

The Impact of
Family Planning
on Women's Lives:
Toward a
Conceptual Framework
and Research Agenda

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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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About this Working Paper

An earlier draft of this paper was prepared in April 1992 as a contribution to planning the U.S. Agency for International Development (USAID) initiative to support new research on the impact of family planning on women's lives. In October 1993, USAID awarded a cooperative agreement to Family Health International (FHI) to undertake a five-year research project, which will explore questions and themes raised in this paper, as well as others pertinent to women's perspectives on family planning and reproductive health. FHI staff felt it was important to make this background paper more widely available and to give the co-authors the opportunity to update it in any way they saw fit.

Co-author Sawon Hong, Ph.D., is currently a senior programme officer, Evaluation and Research Office, UNICEF in New York. Judith Seltzer, Ph.D., is an independent consultant on population and reproductive health issues living in New Mexico. The views expressed by the authors do not necessarily reflect those of FHI or USAID.

The Impact of Family Planning on Women's Lives: Toward A Conceptual Framework and Research Agenda

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Abstract

While family planning programs have been targeted toward women, too little attention has been given to assessing the impact of family planning on women's lives. Previous research has examined how women's roles and status influenced their use of contraception and their fertility. In this paper, the authors seek to reverse the equation and explore how family planning affects various aspects of women's lives.

The authors examine the positive and negative consequences of family planning both on women who use contraceptives services and on women employed in family planning programs. They examine the effect of family planning on six areas of women's lives:

- Personal autonomy and self-esteem
- Physical and psychological health
- Educational attainment
- Employment and economic resources
- Family relationships
- Public standing.

In addition, the authors explore the impact of family planning on children of contraceptive users and family planning workers, on men, on other women, and on the greater society.

An outline for future research is proposed. The authors conclude that collection and analysis of both qualitative and quantitative data will be helpful in designing programs and policies that best match women's family planning needs.



I. Introduction

1. *Background and objectives*

When the modern family planning movement began in the United States and Europe in the early 20th century, its primary purpose was to liberate women from the social and health consequences of unwanted pregnancies. When organized family planning programs reached the Third World beginning with India in the early 1950s, they were viewed as the means to alleviate the pressure of rapid population growth on economic development. In the last decades, the purpose of family planning has broadened to encompass both these objectives and to add the objective of improving women's health and welfare.

Although women are seen as obvious beneficiaries of family planning, too little attention has been given to assessing the impact of family planning on their lives. Previous research has examined how women's roles and status influence their use of contraception and their fertility. In this paper, the authors reverse the equation and examine the opposite causal direction — how family planning affects women's lives. A central hypothesis is that family planning is a catalyst for change and that family planning programs have enhanced the quality of women's lives.

It is estimated that 380 million women are currently using contraception in developing countries and about 500,000 women are employed in family planning programs (Ross, Mauldin, Green, et al. 1991; USAID, 1991). The effects of family planning have been realized by women's adoption of contraceptive methods, by their employment as family planning service providers, or by both.

The authors will explore the potential positive and negative effects of family planning on women's lives, with the idea that understanding how programs influence women's lives can lead to improvements in program design and execution. The issues discussed are intended to generate interest among researchers, population policy-makers, family planning administrators and donors.

This paper has two primary objectives:

- to suggest a conceptual framework for examining the impact of family planning on women's lives
- to identify research priorities.

The authors acknowledge that in assessing the impact of family planning on women's lives many other factors may affect the changes seen. They do not suggest that family planning should take all or even most of the credit for changes in women's lives. Rather,

they attempt to specify the nature of primary impacts and await other research endeavors to quantify these impacts and distinguish them from other influences.

2. Literature review

The impact of women's status and roles on fertility continues to be a research priority (Rockefeller Foundation, 1991). During the 1980s, interest grew in the effect of fertility changes and contraceptive use on women's health and the health of their children. This was not a new issue, given the long-standing concern in public health circles over the excess levels of maternal, infant and child mortality in developing countries (WHO, 1970; IPPF, 1970; Omran, 1971). However, a novel emphasis evolved, namely that family planning could improve the health and survival of mothers and children (Maine, 1981; Population Reference Bureau, 1986; Reinhart and Kols, 1984).

A major review was conducted on the health effects of changes in reproductive patterns (the timing of pregnancies, the interval between them, and the number of children women have) on mothers and their children. The study also examined the health risks and benefits of contraception on women and children. Two reports on this issue provide a comprehensive assessment of the potential impact of changes in reproductive patterns and contraception (Committee on Population, 1989; Parnell, 1989).

Although the effects of contraception on health have been studied, the influences of family planning on other aspects of women's lives, such as their social or economic status, have received little attention. Fortunately, the few studies available on the role of family planning programs in improving the quality of women's lives cover a wide range of issues. Articles by Dixon-Mueller (1975, 1989) and Mason (1989) provide excellent background about women's lives and family planning issues.

Dixon-Mueller, through a review of ethnographic literature using Oppong's seven roles of women (Oppong, 1980), suggests a framework for analyzing the psychosocial consequences of contraceptive use and controlled fertility. She concludes that the impact of fertility regulation depends on whether having fewer children or using contraception reduces or escalates the amount of stress associated with women's multiple competing roles. The article also illustrates the importance of individual and contextual effects that could be relevant in the study of other (nonpsychological) consequences of contraceptive use.

Mason reviews the impact of population growth on the situation of women and children in relation to their gender- and age-defined counterparts in South Asia and Sub-Saharan Africa. She argues that the decline of fertility is likely to benefit women's health and survival chances, but whether the decline will necessarily benefit women socially and economically is less clear.

One study specifically examines the effects of women's employment in family planning programs on their status (Simmons, Mita, and Koenig, 1990). This study of women in Bangladesh concludes that employment in the Matlab project had a positive impact on female community workers in three areas: prestige as women, professional standing, and influence as social leaders.

A different observation is made by Jesani (1990), who studied whether the status of women would improve through employment in the rural health system of India. The study concludes that for auxiliary-nurse midwives, who worked as outreach workers, having a paying job alone did not necessarily lead to higher status. The social image of these women was diminished since they were working at the "lowest rung of the (health) hierarchy" and also because they were outsiders in the villages. Jesani stresses the importance of social context in understanding the potential impact of such employment.

The principal observations about the impact of family planning on women are that:

- good data and rigorous analysis are scarce
- the relationship is complex and varies by social, cultural, and economic setting
- no simple conceptual model has yet been set forth.

II. Conceptual Framework

The conceptual framework presented here is based on research and extensive discussions with key social scientists concerned with women and family planning. The purpose of the framework is to show how family planning might influence women's lives.

Two paths are examined:

- provision of contraception and, thus, the means to control fertility
- employment of women workers in organized family planning programs.

The framework illustrates the principal paths of influence of family planning without discussing the relative weight or merit given to a particular path. In selecting this approach, the authors considered alternative ways of formulating the framework. These included developing two separate frameworks, since the paths of contraceptive use and employment are different; focusing primarily on contraceptive use, since the number of contraceptive users is so large compared to women employed by programs; or concentrating on the employment path, because it seems more novel and also might yield more useful results. In the end, the authors developed one general framework because both paths of influence are important research areas, and it is premature to select or emphasize one over the other.

Family planning constitutes the central independent variable. The authors are concerned with the impact of family planning in general and the impact of organized family planning programs in particular. Although their influences differ conceptually, the consequences of behavioral changes in contraception and fertility and the institutional or contextual influences of organized programs are both important. In discussing family planning programs, the authors recognize that there are varying characteristics or elements of programs that affect contraceptive use and employment opportunities. No two programs are alike and, therefore, programs cannot be expected to achieve the same impact.

The figure on the following page presents the framework. It shows the primary factors and paths of influence but not in classical path analysis. The path that flows through contraceptive use results in a set of intermediate impacts which, inter alia, influence a woman's ability to determine the number and timing of her pregnancies. In turn, these impacts influence a woman's ability to control other aspects of her life. The path that flows through employment also results in a set of intermediate impacts, i.e., skill and knowledge levels, income, and nature and extent of contacts, which influence other aspects of her life.

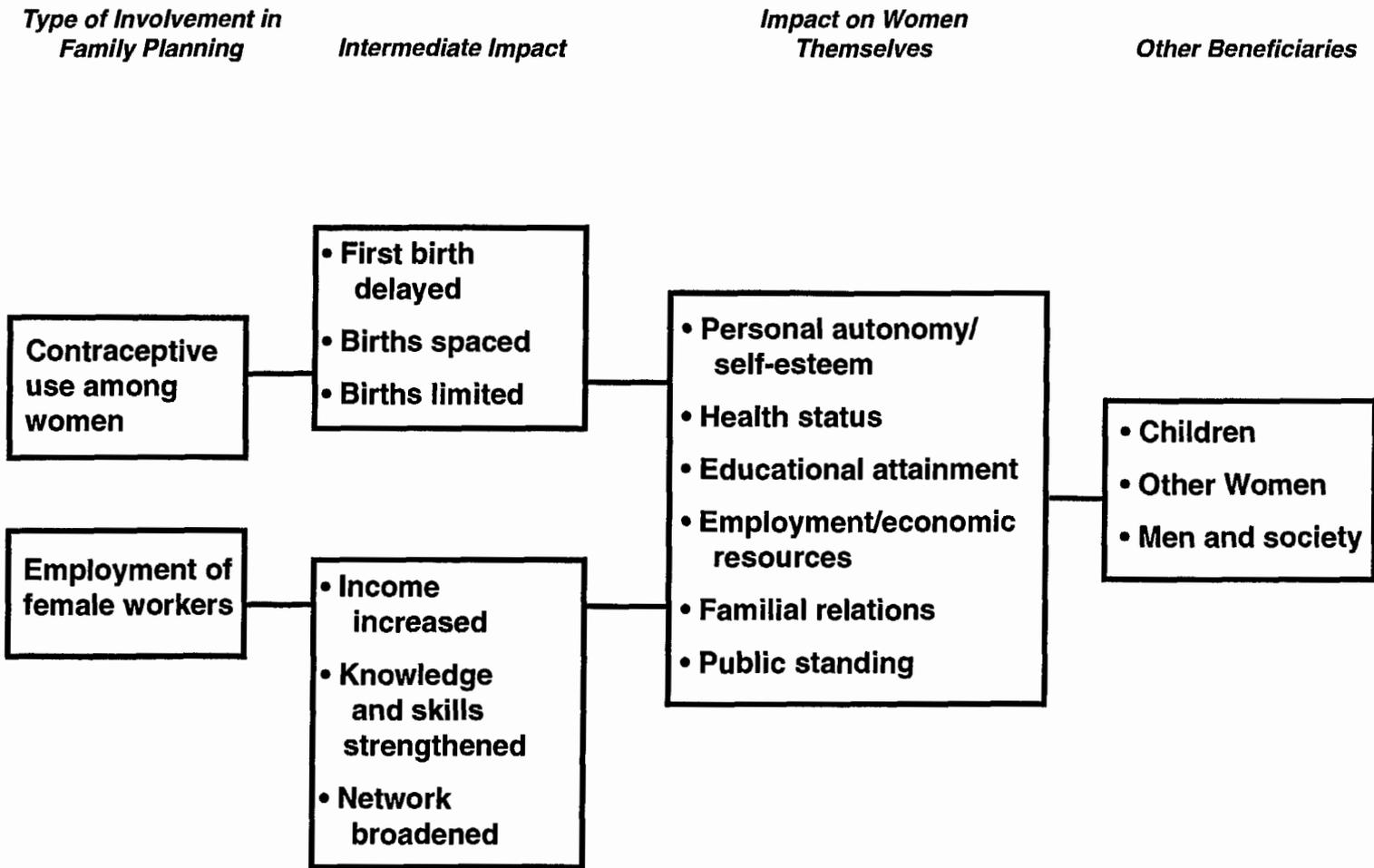
Family planning programs are hypothesized to affect women's lives in at least six areas. These six were selected because they are most frequently cited in the literature. They are jointly multidimensional and comprehensive. Each, to varying degrees, is likely to be affected by family planning. The framework avoids using words such as "status" or "empowerment," which often are hard to define. However, both concepts are implicit in the six aspects listed.

The six aspects are:

- Personal autonomy/self-esteem — the right to make and stand by one's own decisions; value or regard an individual places on herself
- Health — both physical and psychological well-being
- Educational attainment — the ability to obtain an education and the level of educational attainment
- Employment and economic resources — the nature of employment; acquisition and allocation of resources
- Family relationships — degree of equality with spouse and role within kinship structure
- Public standing — ability to participate in public activities and esteem accorded individual women by community.

The two paths through which family planning influences women's lives will be discussed separately because the processes are different. Although the impacts on women's lives may be similar — for example, both may enhance personal autonomy — they are not

Framework on the Impact of Family Planning Programs on Women's Lives



identical. Using contraception does not automatically provide women with income, while work in a family planning program usually does.

In addition to contraceptive users, other people are affected by family planning, including children, other women, men, and society in general. Because the impact on others is similar for both paths, these two areas will be discussed in one section of this paper. Following is a detailed discussion of the elements of the framework. The first section focuses on women who use contraception. The second section, on women employed in family planning programs.

1. Women using contraception

For discussion purposes, in this paper contraceptive users are all women who have ever used, are current users, or have partners who use contraception. Differences in which partner actually uses contraception (male or female) may influence the impact family planning programs have on women. Similarly, differences in program impact may depend on whether the users themselves freely decide to use contraception or whether others, such as husbands, pressure them to contracept or not contracept. Despite such differences, programs may still benefit certain aspects of women's lives.

The impacts of contraceptive use can be achieved either through control over timing (e.g., delaying a first birth or spacing subsequent births) or number of births. Although the framework does not explicitly consider the "wantedness" of a birth, the use of contraception may also influence the number of unwanted pregnancies, which has implications for certain aspects of women's lives.

Family planning, as noted previously, can affect six aspects of women's lives.

Personal autonomy and self-esteem:

The use of contraception can give women control over their reproductive decisions — both timing and number of children — which in turn may contribute to a greater sense of control in other areas of their lives. For example, contraceptive use may lead to a greater ability to plan for the future, as well as a sense of independence and self-worth (Dixon-Mueller, 1991). The degree of personal autonomy achieved depends on the degree to which a woman can access available options, sidestep constraints, and make decisions about the course of her own life.¹

Programs may also enhance the autonomy and self-esteem of women by connecting them to sources of information and support beyond what is traditionally available to them. In Bangladesh, family planning programs are important resources for women who are usually cut off from contacts beyond their immediate families (Simmons, 1991).

The nature of some family planning programs, however, may not enhance women's autonomy. A study of the Indonesian family planning program by Smyth (1991) finds that women may not really be free to choose their method of contraception. The priorities of the program, its method of operation and delivery of services do not allow women autonomy in regulating their fertility.

Health:

Physical health. Although improved physical health is not a major reason cited for deciding to use contraception (Newland, 1977), the effective use of contraceptives may improve physical well-being because it can lessen physical demands on women, free them from constant childbearing and childrearing, and lead them to better health and survival.

Contraceptive use may confer different health benefits at different stages in a woman's life cycle. Delaying one's first birth until after age 20 can improve maternal survival (Committee on Population, 1989). High parity births usually occur among older women, so it is often difficult to separate the effects of parity and age. However, several studies document an increasing risk of maternal death with each successive birth, especially after the fourth. Further, older multiparous women are more likely to develop certain complications in delivery than are younger lower parity women (Committee on Population, 1989). Hence, the use of contraceptives to prevent these pregnancies would benefit women's health.

Aside from the physical risks of pregnancy for younger women and high parity older women, there is a risk associated with unwanted pregnancy. One study in Zaire found that the typical hospital patient being treated for septic or poorly performed abortions was a 15- to 16-year-old unmarried school girl, who had never used contraception and had tried to abort the pregnancy herself (Parnell, 1989). "Since so many maternal deaths are a consequence of unregulated fertility, family planning can reduce the number of unwanted pregnancies and hence the number of illicit abortions and deaths that these cause" (Royston and Armstrong, 1989: 185). In countries where safe abortion is not available, the use of contraception to prevent unwanted pregnancies would help reduce a major cause of maternal mortality (Committee on Population, 1989).

Another potential benefit may result if a family planning program is the vehicle for introducing women to modern health and other social services.

Although effective use of contraception carries many substantive non-contraceptive health benefits for women, contraceptives do have some health risks. The Committee on Population of the National Academy of Sciences concluded a major assessment of contraceptive benefits and risks with the following:

“Due to the uncertainty associated with the various health risks for each method of contraception and the methodological complexities inherent in such analyses, no definitive overall risk can be calculated by method.... However, in developing countries, where maternal mortality is high, and diseases associated with contraception such as myocardial infarction are uncommon, there is no question that contraception is safer than pregnancy and childbirth” (1989: 51).

Contraception (specifically the condom) can also protect women from exposure to STDs, including HIV and AIDS. However, since condoms are a male method, women may have little control over the use of this method.

One potential negative impact of family planning programs on women’s health may result when services and supplies are limited. Smyth (1991: 785) writes that “many of the current family planning programs in developing countries are characterized by a limited choice in the contraceptive mix..., poor standards of delivery service, a paucity of health back-ups, and inadequate available information.”

On balance, however, the availability of some family planning services may be better than none at all for improving women’s chances of good health and even survival.

Psychological health. The use of contraception may have positive psychological effects if it alleviates stress related to fear of pregnancy, abortion, childbirth, or childrearing; or negative effects if it results in greater stress from fear of or experience with side effects or disapproval by relatives or friends. Fears of side effects can be very real, whether based on rumor, fact, or experience from incorrect use of a method. Another negative effect is “the associated self-perception as a person who is ‘unnaturally’ or perhaps ‘sinfully’ trying to avoid a pregnancy” (Dixon-Mueller, 1989: 147). If the use of family planning is not acceptable to a woman’s family and community, the overall effect of contraception may result in added psychological stress.

Educational attainment:

Education encompasses both informal learning opportunities, as well as formal schooling. As women control the timing and number of births, smaller proportions of their lives will be spent bearing and rearing children. This could lead to greater interest in and demand for educational opportunities. In particular, delaying the first birth (whether through postponing marriage, postponing the first birth within marriage, or avoiding a nonmarital pregnancy) may increase the chances of staying in school, assuming that such educational opportunities are actually available (Singh and Wulf, 1990).

The timing of a second or later birth may affect a woman’s chances of further education. Evidence from a family planning counseling project in Jamaica showed that increased use of contraception after a first teenage birth not only lowered the percentage of subsequent pregnancies but also increased the level of school enrollment (McNeil, et al., 1990).

The negative effect of childbearing on schooling depends, in part, on policies concerning the right of pregnant girls to remain in school. A survey in the mid-1980s found that schools in Nigeria did not allow pregnant girls to stay in school. The result was a high frequency of abortions among secondary school students who wanted to continue their education. (Nichols, et al., 1986). Use of contraception to prevent such unwanted pregnancies could improve educational attainment and could lower health risks associated with abortion.

Due to the relationship between family planning and education, many family planning programs are integrated with development activities (e.g., projects of the Population and Community Development Association in Thailand). In these programs women may receive important information or services in addition to family planning, such as adult literacy, nutrition, and poultry farming (Bruce, 1977).

Employment/economic resources:

Use of contraceptives to control timing and number of births may be an important factor in increasing the opportunity structure for women, especially as societies modernize (Lloyd, 1991). In many settings and for many social groups, however, employment opportunities for women are extremely limited because of truncated labor markets and cultural norms. Women may be discriminated against in formal sector employment because employers assume that they are (or will be) married, will have children, and will forsake the labor market for childrearing responsibilities. Employers may believe that women have less right to a job or an income than men, regardless of women's actual or potential childbearing status. If childbearing can be postponed and the interval between leaving school and having a family lengthened, female labor force participation will increase, assuming that work opportunities are available. Although contraceptive use will not be the principal cause of this process, it can certainly be a facilitating factor.

The relationship between the number of children and women's economic role depends on the nature of the society. In those societies where children help in farming or cottage industries, more children may enhance women's productive work (Ware, 1977; Oppong, 1983). In many societies, work is not a choice for women but a necessity. High fertility may compel women to enter the labor force or to work more in order to support a growing family (Mason and Palan, 1981). In other societies, in which cultural and structural conditions are conducive to female employment, but in which the roles of working and mothering are incompatible due to expensive or scarce childcare, women using contraception can enjoy significant advantages over those for whom early or frequent childbearing is inevitable (Podhisita, et al., 1990).

For some women, control over the timing and number of births may offer a first step out of poverty. Insufficient control may be one characteristic of poverty, and choice, one

characteristic of affluence. Control over timing and number of births may additionally enable women to choose employment that involves more education and training, higher pay, greater commitment and potential for career advancement, as opposed to work characterized by low skills, high turnover, low pay, and little if any chance of betterment (Levine, 1990; Birdsall and Chester, 1987).

Use of contraception to have fewer children may enable the household's resources to be shared among fewer family members. In rural Thailand, family size was found to be inversely related to the amount of consumer goods acquired and the amount of savings accumulated (Havanon, Knodel, and Sittitrai, 1990).

Family relationships:

Contraceptive use that results in planned and wanted children may give women and their husbands more time to devote to each other, with potentially positive consequences for the marital relationship. Contraceptive use may reduce marital problems if fears of unwanted pregnancy create anxieties about sex (Dixon-Mueller, 1989).

Exposure to family planning may lead to greater communication between partners about contraception and fertility and to increased use of family planning. Data from various countries (Heise, 1992) show a discrepancy between men and women's attitudes on issues such as contraception and family size. Women often incorrectly perceive their partner's views, assuming that they are less informed about contraception, opposed to its use, or in favor of more children.

Marital harmony will be affected differently depending on whether a woman herself decides to use birth control and whether her spouse agrees. Although a woman may feel in control of her body, using contraception in defiance of her husband may result in allegations of sexual promiscuity and threats of violence, desertion, or divorce. One extreme example has been cited of a husband abandoning his wife after she was sterilized even though the couple had four children (Plata, 1990). The reputation of unmarried women and teenage girls may also be harmed if their use of contraception is perceived as encouraging promiscuous behavior. Another potential problem is that contraceptive use may contribute to a change in the balance of power within the family: i.e., if the wife gains control over reproductive decisions, the husband loses power in this domain.

Public standing:

Contraceptive use and consequent controlled fertility may facilitate women's participation in public activities, such as community projects or political meetings. This assumes that having fewer children enables women to have more time for such activities. Participation in public activities may also introduce women to supportive social networks, increase their awareness of and access to other resources, and heighten their sense of community identity. If these community roles conflict with other roles and

obligations, however, they could lead to psychological stress. (Dixon-Mueller, 1989). In another sense, women may increase their public standing if their communities or social norms grant special recognition to contraceptive users.

2. Women employed in family planning programs

Women employed in family planning programs are not easily categorized or defined because the characteristics of their employment are so varied.

Employees can be differentiated by:

- Type of remuneration. These include regular salaried employees, honorarium recipients, those paid on an ad hoc basis, or those who receive no pay. There may also be cash payments or other material incentives.
- Degree of involvement. Employees can be full-time, part-time, or ad hoc participants.
- Level of responsibility. Women work at all levels from top management, to mid-level administrators and clinical assistants, to field workers.
- Degree of integration of family planning work with other responsibilities. Some women work only in family planning. Others work in family planning that is integrated with different health services. Another group of women provide family planning as one commercial activity among several.

For the purposes of discussion in this paper, family planning employees are all women working in family planning programs, regardless of the amount of time spent, type of pay, or level of responsibility. Although family planning employment is no different from other types of work in which women may be involved (particularly in the health sector), it is nevertheless important to examine the extent and nature of women's participation in this specific area and the likely consequences, positive and negative.²

The intermediate effects of women's employment in family planning are influenced by three factors: knowledge and skills, income, and exposure to a broader network of contacts.

Knowledge and skills. Employment in family planning will likely involve pre-service or in-service training and may result in more highly skilled and qualified workers. Such training can enhance not only technical knowledge but also other skills, such as interpersonal communication and record-keeping that can, in turn, improve a worker's effectiveness on the job. In addition, exposure to the diverse activities of family planning programs — service delivery, training, and information, education and communication (IEC) — may also increase a worker's knowledge and skills beyond her specific domain and lead to new job opportunities.³

Income. Most women working in family planning programs receive remuneration, although the amount, regularity, and type of payment varies according to the nature of _____ their employment. For some women, income may be an addition to previous earnings; for others, it may be a new source of income. Whether new or additional, the benefits of the income depend on how it compensates women for their time (relative to other opportunities and also relative to similar work by their male counterparts) and the control that they exercise over its use.

Broader network of contacts. All types of employment in family planning expose women to a world beyond their family and kin, regardless of their pay or degree of involvement. Working with others (as a member of a team or with a supervisor) and traveling outside one's immediate residential area may broaden women's contacts and experiences. This exposure to a broader social network and a diversity of ideas can open new horizons for family planning workers. It can also create new conflicts or risks, however, if it leads female workers to question or challenge their existing lot in life. Also, work can create conflict if venturing outside their local neighborhood or community leads to threats to women's safety or to harassment.

Six areas of life:

As with contraceptive users, family planning may have both positive and negative impacts on six areas of life for women employed in family planning programs.

Personal autonomy and self-esteem:

With improved knowledge and skills, income, and exposure to a broader network of contacts, women may be encouraged to exercise more autonomy within the family. Opong (1990) observes that in Ghana, the wife's earnings tend to enhance her power role. A number of researchers assume that working for money automatically gives women some degree of autonomy from their husbands or mothers-in-law (Chaudhury, 1982; Dixon, 1975; and Youssef, 1982). Others conclude that in some social settings, women may not actually control the resources that they earn (Safilios-Rothschild, 1982; Greenhalgh, 1985; Mason, 1989).

Improvements in autonomy and self-esteem will depend, in part, on how family planning workers are treated in the workplace and the acceptability of their employment within the community. Women's self-esteem will be increased to the degree that they can gain professional standing and move freely in the community (Bruce, 1990).

Health:

The physical health of family planning workers may benefit if the workers are exposed to information about and services in reproductive health and family planning. Also, health

may improve if workers, who were not previously doing so, use effective contraception to control their own fertility.⁴

Most of the health effects for workers in family planning programs, however, are probably of a psychological nature. For example, psychological stress may diminish if a woman's earnings are sufficient to improve her or her family's economic situation. Stress may be reduced if a woman's knowledge of family planning, gained from her job, leads to better communication with her spouse about contraception and childbearing. On the other hand, employment in family planning may increase stress if the woman has conflicts or difficulties in combining her various roles (mother, wife, and worker) or if family planning is not generally accepted in the community.

Educational attainment:

The impact of family planning on women's education is realized largely through the acquisition of knowledge and skills. Experience as a family planning worker may also have a longer-term impact by heightening educational aspirations, possibly leading to other training beyond family planning, including certificate or degree programs.

Economic resource:

Along with increased opportunities for acquisition of economic resources, a woman's control over the allocation of these resources may improve. As cited previously, a woman's actual control over earned resources will depend in part on societal norms. Earning her own income may, however, facilitate that control. If the woman's income is new or increased, it may also contribute to improved family welfare.

Family relationships:

With greater knowledge and skills, increased income, and exposure to the larger world, women working in family planning programs may gain a stronger position within the family and kin structures. A family planning worker may be better able and more likely to discuss contraception and childbearing (given that this is the nature of her work) with her spouse, resulting in a more egalitarian marital relationship.

On the negative side, a family planning worker may face increased chances of marital instability or even divorce if her work introduces excessive role conflict, makes her less available to perform family roles, or somehow tarnishes her reputation. In some cases, there can be marital discord due to the husband's expectations about his level of control over his wife's earnings. Husbands may be anxious or jealous about their wives' control (implied or actual) of earnings.

Public standing:

A woman's work in family planning may enable her to play an expanded role in society and allow her to contribute to her community. For women of limited means, employment in family planning may represent the pinnacle of opportunities given the work's "civil service" cachet, salaried status, and training. Their professional and personal standing may be improved accordingly. The study by Simmons, Mita, and Koenig (1990) in Bangladesh shows that, over time, female community workers earned professional status, prestige, and social influence.

On the other hand, a woman's prestige in the community may be diminished if her work activities involve travel to other communities and work with men outside the family, or if family planning itself is not yet acceptable. As the research in Bangladesh shows, however, an initial negative reaction can change as the community's perceptions alter.

3. Family planning's impact on others

In addition to affecting various aspects of women's lives, the use of contraception by women or the employment of women in family planning may bring about additional changes with important consequences for others — children, men, women in general, and society. These will be discussed in turn.

Influence on children:

As women benefit from use of contraception or employment in family planning programs, their children's lives are also positively affected. Fewer children, and therefore fewer siblings, may mean better educational opportunities. A study in rural Thailand finds that children's educational attainment was significantly greater in families with few children (one or two) compared to those with four or more children (Havanon, Knodel, and Sittitrai, 1990). Fewer children may also mean that a mother can devote more time to each child, assuming she is the principal caregiver.

Another advantage of contraception — adequate birth spacing — has potential health benefits for offspring. Studies from diverse populations consistently found "a negative association between short birth intervals and a child's chances of survival" (Committee on Population, 1989).

Prevention of unwanted pregnancies may help reduce potential risks to children's health. Some research suggests that children who are the result of unwanted pregnancies experience greater health and psychological problems since parents may be less likely or less able to provide adequate care (Ibid.).

Growth in women's income may directly improve the health and nutrition of children: A larger proportion of women's income, versus men's, appears to be used for everyday subsistence and nutrition of children. A study in India reports that a child's nutritional level correlated positively with the size of the mother's income, while it did not increase in direct proportion to increases in paternal income (Bruce, 1989). Further, Mason (1988) hypothesizes that women's opportunities to support themselves and contribute to family income will reduce discrimination against daughters.

Children with fewer siblings or children of working mothers enjoy the improved living standards of the family, such as more consumer goods, more savings, and better housing (Macunovich and Easterlin, 1990). On the other hand, a study of preschool-aged children in the United States (Desai, Michael and Chase-Lansdale, 1990) reveals that maternal absence and alternate childcare arrangements (due to maternal employment) have some negative impacts on children. In low-income families, however, this negative impact is offset by the positive impact of maternal income and the improved quality of children's home environment.

Influence on men:

For men, women's use of contraception or employment in family planning can have both positive and negative influences on the conjugal relationship and the balance of power within marriage. Additional consequences from women's diminished role in childbearing and childrearing may be increased competition with men for education and employment (Bradley, 1992). Further, if family planning programs place more emphasis on women employees, the role or position of men in these programs may be negatively affected.

Influence on other women:

Whether women are effective users of contraception or are productive employees in a family planning program, they may serve as role models for other women, especially younger women. As the Bangladesh study demonstrated, family planning workers are sought after as sources of useful advice, information, and expertise (Simmons, Mita, and Koenig, 1990). Women working in family planning serve as role models in their communities because they encourage greater education for girls and because their work helps to gain legitimacy for women's employment.

In Cameroon, a contraceptive user is portrayed by community members as a person who is "affluent, civilized, modern, educated and responsible" (Bashin and Jato, 1990: ii). This view suggests an image that other women would want to emulate. One group of respondents, men aged 40 and over, did not regard these women favorably; however, younger men held a positive view.

Exposure to women who are successfully using family planning and/or women who are employed in family planning programs provides other women with opportunities to learn

about controlling fertility. For many women, such an awareness can raise, perhaps for the first time, questions about the inevitability of childbearing. It can also introduce them to safer and more effective alternatives to traditional methods of contraception. This exposure can have a negative impact, as well, if dissatisfied users talk to others about their experiences.

Use of contraception by women within the kinship structure may have negative consequences. For example, a woman's use of contraception to control her fertility may result in an intergenerational transfer of power by lessening the power of her mother and mother-in-law over decisions about contraception and fertility.

Family planning may diminish the status of some women in the short-run, but in the long-run, may enhance opportunities and status. In this context, family planning becomes more than a question of "what is in it for this generation?" but also a question of "what benefits are involved for future generations of women?"

Influence on society:

Society's perception that women can control the timing and number of births may expand women's education and economic choices, and ultimately, enhance their status. "Uncertainty about the timing of pregnancy (as well as the number of children a woman will have) explains why many schooling and job decisions are made differently by and for women than they are by and for men" (Birdsall and Chester, 1987: 15). As these authors suggest, access to contraception, which allows virtually complete control over the occurrence and timing of childbearing, may increase the economic returns on women's education and broaden employment options. These expanded opportunities are critical to improvement in women's status even more than reduced fertility.

Given the relationship between small family size and greater educational attainment, success of family planning programs in reducing fertility may translate into higher levels of education on a societal level (Havanon, Knodel, and Sittitrai, 1990). Higher levels of fertility are associated with lower school expenditures per child, fewer teachers per student, and decreased academic performance. These findings strengthen the conclusion that family planning can have societal impacts by enabling more family and national economic resources to be directed toward improving the quality of vital human resources.

4. Conceptual and methodological issues

A number of important conceptual and methodological issues need to be considered before attempting to apply the proposed framework to the study of the impact of family planning on women's lives. These include causality, program factors, contextual factors, and the measurement of impact.

Direction and nature of causality:

Several qualifications about the conceptual framework are warranted. First, the relationship between family planning programs and women's lives involves reciprocal causation. Reciprocal influences are likely to be numerous and may be difficult, if not impossible, to separate. Additionally, there may be some unobserved factor(s) that jointly determines both contraception or employment and other aspects of women's lives.

Second, self-selection may be an important factor in determining who uses contraception and who is employed in family planning programs. Further, the extent to which family planning affects women's lives may differ, depending on the individual's starting point on the continuum. For instance, important factors could be the degree of autonomy or level of education a woman possesses before she begins to use family planning or starts to work in family planning programs. The resulting effects may not always be in the same direction. Related to this is the possibility that family planning can only have an effect, or can have a greater effect, on women once certain aspects of their lives (i.e., level of education, freedom to move outside the home) have already begun to change (Lloyd, 1991).

A third issue is that some aspects of women's lives presented in the conceptual framework will be more pertinent than others, depending on the particular path of influence. There are also interactions among factors that constitute the dependent variables. In the proposed framework, we have not attempted to suggest the relative importance or the interactions of the various factors that are used to define women's lives.

Fourth, family planning may have a direct impact on women's lives and not strictly follow the paths of the conceptual framework. For example, the use of certain methods of contraception may have beneficial or harmful effects on a women's health, regardless of the effect on her fertility.

Family planning program factors:

As previously mentioned, family planning programs vary in their characteristics and elements. Consequently, programs may differ in the ways they influence contraceptive use, employment opportunities, and other aspects of women's lives. These variations must be taken into account in any explanatory model of the effect of family planning on women's lives.

Chief among the elements that need to be considered are:

- Accessibility of services
- The range of other sexual and reproductive services offered and the degree to which family planning is integrated with other health and development programs

- Quality of services, including the range of methods available, technical competence of the staff, client-provider interactions, etc. (Bruce, 1990)
- Nature and extent of information, education, and communication (IEC) activities
- Management and organization (including personnel policies) of family planning programs
- Policies affecting political and financial support for family planning programs.

These characteristics can easily become a study in themselves. Although they are critical to understanding the impact of family planning, some selection and categorization of key program elements is needed to avoid diversion from the central research question.

Contextual factors:

Simply using contraceptives to have fewer children or to delay the birth of the first child does not have an equally positive effect on all women's lives. Each element in this framework varies among women, according to their individual and sociocultural characteristics. The manner and degree to which family planning programs affect women also vary according to external factors. Studying the relationship between family planning and women's lives requires taking such factors into account. Two main contexts, individual and sociocultural, will be examined.

Individual characteristics. A woman's personal characteristics — age, economic situation, marital status, religion and educational level, as well as the number, sex and age of her children — affect her decision to use contraception. These characteristics also affect method choice or the decision to seek work in a family planning program. If a woman decides to stop childbearing after having six children, one more child may not make much difference in terms of her future educational and employment opportunities. By contrast, if a woman delays her first baby until after she finishes her schooling, this may affect not only her educational level but also her future employment, since education has a strong effect on an individual's income level, regardless of development level (Haller and Saraiva, 1991).

Sociocultural factors. Apart from individual characteristics, sociocultural factors may either encourage or prevent women from fully exercising their choice to use contraception or to work in family planning programs (Anker, Buvinic, and Youssef, 1982; Mason, 1986).

These factors include:

- Prevailing expectations and norms regarding women's roles
- Family systems that promote or discourage high fertility and son preference
- Opportunities for women's social and economic independence through education, employment, inheritance, and property laws

The Impact of Family Planning on Women's Lives

Family Planning Program Employees

Aspects of women's lives	Example of positive impact	Example of negative impact
Autonomy and self-esteem	Knowledge, income, contact with others may encourage women to exercise more autonomy within the home	Women many not gain autonomy through work if they are not treated with respect in the workplace or community
Health	Health may improve as workers are exposed to information about other types of health care	Employment may have ill effects on psychological health if work role conflicts with other responsibilities
Education	Women gain knowledge and skills; work experience may lead to interest in additional training	
Economic	Women's income may improve family welfare	
Family Relationships	Knowledge, income and skills may help women gain a stronger position in the family	Conflict may occur between husband and wife over control of earnings
Public Standing	Work may allow women to gain prestige in their communities	If family planning is unacceptable within the community, women's prestige may suffer

The Impact of Family Planning on Women's Lives Contraceptive Users

Aspects of women's lives	Example of a positive impact	Example of a negative impact
Autonomy and self-esteem	Women gain control over number and timing of pregnancies	Structure and policies of family planning programs may not allow choice of methods
Health	Family planning can prevent pregnancies among high-risk groups, such as women under age 18 or over 40	Logistics and supplies may limit contraceptive choices; women subject themselves to health risks by using inappropriate methods
Education	Delaying first birth may give women an opportunity to complete their schooling	
Employment	Control and timing of births may provide access to labor markets, income	Family planning may have no impact in settings where employment opportunities for women are limited
Family relationships	Planned and wanted children may allow more time to be devoted to the marital relationship	Women who use family planning in defiance of their husbands may risk violence, abandonment or divorce
Public standing	Family planning may give women time to participate in community or political projects	If community roles conflict with other roles and obligations, women may experience psychological stress

- Restrictions (e.g., religious or legal) on access to family planning information and services.

Measurement of impact. A woman who does not have access to school gains no educational advantage from delaying her first birth, compared to a teenager in another setting who uses this advantage to continue her education. Nor does a woman, kept secluded and denied the right to work outside the house, benefit as much from having fewer children as another woman who lives in a culture more open to women's employment.

In some cases, the use of contraception may create personal and social costs that counteract its liberating potential. For example, a woman may have access to contraception and want to limit the number of children, but the opposition of her husband or in-laws may prevent her from exercising this choice. In other cases, a woman may consciously opt to uphold traditional values by bearing many children, especially sons. These values may confer some respect, protection, prestige, and power on women within the social setting, and simultaneously constrain this improved status in other ways. Royston and Armstrong (1989) noted that the high fertility that conferred prestige also proved to be the cause of women's second-class status.

Assessing the impact of family planning programs on women's lives is complex and means making comparisons. There are three comparative dimensions where impact could be measured:

1) *Comparisons of women's lives before use of family planning.* How have individual women's lives changed and benefitted over time due to their exposure to family planning programs? Changes in women's lives may be seen as a process that can only be assessed over time (Wedeen, Lacour, and O'Keefe, 1990). The period of observation needed to measure change may be six months, five years or 10 years, depending on what is being measured. For example, the effects of contraceptive use on a woman who delays the birth of her first child to stay in school could be studied in a relatively short time period. By contrast, the effect of program participation on a woman's self-esteem or her standing in the community would require a longer period of study.

2) *Comparisons to the lives of other women.* Are women who are contracepting or working in family planning programs better off than those who are not? This type of cross-sectional analysis can be helpful if matched pairs of women, using similar profiles of women in terms of demographic, social, and economic characteristics, are compared. In addition, comparisons across generations of women could be made by looking at the impact of a cohort of women for whom family planning was available, compared to an earlier cohort that did not have access to family planning.

3) *Comparisons to the lives of men.* How do the lives of women compare to those of their male counterparts? Due to their involvement in family planning programs, women's

lives may be expected to change. How would these changes compare to those among men, who themselves have or have not benefitted from family planning programs? There may also be some changes in men's lives that do not involve comparisons. For example, a man may benefit economically and in other ways from his wife's use of contraception to have fewer children. _____

III. Research Methodology

Methodological approaches for carrying out the research described here could range from large longitudinal surveys to smaller in-depth case studies. For most questions, some combination of methodologies may be desirable, pursued through separate but related studies in a given country or in two or more different countries.

Any research should use multiple methods to explore this complex issue. There need to be several studies that will focus on the many dimensions of the complex issue of the impact of family planning on women's lives.

In addressing research questions, it is important to specify:

- The type of information to be gathered. This would include information on women's perceptions, attitudes, and behaviors, as well as information on social, economic, political, religious, and familial factors.
- Unit of analysis. Because contraceptive use and family planning employment involves personal behaviors, the individual as a unit of analysis is appropriate. However, individual level data provide little understanding of the broader context in which women make decisions. Macro-level analysis of the community, possibly in combination with individual level analysis, will be useful in describing the impact of family planning on different areas of women's lives.
- Type of data collection methods. Both qualitative and quantitative data could be used. Anthropological and ethnographic studies, focus groups, and operations research also would be appropriate.
- Sources of information. Subjective and objective information should be collected. Women's perceptions as well as observations of their behaviors will be important. It may be necessary to interview other people (family members and community informants).
- Time frame. There are three comparative reference points: before and after program intervention, men versus women, and women in the study versus other women. The use of longitudinal, panel, cross-section studies, and other methods could be appropriate.

IV. Future Research Agenda

As the preceding discussion suggests, the impact of family planning on women's lives remains primarily undocumented and poorly understood. Given the wide variations by time and place in the situations of women and of family planning programs, it will be essential to examine many research questions in different sociocultural settings over time to establish the relationship and to detect trends and differences.

As a follow-up to the conceptual framework presented previously, two categories of research issues are identified: one from the perspective of women as effective contraceptive users and another from the perspective of women employed in family planning programs.

1. Impact on contraceptive users⁵

Depending on available data, research on this topic can be defined in narrow or broad terms. At its narrowest, the analysis would focus on how a woman or her partner's use or non-use of a contraceptive method by type of method at one point in time contrasts with contraceptive use at a later time period. In this case, research must control for factors such as parity, desired fertility, sexual exposure, and socioeconomic status. Defined more broadly, the research would include social-psychological variables in the analysis (e.g., effects of contraceptive use on women's feelings of autonomy, self-esteem, control over other aspects of their lives) as well as the effects on male partners, other family members, and in the aggregate, on the community or society.

An initial step in conducting this research would involve developing a topology of contraceptive use. In some settings, simply comparing users to non-users may be sufficient. In other settings, where data warrant, it would be desirable to compare women who are using no method with women using less-effective methods (e.g., rhythm, withdrawal, douching); with women using barrier methods (condom, diaphragm); with oral contraceptive users; with users of longer-term medical methods (IUD, injectables, Norplant); and with women using permanent methods (sterilization). Users of the first three types would be distinguished as "sporadic" or "regular." Aside from their relative use-effectiveness, these methods differ significantly in several other important dimensions, such as side effects, male versus female use, women's ability to use the methods without the express knowledge and consent of their partners, and which partner controls method use. In addition, it would be desirable to compare methods that are provider-dependent with those that are not.

In examining impacts, major determinants of contraceptive use would, where possible, have to be controlled. Key variables to be considered are parity, time elapsed since last birth (if any), marital status and sexual exposure, desire for an additional birth, and

indicators of socioeconomic status, such as years of schooling of wife or husband, household income level, religion, and ethnicity. Community-level variables, including birth rates, contraceptive prevalence rates and measures of socioeconomic levels and differences, would also be helpful for a contextual analysis of individual behavior. In addition, one would want to examine whether the quality of services of family planning programs has differential effects on women.

Impacts on women:

As the conceptual framework in this paper has proposed, there are a number of potential impacts on women of contraceptive use that warrant study. Ideally, one would want to distinguish different scenarios of subsequent events (trends and variations in the various aspects of women's lives) for contraceptive users and non-users. Following are questions that could help shape the research agenda.

1) *Autonomy and self-esteem.* As a result of effective contraception, do women experience or perceive greater control over their fertility? Does family planning and control of fertility contribute to a sense of control over these and other areas of life, to an ability to plan for the future, or to a sense of self-worth and independence? How might this differ according to type of contraceptive method used, e.g., male or female method, less-effective versus more-effective methods? What are the differences for women if the decision regarding contraceptive use is made by the woman or by others (her partner, in-laws, a doctor)?

2) *Health.* Researchers should consider two issues. First, what is the health impact of contraceptive use through its impact on fertility (examined by the Committee on Population, 1989)? Second what is the non-contraceptive effect of contraceptive use, assuming it were possible to sort out the independent effects of use and reduced fertility?

What are the health benefits and risks of contraceptive use and how do these compare to the risks of pregnancy, childbirth, and abortion? (Again, many of these issues were examined in the Committee on Population study.) How do women perceive these risks? What are the objective and subjective measures of women's health among users of different methods, of former users, and of non-users?

3) *Educational attainment.* Where sexual relations commonly begin before young women finish school, how does the use or non-use of contraception affect their probability of continuing their education? Will contraceptive use also facilitate women's plans to go on to higher education, where otherwise feasible, or to return to formal schooling at a later date?

4) *Employment and economic activities.* How does contraceptive use affect women's ability to enter the labor force? How does contraceptive use affect her ability to stay on the job or her chances to advance (given other constraints)? How does contraceptive use

affect her ability to take advantage of opportunities that require advanced planning or significant amounts of time free from childrearing responsibilities?

5) Family relationships. Are contraceptive users more likely to share in household decision-making? How does contraceptive practice affect a woman's relationships with her husband or partner, her parents, her children? How does it affect the balance of power within the family? Does a husband feel that he has benefitted or suffered from his wife's use of contraception? Do others view her differently, knowing that she is in control of this aspect of her life?

In what ways does contraceptive behavior affect probabilities of marriage or marital dissolution? In what ways does it affect involvement in non-marital sexual relations (casual or visiting unions, consensual unions, etc.)? Under what conditions does women's control over their own fertility translate into greater control over their sexual/marital situation (e.g., ability to postpone marriage or to terminate an undesirable relationship)? Do women using more effective female methods (i.e., those not requiring the knowledge or cooperation of their partners) have a special advantage in this regard?

6) Public activities. Do contraceptive users (by method type) and non-users differ in the degree to which they are able to participate in the public life of their communities?

Other Beneficiaries:

Children. A broader perspective on the effects of contraceptive use would include the consequences of use for others in the family, including the ability to plan for and invest in their health and well-being. An issue of special interest would be the impact on the lives of daughters. For example, are daughters of contraceptive users more likely to contracept, to use contraception earlier or more often in their reproductive lives than the daughters of non-users?

Another issue is the impact (perceived or actual) of contraceptive use on sons. What are their attitudes about their mother's contraceptive use? Has it affected, or might it affect, their attitudes toward their own or their (future) wife's contraceptive practice?

Women in general. What are the effects of widespread adoption of effective contraception on women's roles and status in their communities and in the larger society? Does widespread awareness and use of contraception promote a fundamental transformation in women and their attitudes about the inevitability of childbearing? How do aggregate patterns of contraceptive use affect women's access to educational and employment opportunities, among other factors?

2. Impact on women employed in family planning programs

Based on the framework, the authors propose that one set of research issues should focus on describing and quantifying the women who are employed in programs and the nature and extent of their employment. Another set of issues should look at whether and how employment in family planning has affected women's lives and what working conditions are most conducive to enhancing these effects. A final set of issues should look at the managerial and programmatic conditions that make women most effective in their roles as communicators and service providers.

Describing and quantifying female employment:

Understanding the degree and kind of impact such programs have made on women could be facilitated by in-depth studies of female employees. Who are they? How different are they from non-working women with similar profiles or from women working in different jobs? In addition to standard sociodemographic, individual, and familial characteristics, what are their motivations, perceptions, and understanding of their choices?

There is a need for basic descriptive research on topics such as the extent of women's employment in family planning programs. What are the roles women play, particularly within the decision-making structure of family planning organizations?

Future research should ascertain the following:

- How many new family planning jobs for women have been created?
- How many jobs have been expanded to include family planning services?
- Have new leadership positions for women been created and filled?
- Have women been trained for management roles?

Assuming data are available, researchers should look for trends by analyzing information on these topics for different time periods.

Actual and potential impact of female employment:

Research is needed to determine if and how employment as family planning providers has changed women's lives.⁶ Categories of workers should be developed so comparisons can be made to non-workers, workers in other health jobs or other sectors, and for the various types of family planning workers.

At least three categories of women working in family planning should be examined:

- the large group of relatively unskilled, lower-level field workers
- skilled female medical and paramedical staff, such as doctors, nurses, midwives, and nurse auxiliaries

- the smaller group of women in mid- and top-management positions.

Obviously, employees in these three categories differ greatly in terms of socioeconomic background, status, qualifications, and upward mobility. Analysis should control for these variables.

Also, researchers should consider these questions: Are there differences in the effects for women workers who are also contraceptive users compared to those who are providers but non-users? What aspects of the job (i.e., training, job security, income, and new information) are most important to changes in women's lives? What are women's perceptions about their jobs in family planning? Do they see their work as the basis for advancement to other opportunities? Would they recommend this profession to their daughters?

Based on the work in Bangladesh by Simmons, Mita, and Koenig (1990), research could be carried out with a sample of programs. Selection criteria might include the following factors: program strength, number and percent of female employees overall and by major categories of workers, socioeconomic setting, and donors' influence on employment and management policies.

Researchers should consider the impact of family planning not just on women themselves but on others as well.

Will women's work in family planning have effects on the family and the larger community? For example, how does the income from family planning work affect family income or the balance of power within the family? What are the perceptions of children (especially daughters), partners, relatives, and members of the community at large about women who work in family planning? Have these perceptions changed over time? Do children or partners see particular advantages or disadvantages from this work? Are children of mothers who work in family planning different from children of other working mothers? Would daughters want to follow in their mother's footsteps? To what degree do women working in family planning provide good role models for other women and girls?

Employment conditions:

It will be important to understand how differences in the management, organization, and administration of family planning programs affect women's employment opportunities and women's status. For example, how do recruiting policies affect the composition of the staff in terms not only of gender but also age, education, residence, and marital status? How do these policies influence the level of entry for female candidates, their career advancement, staffing patterns, salaries, and job permanency?

What employment conditions for women in family planning will improve their status? Following the study by Jesani (1990), why is simply giving jobs (especially lower-level jobs) to women in family planning programs not sufficient to raise their status? How might these conditions vary by type and level of female worker, e.g., field worker, technical staff, and manager?

Related questions might include the following: Are there differences in the impact on female employees between more and less successful programs, assuming that a sizeable number of women have been employed? Do programs providing considerable management training to women have a greater impact on women than those providing little or no training? Lessons learned from these various questions could be applied to enhance the potential of family planning employment for improving women's lives.

Although it may be desirable to improve women's lives in various ways through employment in family planning programs, is this a feasible objective? For example, would it be cost-effective to modify personnel policies in order to provide training and performance incentives that promote the mobility of women? Are governments amenable and the socioeconomic environments conducive to such changes?

Female providers may have a special role vis-a-vis female clients of family planning programs. Female employees in their roles as communicator and service provider have the capacity to enhance autonomy, contraceptive use, and other aspects of female clients' lives. Do they in fact increase the acceptance of contraception and its continuing use among their female clients? What are the managerial and programmatic conditions that make female providers most effective in influencing the lives of their female clients?

Policy implications:

Research on the issues of women's employment in family planning programs could have immediate policy implications for donors, technical assistance agencies, and host governments. Changes in program management policies and actual practices could facilitate training and other skill- and status-enhancing opportunities for women, including remedial training where needed. In addition to training, other personnel policies and procedures could be introduced to promote opportunities and mobility for female workers. Programs to increase community awareness of the contributions of female workers could also be important.

V. Conclusion

Family planning is already a major force for social change in developed and developing countries alike. It appears to affect change primarily through involvement of women. Family planning programs exert their influence through services for women and as employers of women. In their role as employers, much of this influence may be

unintentional or unrealized by program managers. Future research should address or take advantage of this important aspect. Further, the current pattern of donor assistance does not exploit the maximum potential impact of programs on the lives of female employees and other women. Such an emphasis might be added to the present donor support of national programs with little cost or disruption to other objectives.

It should also be noted that employment opportunities for women in developing countries are not confined to family planning programs. Although the type of impact may vary, large numbers of women are also employed in education, agriculture, health, and other sectors. Improving women's lives should be an explicit objective of *all* development programs in all sectors. Donors and technical assistance agencies working in different development sectors should collaborate in order to broaden the impact of the various programs on women's lives for the greater welfare of these countries.

This paper has shown that the relation between family planning and women's lives is complex and sparsely researched. Hopefully this paper will stimulate interest among researchers and program managers, whose subsequent work will help fill knowledge gaps. The proposed conceptual framework and illustrative research agenda are only the beginning of a much larger exercise. In order to expand the base of knowledge, the research community should embark on a broad range and volume of studies over time in various settings. Armed with good data and analysis, our understanding of the relationships between family planning and women's lives will no doubt improve. The conceptual framework that guides the research can then be appropriately modified. Most importantly, a better understanding of the impact of family planning should allow for improvements in policies and programs that will further benefit women. The donor community has a critical role to play in the future, both in supporting the needed research and applying the results to family planning programs.

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VII. Endnotes

1. The link between contraceptive use and autonomy is complex because autonomy both precedes and follows contraceptive use. To the extent that programs encourage women to assert control over their reproductive functions, they engender autonomy and the ability to make reproductive choices. Contraceptive use is an outcome of this exercise of autonomy, assuming women make these choices themselves. In cases where program representatives or family members make decisions about whether or not women should use contraception, women's autonomy is reduced. Who actually uses a method (man or woman) and how effective the method is may also result in different effects on personal autonomy.
2. There are differences between work in family planning programs and other jobs. For example, many women employed in family planning (i.e., field workers) may have few, if any, alternative work opportunities. This is because the entry requirements for many positions in family planning, in terms of literacy, education, and work experience may be less demanding than for other jobs. Another difference may be that the work environment of family planning programs may be more women-oriented and hence more compatible with their lives. Whether such differences have a significant impact in the long-run is not clear.
3. Not all women have positive experiences from their work in family planning. As Bruce (1990) notes, women working in some community-based programs may receive only minimal training, supervision, or monetary incentives. She attributes the very high turnover in community-based distribution workers in Latin America — almost 50 percent in some areas — to these factors.
4. In many cases, women employed in family planning may be exposed to information about sanitation, preventive care, infant and child care, and treatment of illnesses. This exposure may result in additional health benefits for them and their families.
5. This section draws heavily from personal communication between Sawon Hong and Ruth Dixon-Mueller in 1991, as well as Dixon-Mueller's personal notes in 1986.
6. Ruth Simmons has begun research in Bangladesh. Other rigorous qualitative and quantitative studies in Bangladesh and elsewhere are needed.