urbanization and modernization. These forces draw together as well as contribute to a number of the socio-economic changes already cited. They are present in virtually all of the region's countries, to a lesser or greater degree, and they are on the rise throughout the region. Available statistics show that for the region as a whole the agricultural sector labor force is in decline while in the industrial and service sectors the labor force is increasing, showing broad intersectoral change in the countries' economies. (See Exhibit X)

Urbanization and industrialization are also often present where the major factors in deterioration of the rural economy are pressures from burgeoning populations and, frequently, increased fragmentation of landholdings. At the same time new forms of urban wealth are emerging in a number of the countries including the poorest. The recent study in Bangladesh notes, for instance, sources "derived from trading, remittances from the Middle East, and the emerging export trade in textiles, garments, and other manufactured goods." (Phillips, 1988, p. 327.) This study also observes that these changes in the rural and urban economies contribute to altered attitudes about fertility that result in a reduced demand for children.

Also, as members of families move from the rural to the urban sectors they are undertaking new labor roles, for instance, that are leading to changes in family structure. Gender differentiation of these roles becomes an issue of key importance here because of the critical role women play in linking economic resources to the provision of health care and nutrition needs in the family setting.

Male Roles in the Family. The roles men play, if they are present in the family and if they contribute to the family's welfare as providers, are more direct and straightforward. These roles differ little if the male is the head of the household, the father of the family, or a grown child in the family. If they leave the family farm because the land holdings are too small, the land is no longer productive or for some other reason, they often travel to a major city to find work. The work they perform is often seasonal, low-paying, and unskilled unless they are fortunate to get training yet generally they will save their earnings and remit a good part back home. This money often goes to purchasing land or improving the house; less goes to the care of the individual family members for such needs as health or education.

Female Roles in the Family. The one who typically looks after these and other social needs more than any other family member is the mother, or the women collectively, in the family. In recent years more attention has been given to the role of women in the household. Now there is a body of research from which to learn about gender roles in the family, including such issues as how decisions are made about resource mobilization and allocation within a family and what implications result for members' health and nutrition needs. A study of eight villages in Nepal found women made 42 percent of household agricultural decisions themselves and decided jointly with adult males in another 12 percent. In Thailand, in cases studied of borrowing money, 40 percent women decided jointly with men and in cases studying the disposition of products of family labor, 50 percent were decided jointly with men.

Women in the City. Younger women tend to follow their men to the cities where together they make a life for themselves patterned mostly on the nuclear family model rather than the traditional extended or joint family structure common in rural areas. Older women and widows tend to stay in the villages rather than migrate to the cities. These rural women are many, and they make an important contribution to a nation's economy. One estimate has women farmers growing at least 50 percent of the world's food. (Leslie, 1988. p. 318.) Women constitute 45 percent of the agricultural labor force in South and Southeast Asia and 31 percent in the Middle East and North Africa. These figures are thought to

be conservative since it is hard to measure women's labor with their multiple and seasonal responsibilities in household and market production.

Those women who join their menfolk or families in the cities find the duties that kept them occupied in their rural homes - gathering fuel, collecting water, growing crops, etc. - have no place in an urban setting and that instead many of the family's needs require cash. Transportation costs, for instance, must be borne, and there may be rent or utility charges or health costs, all of which require cash payments. Furthermore, machine-made items and goods not produced locally have found a place even in subsistence economies. Machine-made cloth, bicycles, agricultural products (pesticides/fertilizers) etc., which have become necessities even in poor households add to a household's need for cash. To meet these expenses the wife or women in the family may be compelled into some form of cash employment, most often in the informal sector.

Women in the Informal Sector. Women turn to the informal sector most often because they are unable to gain higher level formal sector employment but still need a source of support or a supplement for formal sector earnings. In the urban setting women will work as street vendors or will perform personal domestic services. In rural areas the informal sector covers processing agricultural products for market and producing local handicrafts.

In Bombay and Jakarta, 50-60 percent of the labor force is employed in the informal sector, the fastest growing segment of the economies of these cities. In Nepal more than 80 percent of the total female labor force is employed in the informal sector. Unfortunately, the informal sector offers jobs that can only be described as marginal: they are characterized by low wages, uncertainty of employment, and low productivity. That women are compelled to take these jobs is a measure of their desperate economic circumstances; they are acting out of constraint, not opportunity. Similarly, women who join the formal sector and boost the labor participation rate do not always do so because they want to or because they see a chance to improve the quality of their lives. Rather they do so because they have to. The question is more one of coping than of choosing. Thus increasing female labor participation rates should not be viewed exclusively as an indicator of socio-economic progress; rather they may reflect trying times and constraining circumstances that compel women to work out of necessity, not choice.

Market Income of Women. Women's income earned from work in either the informal or formal sectors is income gained in the marketplace and is termed market income. In addition, women

because of their roles as mothers or homemakers are also household producers in preparing food, cleaning, caring for children etc, tasks that are not usually given an economic value. If they were the amount would not be trivial; one estimate holds that the unpaid labor of women in households, if given an economic value, would add one third - or \$4 trillion - to the world's annual economic production.

Taking these two categories together, market income and household production, what is known as "full income" is derived. In the Philippines full income, for instance, is estimated to be worth two times the value of market income. In a study there, women were found to contribute 20 percent of a household's market income and 40 percent of full income. Children were found to contribute 28 percent of full income.

Family's Health and Nutrition Needs and Women's Time. These considerations are relevant to a family's health and nutrition needs for at least two reasons. One relates to time. If women are taking care of a household including children and also hold a job from which they derive income time becomes a valuable commodity. In such a situation trade-offs become a major factor in women's decision making and life styles. If they spend greater time in the workforce, they give up more of their family life; as one study states "while the increased participation of women in the labor force may partially offset the income decline of the head of the household, their absence from home can substantially reduce the time dedicated to child care and food preparation... which can have an adverse effect on child nutritional status, particularly at an early age, and may also lead to increased risk of injury." (Cornia, 1987, p. 40)

On other hand, if they spend more time with the children, they reduce their income. This latter scenario would appear to be more favorable to the interests of the children's health in that the mother would be present in the home and would be available to tend to the children when they are sick. Yet this presents something of a paradox with respect to the second reason which relates to income. Studies exist which show a close correlation between women's cash income and the health and nutritional status of her children. A study of households in South India, for instance, concludes that children profit nutritionally when women's rather than men's monetary contributions to household income increases. As elsewhere, women's income is usually the source for food and medicines for the children or female relatives, while men in Asia typically use their income for routine household expenses. (Leslie, p. 324.) Thus in one sense women can benefit their children's health by earning income but in another they can diminish it.

Literacy, Education and Female Employment. Closely related to female employment are issues of literacy and education. Statistics in a database compiled by Atlantic Resources Corporation show increases in both female literacy and in enrollments in primary and secondary education. (See Exhibits XI and XII.) The degree of increase varies in the case of each country whether literacy or school enrollments but overall progress is being achieved in these two areas throughout the region. These are positive trends that bode well in the long run for the health and nutritional needs of the future families of these women. As Lincoln Chen writes,

"Female education appears to be a powerful indicator of improved family health... Many hypotheses have been advanced to explain the power of women-related or household capacity factors. Some have argued that education imparts knowledge regarding the scientific basis of disease transmission (germ theory) while others have proposed that educated women are more likely to make effective use of preventive and curative health services. Others argue that it is not the knowledge imparted by education, but the socialization which promotes the adoption of an entire set of modern values and practices. Enhanced status of women in the family, some propose, shifts the distribution of power in the family and thus the distribution of intra-household resources towards women and children, the subgroups at highest health risk" (Chen, 1988).

Implications for AID HPN Sectors Programming

In the previous section the great changes - demographic and socio-economic - that are taking place in the region and the impact they are having on family members were reviewed. This section will attempt to discuss some of the implications raised for AID programming by the impact of these changes on families.

Broad Themes are Women and the Poor. Two broad themes emerge from the previous section. One is the critically important position of women, as family members, as health care providers, and as income earners.

The second is the growing population of poor at a time when resources available to help them (i.e. government aid, natural resources, city services, employment) are even more constrained than in previous years. This second theme also has a more geographically-specific focus than does the first theme. The countries of the Indian subcontinent are the neediest; other

countries in the region share these problems, but their populations are not so huge that the development challenge becomes as daunting as it is in the subcontinent.

Modernity Itself a Force for Change. A third theme, not as well developed as the others but important nonetheless, is the notion of increasing modernity in the region. Involved here is not just the change in roles but, later, the change in attitudes. And the poor are being included in this change as well. The article on family planning in Matlab, Bangladesh develops this theme: "Impoverishment of rural society loosens restrictions on the role of women in ways that [reduce fertility.] ...Growing rural poverty undermines [the] traditional supports for high fertility, since women must share the economic burden of survival....Combining with growing rural poverty are emerging aspirations to partake in the tangible benefits of progress and modernity....[the socio-economic] changes that have occurred enhance the importance of education, diminish the historic importance of inherited wealth, and expose rural households to numerous non-traditional ideas" (Phillips, 1988, p 327). What is perhaps most significant here is the opportunity that increasing modernity provides - specifically in the context of this paper - the opportunity for learning by families that results in better health, family planning and better nutrition for its members.

The Focus on Women. The focus on women is not a new perspective for AID; indeed the agency has had a Women in Development office since the late 1970s which has been enough time for this perspective and its concerns to have become institutionalized in a bureaucratic sense. This paper, then, simply serves to reinforce the wisdom of including a perspective on women that shows the critically important roles they play in the family including being the chief provider and caretaker for the family's health and nutrition needs. What are the implications of a renewed programmatic emphasis on addressing the needs of women for an initiative such as Child Survival which AID has promoted since the mid-1980s? It is still too early to have much empirical evidence to assess how the Child Survival program is doing, but preliminary, random evidence from a number of places suggests the program is proceeding well and deserves continued support. Fortunately, programmatic support for women and Child Survival programming closely compliment one another so that support for one does not deprive support for another. Thus AID should consider continued support for Child Survival but supplement it with increased support for women, particularly in health education programs that cover the spectrum of health, population and nutrition issues.

One caveat for policy makers before leaving the subject of women. It should be kept in mind that in a number of the countries in the region strong gender biases exist, many of which are strongly entrenched and institutionalized and carry the sanction of tradition (i.e. son preference/female infanticide/sex selection through prenatal testing). These traditions and biases amount to an enormous obstacle to programming that seeks to improve the lot of women.⁴

With respect to other members of the family - the young (under 15 years) or the elderly, are they to be left out if AID's program priority and focus is going to be on women and children? These groups should not be forgotten when planning health programs, but generally they do not warrant the priority that children and women deserve. Also the assignment of priorities will depend on countries; those in South East Asia, for instance, need to give greater attention to the elderly than would be the case in other countries in the region.

Families in Partnerships for Future. The problems of a huge population that continues to grow, a depleted natural resource base that continues to undergo great demands, and diminishing government aid resources that have no prospect of reversal soon - these together constitute a tremendous challenge to development professionals. If there is to be any hope in meeting such a challenge, new procedures and approaches will have to be adopted that make the maximum use of the resources at hand. One approach will be to seek a partnership among the entities involved in development such as the family and community, the private voluntary organizations, the private and public sectors. In the past these entities have at times worked in isolation from one another resulting in a wastage or duplication of resources. The time is past when such excesses can be tolerated; now it is imperative to share and pool resources to the extent possible to maximize the impact on development goals. Such arrangements will have challenges of their own.

In conclusion and by way of example, one challenge will be how to balance the equitable and efficient distribution of resources against acceding to political demands in certain circumstances or to the plain reality of numbers which argue for the concentration of resources in a limited number of countries.

⁴ A volume that explores these issues in some detail is Bina Agarwal's Structures of Patriarchy. (Indian Association for Women's Studies, 1988).

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CBR60-65,80-85 ETC.: Crude Birth Rates for years 1960-65,
1980-85 etc.
SOURCE: WPP.

TFR60-65,80-85 ETC: Total Fertility Rates for years 1960-65,
1980-85 etc.
SOURCE: WPP.

CONTRAPREV85: Contraceptive prevalence rates in 1985.
SOURCE: Options Database, 1988. Population Reference
Bureau

DOUBLING TIME: See above

GROWTH00-05: See above

EXHIBIT II

AGE/SEX COHORTS (TOTAL POPULATION)

Page 1 of 4

TOTAL POPULATION 1985 (Table 4A cont'd)
(THOUSANDS)

	EGYPT	JORDAN	MOROCCO	OMAN	TUNISIA	TURKEY	YEMEN	BANGLADESH	FIJI	INDIA	INDONESIA	NEPAL	PNG	PAKISTAN	PHILIPPINES	SRI LANKA	THAILAND	KOREA	AFGHANISTAN	MALAYSIA	TAIWAN
AGES 0-4	7550	608	3305	224	1013	6898	1435	16804	97	110508	22985	2777	523	16752	8278	1934	6442	3734	3429	2206	2123
AGES 5-9	6579	541	2814	181	965	5822	1117	14287	82	99893	21756	2295	438	13888	7866	1801	6242	4284	2555	1943	1973
AGES 10-14	5200	484	2864	139	848	5877	1036	14081	81	89260	20643	2055	417	12052	6718	1698	6197	4285	2221	1753	1800
AGES 15-19	4868	414	2537	113	829	5442	885	11474	78	79769	17458	1709	371	10714	5973	1798	6067	4411	1894	1664	1902
AGES 20-24	4352	338	2051	101	719	4891	736	8383	72	68330	14835	1450	290	8992	5369	1594	5231	4650	1601	1652	1978
AGES 25-29	4122	244	1828	97	568	4179	614	6746	62	57247	12617	1195	244	7466	4741	1424	4513	4082	1342	1420	1890
AGES 30-34	3526	169	1419	90	423	3396	364	6015	51	48977	10408	947	208	6233	3950	1021	3693	3099	1120	1137	1706
AGES 35-39	2631	148	1045	74	297	2725	299	4992	42	42262	8562	869	201	4209	3019	885	2833	2412	931	851	1153
AGES 40-44	1948	132	765	60	252	2260	296	4184	34	37409	7694	778	140	3559	2339	746	2311	2214	765	648	889
AGES 45-49	1756	119	797	47	285	2092	272	3479	28	32946	6923	691	136	3131	1943	681	2114	2090	623	619	867
AGES 50-54	1583	93	640	35	252	1973	249	2809	22	28244	5823	570	104	2651	1684	659	1748	1693	499	472	794
AGES 55-59	1347	70	625	27	214	1658	217	2230	18	22312	4620	453	102	2255	1271	467	1408	1315	389	404	777
AGES 60-64	1079	49	385	19	162	1054	169	1688	14	16765	3367	354	72	1627	1036	416	1028	1028	292	313	604
AGES 65-69	806	38	355	14	130	688	124	1539	10	15314	2424	210	51	1188	725	295	757	733	201	251	407
AGES 70-74	578	23	249	10	99	645	81	985	6	7324	1579	131	20	809	479	196	543	525	124	168	295
AGES 75+	578	35	260	7	84	741	63	897	8	8585	1698	140	11	656	430	223	556	500	98	178	249
TOTAL	48503	3505	21939	1238	7140	50341	7957	100593	705	765145	163392	16624	3328	96182	55821	15838	51683	41055	18084	15679	19407

TOTAL POPULATION 1990 (Table 4A cont'd)
(THOUSANDS)

	EGYPT	JORDAN	MOROCCO	OMAN	TUNISIA	TURKEY	YEMEN	BANGLADESH	FIJI	INDIA	INDONESIA	NEPAL	PNG	PAKISTAN	PHILIPPINES	SRI LANKA	THAILAND	KOREA	AFGHANISTAN	MALAYSIA	TAIWAN
AGES 0-4	8043	692	3359	263	1113	7311	1693	18538	92	114630	22238	3029	554	21370	8278	1906	6235	4016	3612	2263	1883
AGES 5-9	7400	603	3202	219	997	6808	1317	15961	93	107092	22293	2614	502	15968	8121	1904	6349	3695	3097	2188	2110
AGES 10-14	6532	540	2794	183	960	5793	1095	14063	80	98853	21538	2255	433	13677	7800	1784	6206	4259	2484	1935	1966
AGES 15-19	5156	483	2842	141	842	5840	1016	13834	78	88185	20403	2014	411	11843	6648	1681	6154	4255	2154	1745	1792
AGES 20-24	4808	415	2506	119	820	5391	861	11196	74	78395	17171	1662	364	10438	5873	1760	6004	4362	1817	1652	1886
AGES 25-29	4286	341	2019	110	710	4835	711	8133	67	66884	14536	1403	283	8697	5255	1547	5163	4589	1522	1636	1957
AGES 30-34	4052	247	1796	104	560	4124	592	6521	57	55888	12330	1150	238	7196	4635	1384	4448	4026	1267	1405	1871
AGES 35-39	3455	171	1392	95	415	3343	351	5786	48	47640	10134	906	201	5984	3856	990	3631	3051	1050	1123	1688
AGES 40-44	2565	148	1023	76	291	2671	287	4771	39	40885	8288	826	193	4016	2936	860	2773	2369	864	837	1139
AGES 45-49	1885	130	744	61	245	2198	282	3962	32	35887	7383	734	133	3371	2261	725	2245	2162	701	634	875
AGES 50-54	1676	115	769	46	273	2011	255	3242	26	31155	6550	640	128	2923	1856	657	2029	2022	559	598	848
AGES 55-59	1480	88	607	33	236	1859	229	2552	20	26109	5387	514	96	2417	1579	628	1646	1611	434	448	766
AGES 60-64	1219	64	577	21	195	1515	192	1948	16	19894	4127	393	90	1978	1156	433	1285	1218	321	373	731
AGES 65-69	927	42	338	15	140	916	139	1386	12	14131	2844	287	60	1344	896	368	892	911	224	276	547
AGES 70-74	638	31	287	5	103	554	92	1150	8	11821	1877	154	39	894	578	243	607	603	138	204	344
AGES 75+	659	32	288	9	106	798	73	997	8	8607	1800	139	17	792	529	250	638	623	105	204	350
TOTAL	54781	4142	24543	1500	8006	55967	9185	114040	750	846056	178899	18720	3742	112908	62257	17120	56305	43772	20349	17521	20753

TOTAL POPULATION 1995 (Table 4A cont'd)
(THOUSANDS)

	EGYPT	JORDAN	MOROCCO	OMAN	TUNISIA	TURKEY	YEMEN	BANGLADESH	FIJI	INDIA	INDONESIA	NEPAL	PNG	PAKISTAN	PHILIPPINES	SRI LANKA	THAILAND	KOREA	AFGHANISTAN	MALAYSIA	TAIWAN
AGES 0-4	8071	763	3712	279	1199	7420	1995	20183	92	113974	23011	3480	601	23054	8684	1960	6334	4234	3832	2241	1875
AGES 5-9	7916	685	3279	256	1100	7237	1570	17730	90	111729	21702	2870	535	20508	8151	1889	6169	3983	3290	2249	1874
AGES 10-14	7356	601	3182	218	993	6779	1295	15741	91	106151	22108	2572	496	15758	8063	1894	6320	3677	3017	2182	2105
AGES 15-19	6485	538	2774	182	954	5763	1077	13842	78	97833	21328	2214	427	13473	7732	1773	6172	4237	2414	1928	1960
AGES 20-24	5101	481	2811	144	834	5794	991	13530	75	86877	20116	1965	404	11583	6551	1660	6102	4218	2073	1734	1780
AGES 25-29	4745	414	2472	124	812	5338	835	10896	70	76973	16873	1612	355	10153	5764	1733	5941	4316	1734	1639	1871
AGES 30-34	4223	340	1988	114	701	4782	688	7888	63	65523	14254	1355	276	8434	5153	1523	5104	4541	1443	1623	1943
AGES 35-39	3982	245	1766	106	551	4069	572	6295	55	54566	12051	1106	231	6949	4540	1362	4386	3979	1192	1391	1856
AGES 40-44	3380	169	1363	95	408	3284	337	5552	45	46272	9851	866	194	5746	3765	973	3566	3007	977	1107	1674
AGES 45-49	2490	145	995	75	283	2605	275	4535	37	39387	7990	782	185	3823	2849	842	2704	2320	795	820	1124
AGES 50-54	1806	126	717	58	235	2118	267	3709	31	34098	7022	682	126	3164	2169	703	2164	2097	633	614	857
AGES 55-59	1575	109	728	44	258	1902	237	2962	25	28962	6097	581	118	2680	1749	628	1919	1929	490	570	819
AGES 60-64	1348	81	559	30	217	1705	205	2244	19	23441	4849	448	85	2134	1444	585	1512	1498	362	415	724
AGES 65-69	1056	57	507	22	169	1326	161	1611	14	16910	3520	322	76	1648	1006	386	1126	1086	249	331	664
AGES 70-74	740	35	274	13	113	741	105	1046	10	11023	2228	214	46	1020	720	307	723	755	156	227	465
AGES 75+	748	37	330	11	121	769	85	1160	9	11780	2077	155	32	917	652	300	730	747	118	246	442
TOTAL	61022	4826	27457	1771	8948	61632	10695	128924	804	925499	195077	21224	4187	131044	68992	18518	60972	46624	22775	19317	22033

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TOTAL POPULATION 2000 (Table 4A cont'd)
(THOUSANDS)

	EGYPT	JORDAN	MOROCCO	OMAN	TUNISIA	TURKEY	YEMEN	BANGLADESH	FIJI	INDIA	INDONESIA	NEPAL	PNG	PAKISTAN	PHILIPPINES	SRI LANKA	THAILAND	KOREA	AFGHANISTAN	MALAYSIA	TAIWA
AGES 0-4	8200	808	3884	298	1216	7253	2157	21414	88	112754	23472	3761	632	23982	8988	1901	6111	4236	4086	2095	1864
AGES 5-9	7975	757	3648	271	1187	7360	1867	19420	90	111572	22576	3319	584	22264	8584	1948	6282	4208	3520	2229	1869
AGES 10-14	7878	684	3261	254	1095	7211	1547	17514	89	110888	21554	2828	531	20277	8106	1882	6147	3970	3212	2243	1871
AGES 15-19	7313	598	3161	218	988	6750	1275	15523	90	105204	21928	2530	491	15554	8008	1887	6291	3662	2938	2174	2100
AGES 20-24	6429	533	2747	183	946	5723	1053	13570	76	96568	21075	2163	421	13221	7650	1760	6129	4209	2329	1919	1951
AGES 25-29	5047	477	2777	146	826	5746	965	13205	72	85503	19822	1910	395	11318	6462	1642	6048	4184	1984	1723	1770
AGES 30-34	4687	411	2439	125	803	5287	811	10602	67	75608	16596	1562	348	9893	5680	1716	5882	4281	1650	1628	1860
AGES 35-39	4162	336	1957	114	692	4727	667	7643	61	64160	13978	1307	269	8186	5070	1506	5043	4499	1364	1609	1931
AGES 40-44	3907	242	1732	105	542	4007	552	6063	53	53163	11760	1059	224	6706	4452	1345	4318	3930	1117	1374	1843
AGES 45-49	3291	165	1328	93	398	3211	324	5299	45	44721	9537	822	186	5498	3668	957	3486	2952	905	1087	1655
AGES 50-54	2395	140	959	72	273	2517	261	4265	37	37560	7634	730	175	3604	2743	821	2612	2256	723	798	1103
AGES 55-59	1706	120	679	55	223	2010	249	3406	29	31836	6575	623	117	2916	2051	675	2053	2007	559	587	830
AGES 60-64	1443	100	671	39	237	1754	213	2620	23	26148	5527	510	106	2381	1606	589	1770	1799	414	531	778
AGES 65-69	1177	71	490	27	190	1500	174	1871	17	20066	4175	371	72	1790	1265	525	1332	1342	285	370	662
AGES 70-74	852	46	411	17	138	1082	122	1227	11	13301	2790	242	59	1265	815	324	918	908	176	275	567
AGES 75+	871	43	343	14	136	897	100	1178	11	12807	2480	203	45	1068	817	376	865	931	137	288	583
TOTAL	67333	5531	30487	2031	9890	67035	12337	144820	859	1001859	211479	23940	4655	149923	75965	19854	65287	49374	25399	20930	23237

SOURCE: Asia Region Population Projections 1988-89
Edition and Europe, Middle East, and North Africa
Region Population Projections 1988-89 Edition
(ARPP&EMNARPP), World Bank.

EXHIBIT III

INFANT MORTALITY RATES

	IMR 60-65	IMR 80-85	IMR 90-95	IMR 00-05	% CHANGE 1960-2005	CMR 1965	CMR 1985	% CHANGE 1965 - 1985
Egypt	175	100	71	46	-42.9%	21	11	-47.6%
Jordan	125	54	36	25	-56.8%	19	3	-84.2%
Morocco	155	97	68	45	-37.4%	32	10	-68.8%
Oman	207	117	84	57	-43.5%	43	17	-60.5%
Tunisia	155	71	47	33	-54.2%	30	8	-73.3%
Turkey	176	92	62	41	-47.7%	35	9	-74.3%
YAR	207	130	102	77	-37.2%	55	34	-38.2%
SUBTOTAL	1200	661	470	324	-44.9%			
India	157	110	88	67	-29.9%	23	11	-52.2%
Afghanist	211	183	162	142	-13.3%	X	X	X
Pakistan	155	120	98	79	-22.6%	23	16	-30.4%
Nepal	182	139	118	99	-23.6%	30	20	-33.3%
Banglades	150	128	108	85	-14.7%	24	18	-25.0%
SUBTOTAL	698	570	486	405	-18.3%			
Sri Lanka	65	39	28	21	-40.0%	6	2	-66.7%
Thailand	95	48	32	23	-49.5%	11	3	-72.7%
Indonesia	133	95	74	55	-28.6%	20	12	-40.0%
PNG	155	74	53	42	-52.3%	22	7	-68.2%
Philippin	76	51	40	29	-32.9%	11	4	-63.6%
Fiji	66	31	24	18	-53.0%	X	X	X
SUBTOTAL	590	338	251	188	-42.7%			
Korea, So	70	30	21	15	-57.1%	X	X	X
Malaysia	63	28	20	15	-55.6%	X	X	X
Taiwan	X	X	X	X	X	X	X	X

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EXHIBIT III (Continued)

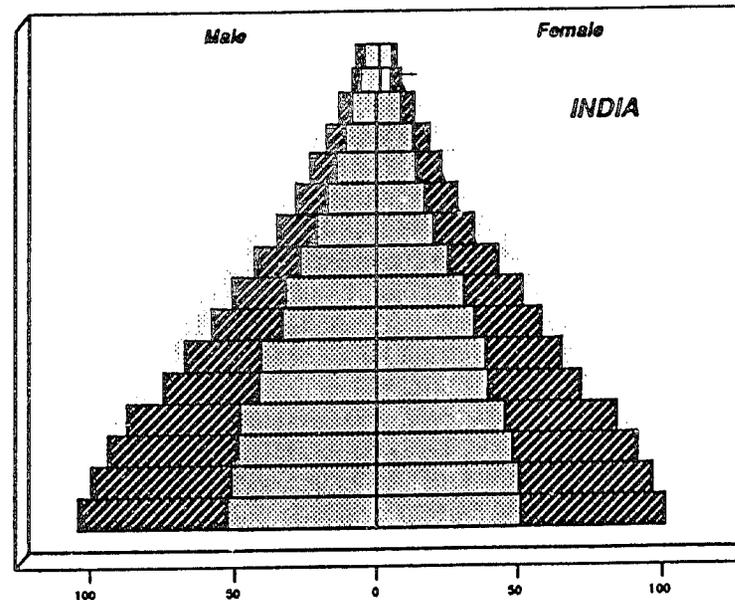
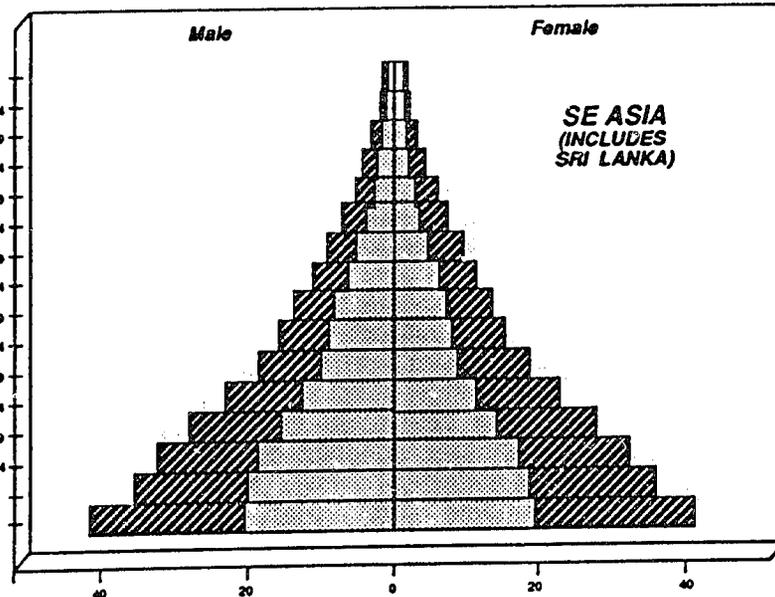
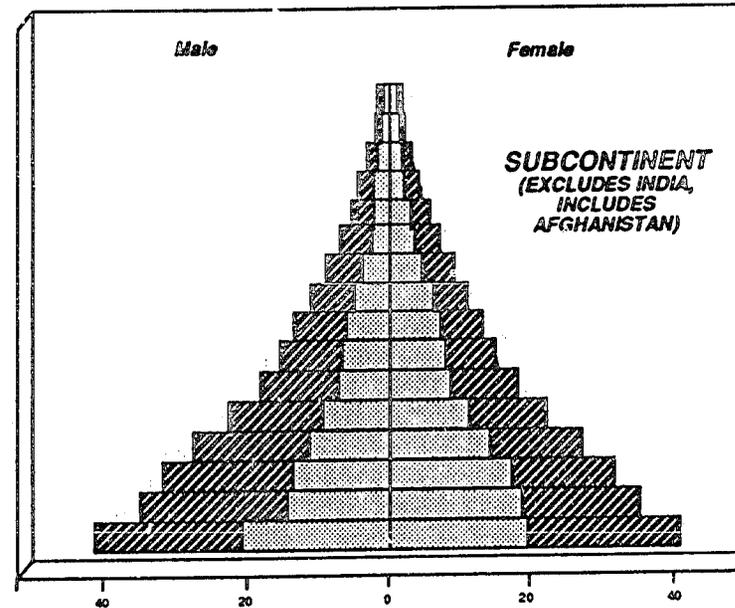
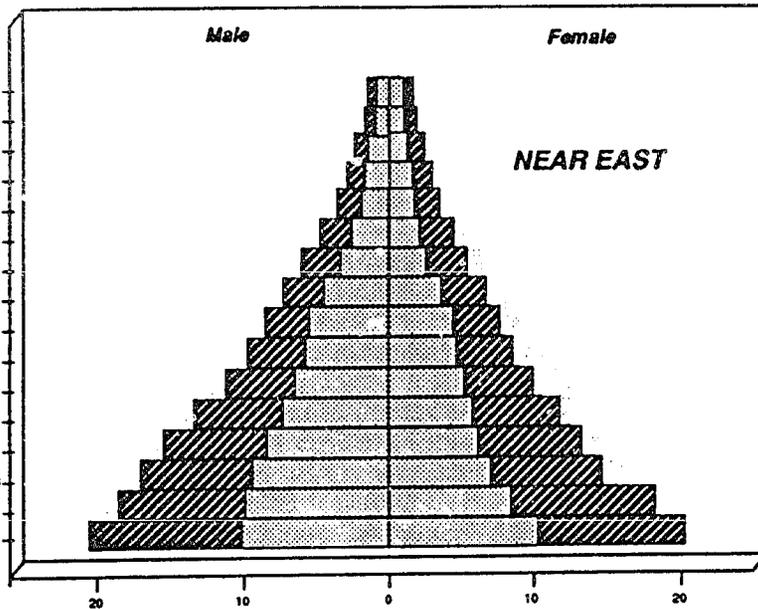
IMR60-65; 80-85 ETC.: Annual number of deaths of children under 1 year of age per 1,000 live births averaged between 1960-65; 1980-85 etc.
SOURCE: WPP.

CMR1965; 1985: Number of deaths of children aged 1-4 per 1,000 live births for 1965 and 1985
SOURCE: World Development Report, 1987.

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EXHIBIT IV

POPULATION DISTRIBUTION
BY AGE AND SEX
1985 AND 2000
(IN MILLIONS)



NOTE: The four charts are not to the same scale.

EXHIBIT V

CRUDE DEATH RATES, MATERNAL MORTALITY,
LIFE EXPECTANCY

	CDR 60-65	CDR 80-85	% CHANGE 1960 - 1985	CDR 90-95	CDR 00-05	% CHANGE 1990-2005	MORTALITY 1980-1987	LFEX 60-65	LFEX 80-85	% CHANGE 1960 - 1985	LFEX 90-95	LFEX 00-05	% CHANGE 1990-2005
Egypt	20.4	11.9	-41.7%	8.4	6.4	-23.8%	80	47.4	58.1	22.6%	63.1	67.7	7.3%
Jordan	22	7.9	-64.1%	5.5	4.1	-25.5%	X	48.2	63.7	32.2%	68	71	4.4%
Morocco	19.6	11.5	-41.3%	8.2	6.2	-24.4%	327	47.9	58.3	21.7%	63.3	67.8	7.1%
Oman	26.1	14.6	-44.1%	10.8	7.8	-27.8%	X	41.3	52.3	26.6%	58.4	64.1	9.8%
Tunisia	17.9	8.4	-53.1%	6.5	5.6	-13.8%	X	49.6	63.1	27.2%	67.4	70.6	4.7%
Turkey	16.4	9.4	-42.7%	7.5	6.4	-14.7%	210	52.1	61.6	18.2%	66.2	69.9	5.6%
YAR	28.1	17.8	-36.7%	13.8	10.3	-25.4%	X	38.4	48.4	26.0%	53.4	58.4	9.4%
India	19.4	12.7	-34.5%	10.2	8.1	-20.6%	500	45.5	55.4	21.8%	60.4	65.2	7.9%
Afghanistan	29.9	23	-23.1%	21.1	17.6	-16.6%	640	34	40.5	19.1%	43.5	47.5	9.2%
Pakistan	21.9	14.4	-34.2%	10.6	7.4	-30.2%	600	44.4	54	21.6%	59	63.8	8.1%
Nepal	25	17	-32.0%	12.9	9.9	-23.3%	850	39.1	48.3	23.5%	53.5	58.8	9.9%
Bangladesh	22	17.5	-20.5%	13.8	10.8	-21.7%	600	40.6	48.6	19.7%	52.9	57.1	7.9%
Sri Lanka	8.5	6.3	-25.9%	5.8	6	3.4%	90	63.5	68.9	8.5%	71.6	73.7	2.9%
Thailand	13.4	8	-40.3%	6.5	6.3	-3.1%	270	53.9	62.7	16.3%	67.1	70.2	4.6%
Indonesia	21.5	12.6	-41.4%	10.1	8.5	-15.8%	800	42.5	53.5	25.9%	58.5	63.4	8.4%
PNG	21.3	13.1	-38.5%	10.8	8.4	-22.2%	1000	42.7	51.9	21.5%	56	60.1	7.3%
Philippines	13.1	8.5	-35.1%	7.1	6	-15.5%	80	54.5	61.9	13.6%	65	68.1	4.8%
Fiji	9.2	5.4	-41.3%	5	5.2	4.0%	X	60.2	68.9	14.5%	71.5	73.5	2.8%
Korea, South	12.5	6.3	-49.6%	6.1	6.5	6.6%	34	55.2	67.7	22.6%	70.6	73	3.4%
Malaysia	13.3	6	-54.9%	5.2	5	-3.8%	59	55.7	68	22.1%	70.8	73.1	3.2%
Taiwan	X	X	X	X	X	X	X	X	X	X	X	X	X

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CDR60-65;80-85 ETC.: Crude Death Rates for years 1960-65,
1980-85 etc.
SOURCE: WPP.

MATERNAL MORTALITY 1980-86: The number of deaths of women
from pregnancy-related causes per 100,000 live births,
averaged for the years 1980-84.
SOURCE: State of the World's Children, 1989. UNICEF
(SWC/89)

LFEX60-65;80-85 ETC.: Estimated life expectancy at birth for
years 1960-65; 1980-85 etc.
SOURCE: WPP.

EXHIBIT VI

CHANGES IN RURAL AND URBAN POPULATIONS
INCLUDING URBAN GROWTH RATE, 1960 - 2000

	RURPOP POP1985	RURPOP 1960	RURPOP 1970	RURPOP 1985	RURPOP 2000	% CHANGE RURPOP1960-2000	URBPOP 1960	URBPOP 1970	URBPOP 1985	URBPOP 2000	URBPOP 1960 - 2000	% CHANGE URBPOP1960-2000	URBGRWTH 1960	URBGRWTH 1980	% CHANGE 1960 - 1980
Egypt	46800	62.1	57.8	52.3	42.6	-31.4%	37.9	42.2	37.9	57.4	51.5%	3.9	3.3	-15.4%	
Jordan	3509	57.3	50.4	40.4	31.3	-45.4%	42.7	49.6	64.5	68.7	60.9%	4.5	5.0	11.1%	
Morocco	23602	70.7	65.4	56.1	45.1	-36.2%	29.3	34.6	43.9	54.9	87.4%	4.4	4.9	11.4%	
Oman	1228	96.5	94.9	91.2	84.9	-12.0%	3.5	5.1	8.8	15.1	331.4%	6.2	8.2	32.3%	
Tunisia	7209	64.0	56.5	44.3	34.2	-46.6%	36.0	43.5	56.8	65.8	82.8%	3.7	4.0	8.1%	
Turkey	49974	70.3	61.6	48.3	37.3	-46.9%	29.7	38.4	48.1	62.7	111.1%	5.2	3.8	-26.9%	
YAR	6547	96.6	94.0	87.1	77.8	-19.5%	3.4	6.0	20.0	22.2	552.9%	10.1	7.8	-22.8%	
India	761175	82.0	80.2	75.8	66.1	-19.4%	18.0	19.8	25.5	33.9	88.3%	3.4	3.7	8.8%	
Afghanistan	14519	X	X	X	X	X	X	X	X	X	X	X	X	X	
Pakistan	101696	77.9	75.1	69.4	58.9	-24.4%	22.1	24.9	15.6	41.1	66.0%	3.9	4.3	10.3%	
Nepal	16482	96.9	96.1	94.2	90.2	-6.9%	3.1	3.9	5.8	9.8	216.1%	4.3	5.3	23.3%	
Bangladesh	101147	94.9	92.4	86.5	77.8	-18.0%	5.1	7.6	11.9	22.2	335.3%	6.3	5.4	-14.3%	
Sri Lanka	16404	82.1	78.1	70.5	59.4	-27.6%	17.9	21.9	21.1	40.6	126.8%	4.5	1.6	-64.4%	
Thailand	51571	87.5	86.8	84.4	76.8	-12.2%	12.5	13.2	39.6	23.2	85.6%	3.6	3.8	5.6%	
Indonesia	164887	85.4	82.9	77.6	67.7	-20.7%	14.6	17.1	25.3	32.3	121.2%	3.7	4.4	18.9%	
PNG	3696	97.3	90.2	61.3	42.2	-56.6%	2.7	9.8	14.3	57.8	2040.7%	15.4	4.5	-70.8%	
Philippines	54709	69.7	67.1	61.3	51.0	-26.8%	30.3	32.9	29.8	49.0	61.7%	3.9	3.7	-5.1%	
Fiji	684	70.3	64.4	54.2	43.2	-38.5%	29.7	35.6	41.2	56.8	91.2%	5.1	2.9	-43.1%	
Korea, South	41056	X	X	X	X	X	X	X	X	X	X	X	X	X	
Malaysia	15448	X	X	X	X	X	X	X	X	X	X	X	X	X	
Taiwan	X	X	X	X	X	X	X	X	X	X	X	X	X	X	

RURPOP 1960, 1970, 1985, 2000: Rural population in 1960, 1970, 1985, 2000 as percent of total
SOURCE: UN Demographic Indicators: Estimates and Projections as Assessed in 1980

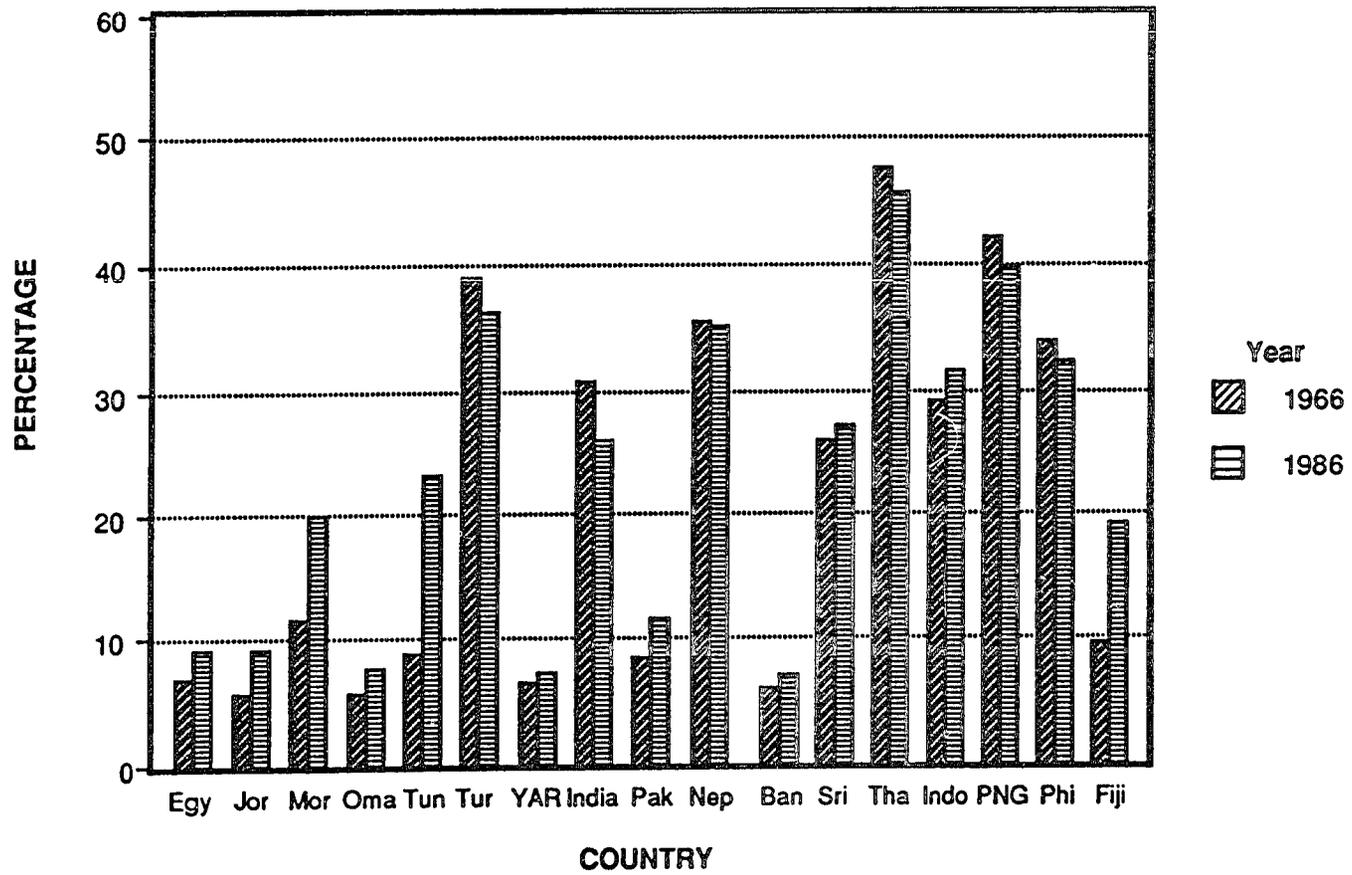
URBPOP 1960, 1970, 1985, 2000: Urban population in 1960, 1970, 1985, 2000 as percent of total
SOURCES: 1960, 1985 WR/82, UNIESA data; 1970, 2000 UN Demographic Indicators: Estimates and Projections as Assessed in 1980

URBGRWTH 1960, 1980: Urban growth rate in 1960 and 1980
SOURCE: WR/82, UNIESA data

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EXHIBIT VII(1)

WOMEN AS PERCENTAGE
OF TOTAL LABOR FORCE

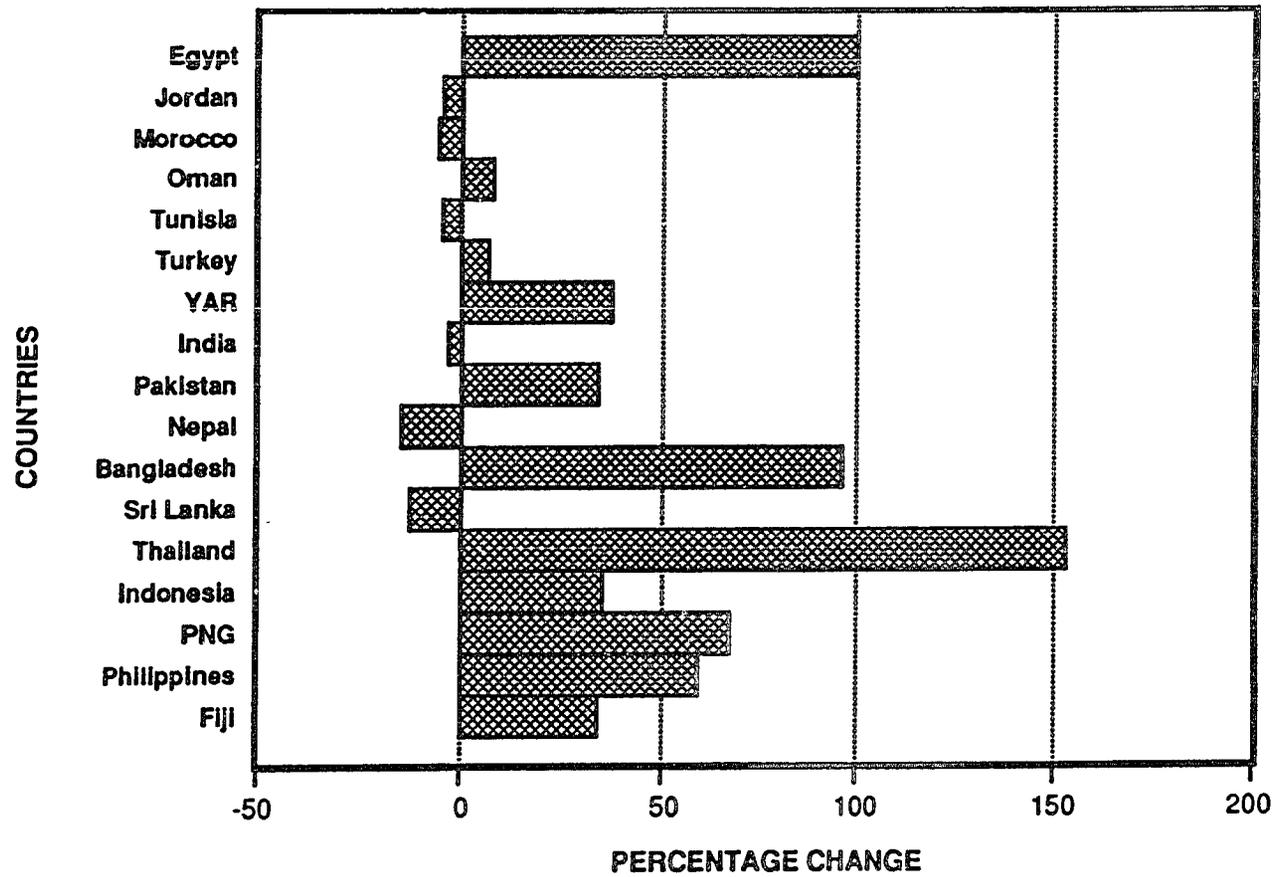


Source: World Tables 1987, World Bank

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EXHIBIT VII(2)

PERCENTAGE CHANGE IN
WOMEN AS PERCENTAGE OF
TOTAL WORKFORCE--1966-1986



Source: World Tables 1987, World Bank

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WORKAGE60, 70, 85, 00: Percentage of population between the
ages 15-64 for years 1960, 1970, 1985, and 2000
SOURCE: 1960, 1980, 2000 World Resources 1989, UNIESA;
1970 UN Demographic Indicators: Estimates and
Projections as Assessed in 1980

% WOMEN LAB FRCE 66, 76, 86: Female labor force as percentage
of total labor force for years 1966, 1976, and 1986
SOURCE: World Tables 1987, World Bank

LABOR-RURAL W: Labor force participation rates for women age
20-29 years by rural residence
SOURCE: Women of the World: A Chartbook for Developing
Regions. 1985.

LABOR-URBAN W: Labor force participation rates for women age
20 to 29 years by rural residence
SOURCE: Women of the World: A Chartbook for Developing
Regions. 1985.

LABOR: Total labor force (thousands) in 1983
source: FAO data in WR/89.

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EXHIBIT IX

GNP PERFORMANCE

Table 14 GROSS NATIONAL PRODUCT (GNP) PERFORMANCE OVER TIME,
1966-1986

	1966-1976	1976-1986	1966-1986	RATIO
Egypt	23.3%	40.0%	72.7%	1.72
Jordan	X	41.8%	41.8%	X
Morocco	42.1%	8.4%	54.0%	0.20
Oman	279.7%	-27.4%	175.6%	-0.10
Tunisia	61.0%	19.1%	91.7%	0.31
Turkey	49.0%	12.7%	67.9%	0.26
YAR	X	22.4%	22.4%	X
Bangladesh	-4.1%	11.6%	7.0%	-2.82
Fiji	59.2%	12.7%	79.4%	0.21
India	18.3%	30.1%	53.9%	1.65
Indonesia	69.7%	37.9%	134.0%	0.54
Nepal	-12.9%	58.3%	37.9%	-4.51
PNG	67.3%	67.2%	179.8%	1.00
Pakistan	20.1%	40.6%	68.9%	2.02
Philippines	35.0%	-7.6%	24.7%	-0.22
Sri Lanka	29.2%	36.9%	76.9%	1.26
Thailand	52.7%	39.5%	113.0%	0.75

1966-1976; 1976-1986: The annual increase in GNP averaged over the decade.

RATIO: The ratio of 1976-1987 figure to that for 1966-1976

SOURCE: World Tables, 1987. (World Bank, 1988) (see Data Note 7 for more detail on GNP calculations.)

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EXHIBIT X

GROWTH OF LABOR FORCE,
BY SECTORTable 17 LABOR FORCE GROWTH WITH SECTORAL BREAKDOWN, FOR SELECTED
YEARS, 1965 - 2000

	GR. LABOR FORCE	GR. LABOR FORCE	GR. LABOR FORCE	% CHANGE IN GR.	% CHANGE						SERV			% CHANGE
	1965-1980	1980-85	1985-2000	1965-2000	AGRI 65	AGRI 81	AGRI 1965-1981	INDUSTRY65	INDUSTRY81	INDUS 1965-1981	1965	1981	1965-1981	
Egypt	2.2	2.6	2.7	22.7%	56.0	50.0	-10.7%	15.0	30.0		100.0%	29.0	20.0	-31.0%
Jordan	1.7	4.4	4.2	147.1%	41.0	20.0	-51.2%	16.0	20.0		25.0%	43.0	60.0	39.5%
Morocco	2.9	3.3	3.1	6.9%	60.0	52.0	-13.3%	15.0	21.0		40.0%	25.0	27.0	8.0%
Oman	3.8	5.2	2.7	-28.9%	X	X	X	X	X		X	X	X	X
Tunisia	2.8	3.1	2.8	0.0%	53.0	35.0	-34.0%	20.0	32.0		60.0%	27.0	33.0	22.2%
Turkey	1.7	2.3	2.0	17.6%	74.0	54.0	-27.0%	11.0	13.0		18.2%	15.0	33.0	120.0%
YAR	0.7	2.6	3.4	385.7%	81.0	75.0	-7.4%	8.0	11.0		37.5%	11.0	14.0	27.3%
India	1.7	2.0	1.8	5.9%	74.0	71.0	-4.1%	11.0	13.0		18.2%	15.0	16.0	6.7%
Afghanistan	X	X	X	X	84.0	79.0	-6.0%	7.0	8.0		14.3%	9.0	13.0	44.4%
Pakistan	2.6	3.2	2.8	7.7%	60.0	57.0	-5.0%	19.0	20.0		5.3%	21.0	23.0	9.5%
Nepal	1.6	2.3	2.3	43.8%	95.0	93.0	-2.1%	2.0	2.0		0.0%	3.0	5.0	66.7%
Bangladesh	1.9	2.8	3.0	57.9%	87.0	74.0	-14.9%	3.0	11.0		266.7%	10.0	15.0	50.0%
Sri Lanka	2.2	1.6	1.6	-27.3%	56.0	54.0	-3.6%	14.0	14.0		0.0%	30.0	32.0	6.7%
Thailand	2.8	2.5	1.7	-39.3%	82.0	76.0	-7.3%	5.0	9.0		80.0%	13.0	15.0	15.4%
Indonesia	2.1	2.4	2.2	4.8%	71.0	58.0	-18.3%	9.0	12.0		33.3%	20.0	30.0	50.0%
PNG	1.9	2.2	2.0	5.3%	88.0	82.0	-6.8%	5.0	8.0		60.0%	7.0	10.0	42.9%
Philippines	2.5	2.5	2.4	-4.0%	57.0	46.0	-19.3%	16.0	17.0		6.3%	27.0	37.0	37.0%
Fiji	X	X	X	X	X	X	X	X	X		X	X	X	X
Korea, South	2.8	2.7	1.9	-32.1%	58.0	34.0	-41.4%	13.0	29.0		123.1%	29.0	37.0	27.6%
Malaysia	3.4	2.9	2.6	-23.5%	60.0	50.0	-16.7%	13.0	16.0		23.1%	27.0	34.0	25.9%
Taiwan	X	X	X	X	X	X	X	X	X		X	X	X	X

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GR. LABOR FORCE 1965-1980, 1980-1985, 1985-2000: Average
annual growth of labor force (percent)
SOURCE: World Development Report 1987, World Bank.

AGRICULTURE65, 81: Percentage of labor force in agriculture
in 1965 and 1981
SOURCE: WR/89 International Labor Organization (ILO)
data

INDUSTRY65, 81: Percentage of labor force in industry in 1965
and 1981
SOURCE: WR/89, ILO data

SERVICE65, 81: Percentage of labor force in service in 1965
and 1981
SOURCE: WR/89, ILO data

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EXHIBIT XI

LITERACY

Table 20 CHANGES IN ADULT LITERACY BY SEX, 1970-1985

	AD LIT 70 M	AD LIT 85 M	% CHANGE 1970-1985	AD LIT 70 F	AD LIT 85 F	% CHANGE 1970-1985
Egypt	50.0	59.0	18.0%	20.0	30.0	50.0%
Jordan	64.0	87.0	35.9%	29.0	63.0	117.2%
Morocco	34.0	45.0	32.4%	10.0	22.0	120.0%
Oman	X	47.0	X	X	12.0	X
Tunisia	44.0	68.0	54.5%	17.0	41.0	141.2%
Turkey	69.0	86.0	24.6%	35.0	62.0	77.1%
YAR	9.0	27.0	90.3%	1.0	3.0	177.8%
India	47.0	57.0	21.3%	20.0	29.0	45.0%
Afghanistan	13.0	39.0	200.0%	2.0	8.0	300.0%
Pakistan	30.0	40.0	33.3%	11.0	19.0	72.7%
Nepal	23.0	39.0	69.6%	3.0	12.0	300.0%
Bangladesh	36.0	43.0	19.4%	12.0	22.0	83.3%
Sri Lanka	85.0	91.0	7.1%	69.0	83.0	20.3%
Thailand	86.0	94.0	9.3%	72.0	88.0	22.2%
Indonesia	66.0	83.0	25.8%	42.0	65.0	54.8%
PNG	39.0	55.0	41.0%	24.0	35.0	45.8%
Philippines	83.0	86.0	3.6%	80.0	85.0	6.3%
Fiji	X	X	X	X	85.5	X
Korea, South	94.0	96.0	2.1%	81.0	88.0	8.6%
Malaysia	71.0	81.0	14.1%	48.0	66.0	37.5%
Taiwan	X	X	X	X	X	X

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AD LIT 70 M, 85 M: Adult literacy rate for 1970 and 1985
SOURCE: SWC/82, UN Educational, Scientific and Cultural
Organization (UNESCO) data

AD LIT 70 F, 85 F: Adult literacy rate for 1970 and 1985
SOURCE: SWC/82, UNESCO data

Table 21 SCHOOL ENROLLMENT BY TOTAL AND SEX, 1965-1985

	PRIMARY SCHOOL			PRIMARY SCHOOL			% CHANGE		% CHANGE	
	TOTAL 1965	MALE 1965	FEMALE 1965	TOTAL 1985	MALE 1985	FEMALE 1985	FEMALE	MALE		
Egypt	75.0	90.0	60.0	85.0	94.0	76.0	26.7%	4.4%		
Jordan	95.0	105.0	83.0	99.0	98.0	99.0	19.3%	-6.7%		
Morocco	57.0	78.0	35.0	81.0	98.0	63.0	80.0%	25.6%		
Oman	X	X	X	89.0	97.0	80.0	X	X		
Tunisia	91.0	116.0	65.0	118.0	127.0	108.0	66.2%	9.5%		
Turkey	101.0	118.0	83.0	116.0	119.0	112.0	34.9%	0.8%		
YAR	23.0	16.0	1.0	66.0	112.0	22.0	2100.0%	600.0%		
India	74.0	89.0	57.0	92.0	107.0	76.0	33.3%	20.2%		
Afghanistan	16.0	26.0	5.0	X	X	X	X	X		
Pakistan	40.0	59.0	20.0	47.0	61.0	32.0	60.0%	3.4%		
Nepal	20.0	36.0	4.0	79.0	104.0	47.0	1075.0%	188.9%		
Bangladesh	49.0	67.0	31.0	60.0	70.0	50.0	61.3%	4.5%		
Sri Lanka	93.0	98.0	86.0	103.0	105.0	102.0	18.6%	7.1%		
Thailand	78.0	82.0	74.0	97.0	X	X	X	X		
Indonesia	72.0	79.0	65.0	118.0	121.0	116.0	78.5%	53.2%		
PNG	44.0	53.0	35.0	64.0	X	X	X	X		
Philippines	113.0	115.0	111.0	106.0	105.0	106.0	-4.5%	-8.7%		
Fiji	X	X	X	X	X	X	X	X		
Korea, Sout	101.0	103.0	99.0	96.0	96.0	96.0	-3.0%	X		
Malaysia	90.0	96.0	84.0	99.0	100.0	99.0	17.9%	X		
Taiwan	X	X	X	X	X	X	X	X		

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EDUCATION: 20-Mar-89

	SECONDARY SCHOOL			SECONDARY SCHOOL			% CHANGE		% CHANGE	
	TOTAL	1965	MALE 1965	FEMALE 1965	TOTAL	1985	MALE 1985	FEMALE 1985	FEMALE	MALE
Egypt	26.0		13.0	15.0	62.0		73.0	52.0	246.7%	461.5%
Jordan	38.0		105.0	83.0	79.0		98.0	99.0	19.3%	-6.7%
Morocco	11.0		16.0	5.0	31.0		36.0	25.0	400.0%	137.5%
Oman	X		X	X	32.0		43.0	21.0	X	X
Tunisia	16.0		23.0	9.0	39.0		46.0	33.0	266.7%	100.0%
Turkey	16.0		22.0	9.0	42.0		47.0	28.0	211.1%	113.6%
YAR	11.0		X	X	19.0		17.0	3.0	X	X
India	27.0		41.0	13.0	35.0		45.0	24.0	84.6%	9.8%
Afghanistan	2.0		4.0	1.0	X		X	X	X	X
Pakistan	12.0		18.0	5.0	17.0		24.0	9.0	80.0%	33.3%
Nepal	5.0		9.0	2.0	25.0		35.0	11.0	450.0%	288.9%
Bangladesh	13.0		23.0	3.0	18.0		26.0	10.0	233.3%	13.0%
Sri Lanka	35.0		34.0	35.0	63.0		60.0	67.0	91.4%	76.5%
Thailand	14.0		16.0	11.0	30.0		X	X	X	X
Indonesia	12.0		18.0	7.0	39.0		45.0	34.0	385.7%	150.0%
PNG	4.0		6.0	2.0	14.0		X	X	X	X
Philippines	41.0		42.0	40.0	65.0		63.0	66.0	65.0%	50.0%
Fiji	X		X	X	X		X	X	X	X
Korea, South	35.0		44.0	25.0	94.0		97.0	91.0	264.0%	120.5%
Malaysia	28.0		34.0	22.0	53.0		52.0	53.0	140.9%	52.9%
Taiwan	X		X	X	X		X	X	X	X

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PRIMARY SCL 65, 85: Primary school enrollment as a percentage
of number of children at primary school age for years
1965 and 1985

SOURCE: World Development Report 1988

SECOND SCL 65, 85: Secondary school enrollment as a
percentage of number of children at secondary school age
for years 1965 and 1985

SOURCE: World Development Report 1988

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