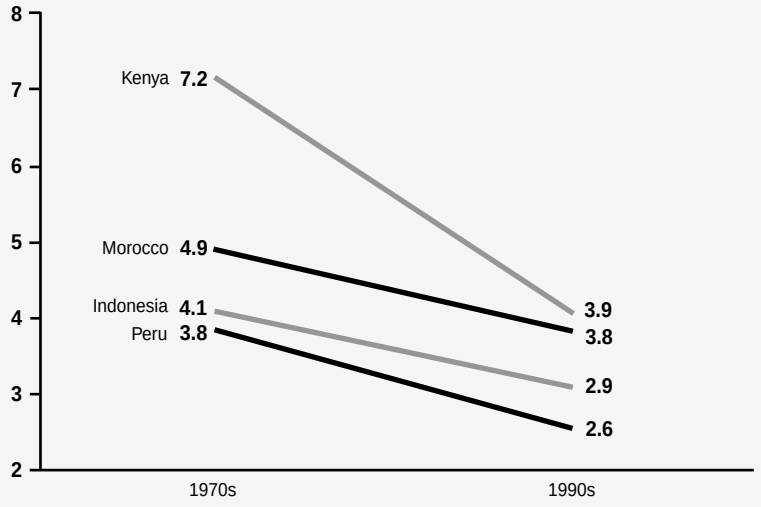
HOW DOES FAMILY PLANNING INFLUENCE WOMEN'S LIVES?

Among the many changes that occurred in the second half of the 20th century, perhaps the most significant and personal for women has been the means to choose whether and when to have children. This "reproductive revolution" — made possible by the expanded availability of modern contraceptive methods in the last 30 years — has helped give women the chance to pursue new roles and activities outside the home. These new roles and activities ultimately contribute to a country's economic and social development.

In the less developed world, more than half of couples now use family planning, compared with only 10 percent in the 1960s. As countries have modernized and become more urban, and as women have become more educated and begun to marry later, smaller families have become more desirable as part of a modern lifestyle *(see Figure 1)*.

Figure 1

Women's desired number of children, selected less developed countries



SOURCE: Demographic and Health Surveys (Calverton, MD: Macro International).

Organized family planning programs have helped women meet their reproductive goals by making contraceptives more widely available, even in many low-income, rural communities. Nevertheless, wide variations in family planning use still exist within and among countries.

Research tells us that women's ability to plan their families has altered their work experiences, educational prospects, and relationships with their husbands and families. Whether or not these changes are beneficial depends on the context in which women live — in particular, women's perceived and actual ability to make decisions about their own lives, inside and outside the home. Policymakers and program planners who want to expand women's choices and opportunities need to understand how family planning programs and other investments can help make women's aspirations a reality.

The effect of family planning on women's lives

Several research efforts in the past decade have examined the relationships between family planning and women's lives, using different approaches:

- The Women's Studies Project of Family Health International (FHI) coordinated 26 studies in 10 countries over five years, asking women directly whether and how they had benefited from family planning.
- The International Center for Research on Women (ICRW) and the Population Council coordinated studies in less developed countries to explore women's perceptions about family planning and, in particular, why some women do not use contraception.
- The Demographic and Health Surveys (DHS) provide standardized survey data on women's desired and actual childbearing collected from more than 40 less developed countries. These data have permitted cross-country analyses of the characteristics of women and families who use or do not use family planning.

The data collected from these projects support the following conclusions.

As women have smaller families, they spend less time on unpaid work in the home and more time in paid employment. In Bolivia, for example, analysis of survey data showed that contraceptive use was associated with working for pay outside the home, and that a growing number of women entered the workforce from 1994 to 1997. The research did not show whether the change in work status was due to family planning use — or the other way around, that work status affected family planning use. Nevertheless, researchers concluded that family planning is at least an enabling factor as women enter the labor force in increasing numbers.[1]

More time in the work force translates into greater earnings. A long-term study in the city of Cebu, Philippines, showed that, among women who continuously work for pay, women with fewer children had greater increases in earnings. Over an 11-year period, the average change in income for women having between one and three pregnancies was twice that of women who had more than seven pregnancies.[2]

Many women, however, have mixed feelings about work. While working for pay can increase women's autonomy and income, it can also carry additional burdens. The Cebu, Philippines study showed that longer hours — rather than better jobs or better pay — contributed to some of the increase in women's earnings. Many of the women interviewed said they would have preferred not to work outside the home. Similarly, FHI studies in other countries found that working women face additional stress because they have taken on the dual responsibilities of working outside the home and continuing to manage a household.

Access to contraceptive services can improve educational prospects for young women, particularly those who would be forced to drop out of school if faced with an unplanned pregnancy. Yet young women who are sexually active may face serious obstacles to using family planning services. A study conducted in three cities in Zimbabwe found that secondary school students who were sexually active were discouraged from going to family planning clinics and had to rely on private or secret sources for contraception. One woman explained: "I had tried to get some tablets, but I was chased from the clinic. I think it was because I looked very young. ... But now I regret it. I could have finished school."[3]

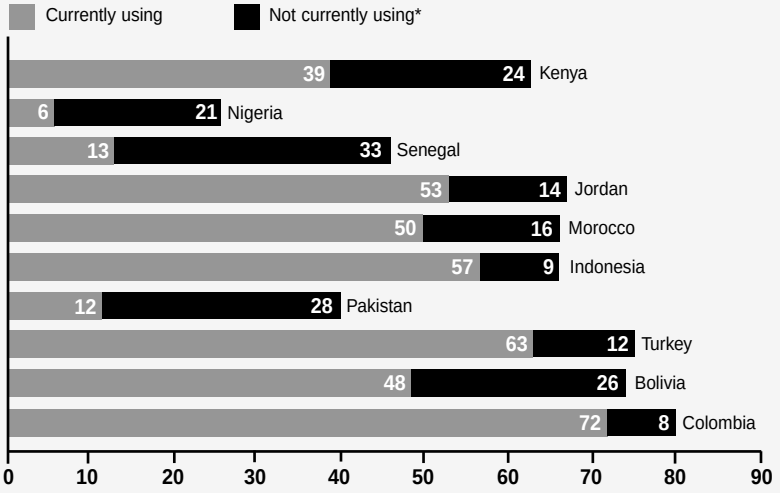
Whether young women choose to delay childbearing and pursue studies may depend on the range of opportunities available to them. A study in Brazil found that for some teens, pregnancy was a welcome event, even if it meant interrupting their studies. Similarly, young women in a Jamaican study revealed mixed feelings about pregnancy; the study quoted one girl as saying that a pregnant teen "would feel happy in a way."[4] Some girls will choose motherhood over education if they believe that it will give them greater status than pursuing other options, such as school or work. Still others have no choice but to pursue motherhood, if faced with an unplanned pregnancy.

Contraceptive use can improve family relations. Family planning carries psychological and other benefits, such as freedom from fear of

Figure 2

Contraceptive use among women who say they would prefer to avoid pregnancy

Percent of married women ages 15 - 49



SOURCE: Demographic and Health Surveys, 1990-95 (Calverton, MD: Macro International).
*This group is referred to as having an "unmet need" for family planning.

unplanned pregnancies and the ability to spend more time with each family member. In Indonesia, about 80 percent of women surveyed said that family planning had enabled them to have more leisure time and spend more time with each child and with their husbands. Couples interviewed in Zimbabwe named family planning as an important factor in quality of life, and couples in Bolivia felt that their conjugal relations had improved.[5]

On the other hand, in communities where family planning is not socially accepted, women who use contraceptives can face difficult consequences. Some women may fear disapproval or retribution — even violence — from their husbands, disdain from relatives and friends, or ridicule in the community. In Bangladesh, women who were the first in their village to use contraception faced ostracism by community members. In Mali, where fewer than 10 percent of married women practice family planning, researchers found that many women use contraception secretly and fear punishment if their husbands find out.[6] In a study in Zambia, one man interviewed said: "I cannot allow my wife to become a whore. Women who use contraceptives cannot be trusted."[7]

Remaining needs

In just a few decades, women have made great strides in their ability to plan their families, yet progress has been uneven. An estimated 120 million women in the less developed world say they would prefer to delay or stop childbearing, but are not using any family planning method.[8] In some countries, more than one-quarter of all married women fall into this category *(see Figure 2)*. Several studies have asked women with an unmet need why they do not use contraception. The reasons are numerous, including a lack of knowledge about family planning methods and services, ambivalence about wanting a child, opposition from husbands and other family members (as discussed above), health concerns, and fear of contraceptive side effects.[9] Many of these reasons overlap and relate to two underlying issues: the gender-related expectations that shape women's lives and the quality of family planning services available to women.

Addressing gender inequality. Although women have long been the intended beneficiaries of family planning and reproductive health programs, gender roles, particularly the unequal power wielded by men and women, influence the extent to which women can make decisions about their health and quality of life. In many societies, women's autonomy is limited, so that major family decisions — including whether to use contraception and how many children to have — are the principal domain of husbands.

Gender expectations can also limit the benefits that women are able to gain when they do decide to use family planning. Some women with fewer children may find that their opportunities in life differ little from their peers (or elders) who have had more children. Population Council studies in parts of rural Egypt and Bangladesh showed that declines in fertility were not associated with measurable changes in gender roles or women's opportunities.[10]

The international community has identified a broad range of policy changes and investments to improve the range of choices and opportunities available to women — including adolescent women. They include:

- improving educational opportunities for girls and women, and more broadly, making girls' and women's empowerment a specific development objective;
- expanding women's employment opportunities and child-care options for working mothers;
- revising laws, such as those on property and inheritance, that establish or reinforce women's inferior position in society;
- supporting community-based initiatives that encourage men and women to discuss changing gender roles and norms;
- implementing programs for adolescents, in and out of school, to help them make better life choices and protect themselves from unintended pregnancies and sexually transmitted infections; and
- passing and enforcing international treaties such as the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW).

Improving the quality of services. Family planning and other reproductive health programs need to establish and evaluate quality approaches to providing services. Service quality depends on a combination of factors, such as a reliable supply of a range of contraceptive methods, technical competence of service providers, and offering convenience, respect, and privacy to those who use the services. Research shows:

- Family planning programs should improve people's knowledge of contraception and reduce their fear of methods. Women and men need better information about how to use contraceptives and what side effects to expect once they do adopt a method.
- Programs should make greater efforts to reach men with services and information, and to encourage them to adopt or support their partner's adoption of family planning.
- Health workers should treat people with dignity, explain possible problems and how to manage them, and provide clients with alternatives.
- Services should make greater efforts to reach out to adolescents, and at a minimum, not deny services to young or unmarried individuals who seek them.
- Community organizations and women's groups should educate women to demand quality services.

Making complementary investments

Governments and women's health advocates increasingly recognize that investments in women go hand in hand with investments in family planning and reproductive health services. Such investments are not either-or choices, but represent mutually reinforcing objectives. The vast majority of the world's governments endorsed these objectives and the specific actions needed to achieve them at the 1994 International Conference on Population and Development and 1995 Fourth World Conference on Women.

Improvements in women's status can create favorable conditions for increased use of family planning, better reproductive health, and greater contributions of women to development. Family planning programs should be part of a mutually reinforcing web of programs designed to give women greater control over their reproduction and over other aspects of their lives. Ultimately, these investments will allow women to contribute more fully in the social and economic development of their communities and countries.

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