

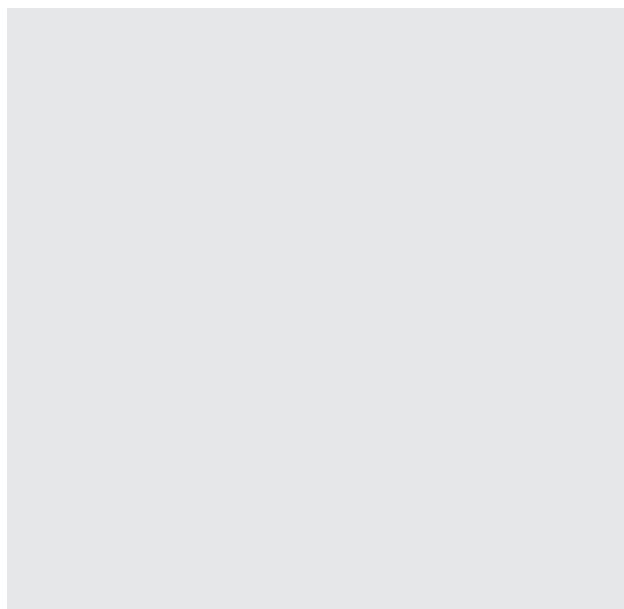
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Readers of the *Journal* are invited to suggest topics for future coverage and to comment on the articles already published herein. Correspondence should be addressed to:

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### ***Asia-Pacific Population Journal* Guidelines for Contributors**

The quarterly *Asia-Pacific Population Journal* is a periodical produced by the Emerging Social Issues Division of the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP), with support from ESCAP and the United Nations Population Fund (UNFPA). Its purpose is to provide a medium for the international exchange of knowledge, experience, ideas, technical information and data on all aspects of the field of population in order to assist developing countries in the region in improving the utilization of data and information for policy and programme purposes, among others.

Original contributions are invited, especially papers by authors from or familiar with the Asian and Pacific region. Ideally those papers will discuss the policy and/or programme implications of population issues and solutions to problems and report on experiences from which others may benefit.

#### **Note to contributors**

All material submitted for the consideration of the Editorial Board should be in the English language. The paper, prepared in one of the major word-processing programs, should be supplied in "hard-copy" form with a diskette (3½ inch) or sent by e-mail attachment to the address indicated below. Ideally, the printed copy will be typewritten in double spacing on one side only of white A4 paper. The margins should be generous, at least 3 cm (roughly 1 inch) wide, preferably

more for the left-hand margin. The paper should be within approximately 7,000 words including tables, figures, references, etc. It should include a short abstract (100-200 words) of the issues addressed and the most important findings.

A complete list of references arranged alphabetically by author should also be included at the end of the manuscript. Please refer to examples in any issue of the *Journal*. Figures and tables should be supplied on diskette, preferably in any major spreadsheet program or in Microsoft Excel.

Manuscripts are accepted on the understanding that they are subject to editorial revision. Contributors should indicate in an accompanying statement or letter that the material has not previously been published or submitted for publication elsewhere.

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**Barriers to Family Planning Service Use  
among the Urban Poor in Pakistan 5**

This paper examines the determinants of family planning service use and the barriers in accessing family planning services among urban poor women in Pakistan. Data were collected from a household survey of 5,338 married women of reproductive age (15-45) from slum areas of six cities.

The use of family planning services by women in urban slums is strongly linked to individual and household socio-economic factors. In particular, women were ten times more likely to have used a family planning service if her husband approved. This research has highlighted two key issues regarding the provision of family planning services to the urban poor. First, the urban poor cannot be treated as a homogenous group; there exist important sociodemographic variations within the urban poor population in relation to their use of family planning services and the barriers faced in service utilization. Second, although the urban poor are both economically and physically disadvantaged in access to services, women identified sociocultural factors as the greatest barrier to family planning service use. This finding is consistent with studies focusing on the general population of Pakistan.

**Unmet Need For Public Health-Care Services In Mumbai, India 27**

This study looks at the unmet need for public health-care services at Mumbai, a metropolitan city in India and one of the most populous cities in the world, where about 49 per cent of the population is poor. Analysis is based on the data from a survey of health-seeking preferences and choices, covering a sample of 1,035 households in the study area. The research brings out the utility of the urban health-care system, mainly provided by the municipal corporation. One methodological observation is that the actual choice is not necessarily based on households' preference, in selection of source for health-care services. Non-availability of public health-care services has limited people's right to access public health-care services. It was found that 44 per cent and 67 per cent of the households were having unmet need for inpatient

and out-patient public health-care services, respectively. If public health-care facilities are available within their locality, a majority of poor were willing to shift towards it from the private sector, where out-of-pocket expenses are unaffordable. The findings of the study indicate the need to strengthen the public health-care system in order to maintain equilibrium in access to health-care across different subgroups of the population.

### **Towards a Formulation of the Republic of Korea's Foreign Worker Policy : Lessons from Japan and Germany** 41

In 1991, the Republic of Korea implemented the Japanese model of the foreign industrial trainee system, in order to provide foreign labour in the manufacturing industry. The system actually generated thousands of undocumented workers who either became runaways from their contracted companies or overstayed their trainee visas. As a result, the civil society and foreign workers in the Republic of Korea have called persistently for a complete overhaul of the trainee system and demanded a European model of the work permit system, which would presumably reduce the human rights abuses based on their precarious legal status as undocumented workers. This article assesses the temporary worker programmes of Japan and Germany and highlights the unintended consequences of those policies — lessons from which the Republic of Korea can develop a more humane and realistic foreign worker policy. While Germany's guestworker programme is an improvement from the Japanese trainee system, the Republic of Korea should consider carefully some fundamental issues of importing foreign labour. Given their experiences, the Republic of Korea must reassess its assumption that foreign workers will return home, consider the potential impact of foreigner settlement in the country and develop integration policies that discourage ethnic segregation.

### **Dynamics of Poverty, Development and Population Mobility: The Bangladesh Case** 69

The paper examines the impact of population mobility on poverty alleviation and how this impact has changed the development parameters of the country using both primary and secondary data sets from Dhaka City and rural areas. It highlights that not only have rural households adopted emigration as a livelihood strategy, but also that rural-urban migration is an increasingly important means of diversifying household and rural economies. The paper also shows that over time, poverty in Dhaka has declined substantially, but there is staggering income inequality and remarkable gaps in

the quality of life indicators between the rich and the poor. Moreover, urban poor in general and migrants in particular are likely to find it difficult to sustain economic gains in the long run, owing to intra-urban inequality in income, lack of incentive to spend on human capital development and skewed delivery of social services. The paper, therefore, calls for bringing labour migrants and urban poor under the existing safety-net programmes of the Interim Poverty Reduction Strategy Paper (I-PRSP). Urbanization is an area deserving the serious attention of planners and policy makers under a balanced regional development framework.

# Barriers to Family Planning Service Use among the Urban Poor in Pakistan

*The type of barrier a woman faces in accessing family planning services is not only a product of her own individual characteristics, but is influenced by the characteristics of her household and other household members.*

By Rob Stephenson and Monique Hennink\*

Although fertility has shown some decline in Pakistan in recent years, contraceptive use remains low. Despite high knowledge of modern methods of contraception (94 per cent of married women know of a modern method of contraception) only 17 per cent of married women of reproductive age currently use a modern method of contraception (Pakistan Reproductive Health and Family Planning Survey, 2001; Sathar and Casterline, 1998). This is in part a product of poor physical access to family planning services. The coverage and quality of family planning services is poor, with only 10 per cent of the population living

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within easy walking distance of government-operated family planning services (Rosen and Conly, 1996). Consequently, there exists a large unmet need for family planning services in Pakistan (Mahmood and Ringheim, 1997). Previous research, however, into the barriers to family planning service use has highlighted the importance of looking beyond physical access to examine barriers that arise from the socio-economic and cultural environment in which an individual lives (Bertrand and others, 1995; Foreit and others, 1978). Pakistan presents an interesting context for examining the range of potential barriers to the use of family planning services, with a low level of economic development and strict cultural norms that may inhibit service utilization. This paper identifies the barriers to family planning service use among women in urban slum areas. The paper also examines the characteristics of urban poor women who report different types of barriers to using family planning services. Gaining a better understanding of the types of women who are likely to experience particular barriers to family planning services is valuable for developing service promotion strategies and for informing service delivery protocols.

### **Family planning in Pakistan**

Despite being one of the first countries to adopt an explicit population policy, fertility in Pakistan remains high with a total fertility rate of 5.4 (Sathar and Casterline, 1998; Rukanuddin and Hardee-Cleaveland, 1992). Pakistan's fertility rate is estimated to exceed the ideal number of children by more than one child, indicating a large unmet need for family planning services (Mahmood and Ringheim, 1997). Indeed, Pakistan now has one of the highest figures for unmet need for family planning in the world, the product of both a lack of adequate services and a social milieu that is unfavourable to the adoption of contraception (Shelton and others, 1999; Mahmood and Ringheim, 1997; Rukanuddin and Hardee-Cleaveland, 1992). Much has been written of the subjugated position of women in Pakistan, with poor opportunities for education and employment and traditional norms that restrict their physical mobility and autonomy, and the resultant low uptake of family planning methods (Sathar and others, 1988; Mahmood and Ringheim, 1997). Although the 1990s saw improvements in the delivery of family planning services in Pakistan, with the advent of the social marketing of contraceptives, the Village-Based Family Planning Workers Programme and increased media promotion of family planning, the coverage and quality of services remains poor (Sathar and Casterline, 1998; Rosen and Conly, 1996). It is estimated that only 10 per cent of the population have physical access to the government-operated Family Welfare Clinics, while population coverage for all types of family planning services stands at less than 50 per cent (Rosen and

Conly, 1996). As a result only 17 per cent of married women of reproductive age currently use a modern method of contraception (24 per cent are using any method of family planning), with female sterilization accounting for 35 per cent of all family planning use (United Nations, 2001).

### **Barriers to family planning service use**

The influence of physical access on the utilization of family planning services is well-founded, with many studies demonstrating the greater use of services among women who live in relative proximity to a service (Tsui and Ochoa, 1992). Research into the barriers faced in accessing reproductive health services, however, now recognizes that problems of access extend beyond physical access to services and include issues of economic, administrative, cognitive and psychosocial access (Bertrand and others, 1995; Foreit and others, 1978). Furthermore, the barriers to family planning service use are seen as extending beyond factors operating at the individual and household levels, to include characteristics of the social and cultural environment and the health service infrastructure. This view of access recognizes the importance of attributes of the health system in shaping an individual's ability to seek health care, highlighting the importance of the supply environment on health-care utilization. This conceptualization of access incorporates factors operating at the individual, household and community level to influence an individual's ability to utilize a health service, thus framing his/her access to services in terms of the socio-economic, cultural and service supply context in which he/she lives.

Previous studies of the use of reproductive health services have been largely focused on factors operating at the individual and household levels, broadly categorized as demographic, socio-economic, cultural and health experience factors. Demographic factors that have been shown to increase the likelihood of using reproductive health services are; low parity (Magadi, Madise and Rodrigues, 2000; Kavitha and Audinarayana, 1997) and younger maternal age (Bhatia and Cleland, 1995). Socio-economic factors, however, have been shown to be of greater importance in determining health service utilization than demographic factors (Obermeyer and Potter, 1991). While demographic factors may shape the desire to use services (e.g. younger women may have more modern attitudes towards health-care use) the socio-economic status of an individual and the household in which they live determines the economic ability to utilize health services (Foreit and others' (1978) economic dimension of access). In terms of socio-economic factors, the most consistently found determinant of reproductive health service utilization is a woman's level of educational attainment (Addai,

1998; Bhatia and Cleland, 1995; Magadi, Madise and Rodrigues, 2000; Nuwaha and Amooti-kaguna, 1999; Obermeyer, 1993). It is thought that increased educational attainment operates through a multitude of mechanisms in order to influence service use, including increasing female decision-making power, increasing awareness of health services, changing marriage patterns and creating shifts in household dynamics (Obermeyer, 1993). Cost has often been shown to be a barrier to service utilization (Griffiths and Stephenson, 2001; Bloom, Lippeveld and Wypij, 1999) and also influences the choice of service provider. Socio-economic indicators such as urban residence (Addai, 1998), household living conditions (Magadi, Madise and Rodrigues, 2000; Bloom, Lippeveld and Wypij, 1999), household income (Kavitha and Audinarayana, 1997) women's employment in skilled work outside the home (Addai, 1998), high levels of husband's education (Nuwaha and Amooti-kaguna, 1999) and occupational status (Nuwaha and Amooti-Kaguna, 1999) have also proven to be strong predictors of a woman's likelihood of utilizing reproductive health services.

Both demographic and socio-economic determinants of reproductive health service utilization are mediated by cultural influences on health service behaviour (Basu, 1990; Goodburn, Gazi and Chowdhury, 1995). The health behaviour of individuals is often mediated by community beliefs and norms, such that individual behaviour is influenced by community perceptions of individual actions (Foreit and others' (1978) psychosocial aspect of access) (Rutenberg and Watkins, 1997). Although individual demographic and socio-economic factors may shape an individual's desire and ability to use a service, the cultural environment in which an he/she lives exerts a strong influence on the extent to which these factors actually lead to service utilization.

The most evident psychosocial influences on family planning service use among women in Pakistan are the behavioural norms that relate to residence in an Islamic society. The prevailing value systems of *purdah*<sup>1</sup> and *izzat*<sup>2</sup> encourage the segregation of the sexes and the confinement of women to the family home, reducing women's mobility and access to services. Family planning services with male practitioners, or those located in areas where there may be males present a barrier to use for women who are observing *purdah*. Women may need permission from their husband or household elders to seek health care. Additionally, the doctrine of Islam has often been interpreted to forbid the use of family planning methods (Obermeyer, 1994; Underwood, 2000). The absence of a central authority or hierarchically organized clergy in Islam results in the lack of a single interpretation of the Koran (Obermeyer, 1994) and thus the interpretation of the Koran's position on family planning is open to wide variations (Obermeyer, 1994;

Underwood, 2000). The ambiguity of the Koran towards family planning means that attitudes towards family planning in Muslim communities are often shaped by local consensus of opinion (Amin, Diamond and Steele, 1997). Hence women's use of family planning services is often shaped by the prevailing religious attitudes of those in their community. Therefore, family planning services may be physically accessible in the local community, but cultural influences may mean that they may not be socially accessible.

In addition to individual, household and community barriers to family planning service use, previous studies have highlighted the influence of the supply environment on an individual's ability to utilize services (Foreit and others' (1978) administrative aspect of access). Numerous studies have demonstrated an association between service quality (or perceived quality) and an increased use of family planning services (Koenig, Hossain and Whittaker, 1997; Magnani and others, 1999; Mensch, Arends-Kuenning and Jain, 1996). In the conceptualization of the five dimensions of access, Foreit and others (1978) note the importance of medical barriers (e.g. regulations that inhibit contraceptive method choice) and service quality (e.g. long waiting times or limited supply of methods) as potential inhibitors to the use of family planning services. In a study of family planning service provision in Tanzania, Speizer and others (2000) found that provider bias in method promotion and age restrictions to the use of some contraceptive methods lead to the creation of restrictive barriers to contraceptive adoption. Similarly, Williams, Schutt-Aine and Cuca (2000) demonstrate high levels of dissatisfaction with family planning services in their analysis of exit interview data from eight Latin American countries, with long waiting times and cost of services highlighted as the main areas of dissatisfaction. Thus, the characteristics of family planning services themselves may act as a barrier to service use. The influence of service characteristics on service use may also be influenced by a woman's experience of health services. Previous contact with health professionals creates both confidence and familiarity in using health services, making a woman more likely to use other reproductive health services. A woman's previous exposure to health services has been shown to be a strong predictor of her propensity to utilize reproductive health services (Basu, 1990; Bloom, Lippeveld and Wypij, 1999).

### **The urban poor**

The urban poor in developing countries are expected to increase significantly in number over the next 25 years, so that the balance of population in developing countries will shift from predominantly rural to mostly urban (PUPD, 2003; Hinrichsen Salem and Blackburn, 2002). The greatest increases will occur in

Asia and Africa, with the most significant increases in urban growth in the smaller, secondary cities rather than in the large urban centers. One of the implications of that change in population is the massive increase expected in the number of urban poor. The World Bank estimates that worldwide 30 per cent of poor people live in urban areas, by 2020, the proportion is projected to reach 40 per cent and by 2035, half of the world's poor people are projected to live in urban areas (Ravallion, 2001).

The urban poor in slum areas face additional health penalties that may erase the urban health advantage. Generally, urban residents have higher standards of living and better reproductive health than rural residents, however, the spatially concentrated urban poor, those in urban slums and squatter settlements, show levels of health that are significantly worse than their rural counterparts (PUPD, 2003; Harpham and Tanner, 1995; APHRC, 2002). In addition, the reproductive health of urban poor can be worse in smaller cities: unmet need for family planning is 25 per cent in cities with less than 100,000 inhabitants and 15 per cent in cities with a population between 500,000 to 1 million (PUPD, 2003). While large urban areas have a marked advantage in the provision of amenities and services, the smaller urban areas are significantly underserved. The urban poor in smaller urban cities are in a distinctly inferior position relative to other urban residents in terms of access to basic amenities (electricity, clean water, sanitation and adequate health care). They are also underserved in terms of access to reproductive health services compared with their counterparts living in larger cities (PUPD, 2003). Given that the greatest increase in population is expected to occur in the smaller cities of developing countries, increased poverty rates and worsening reproductive health can be expected in secondary cities of developing countries. Researchers often neglect to investigate the health and service issues of the population in smaller cities (PUPD, 2003). Therefore, greater research attention needs to be directed at the health issues of the urban poor, particularly those in secondary cities, who will form a group of increasing numerical and policy significance as urbanization increases (Hewett and Montgomery, 2001).

This paper examines the barriers to family planning service utilization among urban poor women in slum areas in Pakistan. The aim of this paper is firstly to identify the factors associated with family planning service use and to identify the barriers to service utilization. Secondly, the paper identifies the homogeneity of those barriers among poor women in urban slums, and identifies the characteristics of women who report different types of barriers to using family planning services. A greater understanding of the factors that enable family planning service use and the barriers experienced by different types of women in urban poor areas has the potential to inform the provision of family planning services.

## **Data**

Little is known about the health of the urban poor because most survey instruments do not capture this subgroup and the extent to which surveys miss the urban poor is unknown (Diamond, Matthews and Stephenson, 2001). Although Demographic and Health Surveys (DHS), commonly used for health research, provide nationally representative samples, they may omit to reach urban poor groups. This study focuses specifically on the urban poor, collecting data from slum settlements in six cities of Pakistan. Previous research of family planning use among the urban poor in Pakistan concentrated on residents of Karachi, the largest city (Pasha, Fikree and Vermund, 2001), however, the present study focuses on the urban poor residing in secondary cities, providing a more representative sample of Pakistan's urban poor. Data were collected in 2000 via a household-based questionnaire conducted with married women of reproductive age (15-45). The study was undertaken in slum areas of six mid-sized cities in the Punjab and Sindh provinces; Gujrat, Gujranwala, Sargodha, Larkana, Hyderabad and Shikarpur. The cities were selected to represent a range of urban environments, in terms of levels and types of economic and health sector development. In each city there was a distinct area of urban poor in which the study was conducted; within each slum area four clusters were identified. Each of those slum areas was mapped and households were selected from each cluster using systematic random sampling. Within each sampled household married women of reproductive age were interviewed. A sample of 5,338 married women of reproductive age was collected. The questionnaire collected information on women's knowledge, attitude and use of contraception, demand for family planning, experiences of using family planning services. The questionnaire also collected demographic and socio-economic information and indicators of women's autonomy.

## **Study setting**

The characteristics of the urban slum areas were broadly similar. Each slum area was approximately three to five kilometres in radius and comprised of high density, low-income households. All slum areas were located in the industrial sectors or periphery areas of each city. Owing to the size of the slum areas, there were variations in the quality of the infrastructure within each slum, such that all slums contained some areas of relatively well-constructed housing and paved roads as well as pockets of unmade roads with open sewers and informal housing structures. Employment was generally in manual unskilled occupations, in particular labouring, agriculture, small vendors and a range of cottage industries.

The health service environments within each slum were variable. Typically there was a predominance of small private health clinics and pharmacies located within the slum area and throughout the city, where family planning services were available. The government hospital or government-operated Family Welfare Clinic was often located outside the study area and access required the use of public transport.

### **Method**

The analysis examines two areas: the use of family planning services and the reasons for the non-use of family planning services. Model one examines the determinants of family planning service utilization by fitting a logistic model to a binary outcome coded one if the respondent reports having ever used a family planning service. Family planning services include both public and private services. The analysis sample is restricted to married women with at least one child ( $n = 4,304$ ).

Model two examines factors associated with the reasons for not using a family planning service. Although it is possible that the decision not to use family planning services is the product of a number of factors, women were asked to report the main reason for their non-use of family planning services. The reasons for the non-use as reported by the respondents, were then categorized according to Foreit and others' (1978) five dimensions of access: economic (cost), psychosocial (religious opposition, opposition of the husband and respondents own non-religious opposition), cognitive (lack of knowledge of family planning services or methods), physical (distance to services) and administrative (poor services and heard of bad experiences at services). A multinomial model is fitted, using women who have attended a family planning service as the comparison group, facilitating an examination of the influence of socio-economic and demographic factors as predictors of the barriers to family planning service use. The barriers to service use are self-reported and 1,376 women (27 per cent) reported a desire for more children as the main reason for not attending a family planning service. Additionally, 93 women (2 per cent) reported that they were currently using natural methods of family planning (breastfeeding or withdrawal). As the aim of the analysis is to examine barriers to service use, women who want more children or who are using natural methods of family planning are excluded from the analysis, thus removing those who do not have a desire to use services (and thus potentially do not face barriers) from the analysis. The analysis sample is thus 2,835 married women of reproductive age with at least one child.



The determinants of each of the outcomes are examined in terms of demographic (parity), socio-economic, geographic and female autonomy factors. Socio-economic factors include the respondent's level of educational attainment, the educational attainment of her husband, and whether the respondent works in paid employment outside the home. Factor analysis was performed to create an asset index using data on the ownership of household goods and the presence of electricity and sanitation facilities in the household. The asset index is intended as a proxy measure for the socio-economic status of the household (Filmer and Pritchett, 1988) and is divided into three categories: low, medium and high.<sup>3</sup> The models also control for media exposure, as to whether the respondent watches television or listens to the radio. The province is included in the models to control for regional differences in the provision of health services. Indicators of female autonomy and decision-making are identified through; the presence of a mother-in-law in the household, the husband's approval of family planning and the woman's ability to go outside her neighbourhood with another adult.

## **Results**

### **Determinants of family planning service utilization**

Table 1 shows the results of the modeling of family planning service utilization. The educational status of both the woman and her husband displayed significant positive relationships with a woman's odds of utilizing a family planning service. Relative to women with no education, women with primary, middle and secondary or higher education had significantly greater odds of utilizing a family planning service (Odd Ratio (OR) of women with primary education or primary OR = 1.35, middle OR 1.44 and secondary and above OR 1.63). Similarly, relative to women whose husband's had no education, women whose husband's had primary, middle and secondary or higher education had greater odds of utilizing a family planning service (primary OR 1.35, middle OR 1.55 and secondary and above OR 1.95). The asset index, a proxy for household socio-economic status, was not significantly related to the utilization of family planning services. It is suggested that the inclusion of both the woman's and her husband's educational status captures much of the socio-economic influence on family planning service utilization. Women, who reported watching television or listening to the radio, had significantly greater odds of utilizing family planning services (watch television OR 1.47 and listen to the radio OR 1.25).



**Table 1. Determinants of family planning service use**  
(figures are odds ratios and 95 per cent confidence intervals)

	Odds ratio	95 per cent confidence interval
<b>Parity</b>		
1	1.00	...
2/3	<i>2.06</i>	<i>1.49, 2.85</i>
4/5	<i>2.86</i>	<i>2.04, 4.02</i>
6+	<i>4.52</i>	<i>3.15, 6.49</i>
<b>Education</b>		
None	1.00	...
Primary	<i>1.35</i>	<i>1.08, 1.66</i>
Middle	<i>1.44</i>	<i>1.11, 1.85</i>
Secondary or higher	<i>1.63</i>	<i>1.26, 2.01</i>
<b>Husband's education</b>		
None	1.00	...
Primary	<i>1.35</i>	<i>1.02, 1.74</i>
Middle	<i>1.55</i>	<i>1.21, 2.04</i>
Secondary or higher	<i>1.95</i>	<i>1.33, 2.35</i>
<b>Household asset index</b>		
Low	1.00	...
Middle	<i>1.44</i>	<i>0.91, 1.97</i>
High	<i>1.18</i>	<i>0.86, 1.53</i>
<b>Works outside home</b>	<i>1.09</i>	<i>0.87, 1.37</i>
<b>Watches television</b>	<i>1.47</i>	<i>1.13, 1.91</i>
<b>Listens to the radio</b>	<i>1.25</i>	<i>1.07, 1.46</i>
<b>Mother-in-law in the household</b>	<i>0.45</i>	<i>0.23, 0.67</i>
<b>Able to go outside neighbourhood</b>	<i>1.24</i>	<i>1.05, 1.43</i>
<b>Husband approves of family planning</b>	<i>10.31</i>	<i>7.78, 13.63</i>
<b>Woman lives in Sindh</b>	<i>1.44</i>	<i>1.23, 1.69</i>

Note: Figures in italics are significant at 5 per cent level.

The odds of using a family planning service increased with parity. Relative to women with only one child, women at all other parities displayed greater odds of using a family planning service (parity 2-3 OR 2.06, parity 4-5 OR 2.86, and parity 6+ OR 4.52). Two indicators of female autonomy were significantly associated with the use of family planning services. Women who

reported that their husband approved of family planning were more than ten times more likely to use a service (OR 10.31) and women who were able to go outside of their neighbourhood with another adult (OR 1.24) had greater odds of utilizing a family planning service. The presence of mother-in-law in the household reduced the odds of a woman having ever used a family planning service (OR 0.45). Women who live in the Sindh province have significantly greater odds of utilizing a family planning service (OR 1.44) than women who live in the Punjab province.

### Reasons for not using family planning services

Seventy-five per cent of the sample (n = 4,001) reported never using a family planning service. Figure 1 shows the distribution of the reasons for the non-use of family planning services among urban slum women categorized into Foreit and others' (1978) five dimensions. Psychosocial barriers, which include husband's opposition and religious opposition, account for 50 per cent of reported barriers to family planning service use, administrative barriers accounted for 22 per cent, economic barriers for 15 per cent, cognitive barriers for 8.8 per cent and physical distance was reported as a barrier to service use by only 95 (4.3 per cent) respondents.

**Figure 1. Distribution of barriers to family planning service use**

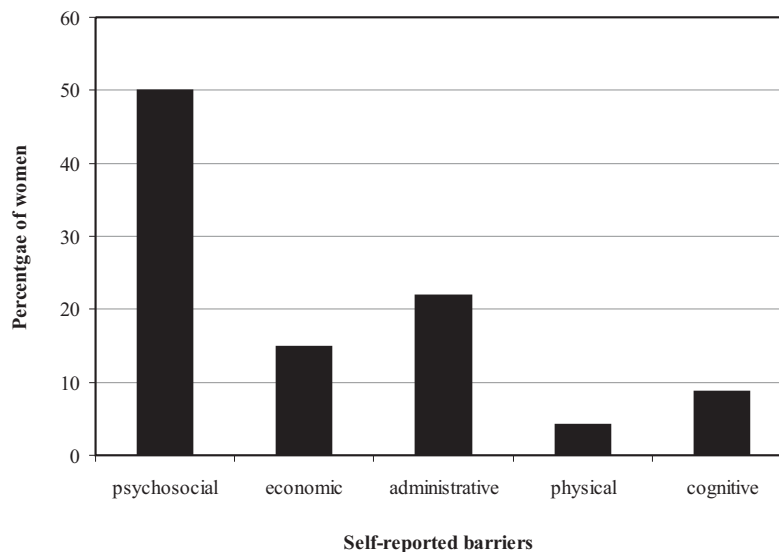


Table 2 shows the results of the multinomial model of the reported barriers to family planning service use: the comparison group is women who have used a family planning service. The reporting of psychosocial barriers to family planning service use was largely driven by the woman's level of education attainment. Relative to women with no education, women with all levels of education were less likely to report psychosocial barriers to service use (primary Relative Risk Ratio (RRR) 0.63, middle RRR 0.60, secondary or higher RRR 0.46). Similarly, the asset index had a significant negative effect on the reporting of psychosocial barriers. Women from households with medium (RRR 0.69) and high (RRR 0.65) asset scores were less likely to report psychosocial barriers than women from households with low asset scores. Exposure to media also reduced the reporting of psychosocial barriers, with women who reported watching television (RRR 0.48) or listening to the radio (RRR 0.80) being less likely to report psychosocial barriers. Women at high parities (parity 6+ RRR 0.58) showed a lower likelihood of reporting psychosocial barriers to family planning service use than women with only one child. The presence of a mother-in-law in the household significantly increased the reporting of psychosocial barriers to family planning service use (RRR 1.59). Women who were employed outside the home showed a significant increase in the likelihood of reporting psychosocial barriers (RRR 1.39), while women who were able to travel outside their neighbourhood had a lower likelihood of reporting psychosocial barriers (RRR 0.74).

Economic barriers to family planning service use were largely driven by socio-economic indicators. Relative to women from households with a low asset score, women from households with a medium (RRR 0.60) or high (RRR 0.59) asset score had a lower likelihood of reporting economic barriers. Similarly, women whose husbands had middle level education (RRR 0.44) and secondary or higher education (RRR 0.48) had a lower likelihood of reporting economic barriers to service use than women whose husbands had no education. High parity slum women (parity 6+ RRR 0.46) showed a lower likelihood of reporting economic barriers to family planning service use than women with only one child. Women who reported listening to the radio were less likely to report economic barriers (RRR 0.72), although there was no effect of television watching on the reporting of economic barriers. Women who worked outside the home were more likely to report economic barriers to family planning service use (RRR 1.24).

The reporting of administrative barriers to family planning service use declined with the husband's level of educational attainment, the household asset score and parity. Relative to women whose husbands had no education, women whose husbands had any level of education were less likely to report administrative barriers to service use (primary RRR 0.50, middle RRR 0.38,

secondary or above (RRR 0.36). Women from households with medium (RRR 0.55) or high asset scores (RRR 0.79) were also less likely to report administrative barriers. Relative to women at parity one, women at parity 4-5 (RRR 0.45) and 6+ (RRR 0.22) were less likely to report administrative barriers to family planning service use.

Women with middle level (RRR 0.39) and secondary or above education (RRR 0.35) were less likely to report physical distance as a barrier than women with no education. Women from households with medium (RRR 0.37) or high asset scores (RRR 0.44) were also less likely to report physical distance as a barrier than women from households with a low asset score. The presence of a mother-in-law in the household increased the reporting of physical distance as a barrier to family planning service use (RRR 1.26), while the ability to travel outside the neighbourhood decreased the reporting of physical barriers (RRR 0.71).

The reporting of cognitive barriers to family planning service use was lower among women with primary education (RRR 0.62), middle (RRR 0.48) and secondary or above (RRR 0.70), and women who reported watching television (RRR 0.33). Women who worked in paid employment outside the home were more likely to report cognitive barriers to service use (RRR 2.01).

There were significant differences in the reporting of barriers to family planning service use between women in Punjab and Sindh, which remained after controlling for individual and household characteristics. Women who live in Sindh were less likely to report psychosocial (RRR 0.60) and physical (RRR 0.14) barriers to family planning service use than women in Punjab, although they were more likely to report administrative (RRR 2.13) and cognitive barriers (RRR 2.51).

### **Discussion**

The results demonstrate the influence of each of Foreit and others' (1978) five dimensions of access on the propensity of urban poor women to use family planning services, and in particular it clearly indicates that the five dimensions have differential impact on women's ability to use family planning services according to individual and household characteristics.

The greatest obstacles to family planning service use among urban poor women are the psychosocial barriers; which include the opposition of religion, husband or personal opposition to family planning. Half of all urban poor women identified psychosocial reasons as the primary barrier to using family planning services. Typically, women reporting psychosocial barriers are most likely to display more traditional characteristics in terms of household structure and

**Table 2. Determinants of barriers to family planning service use**  
(figures are relative risk ratios and 95 per cent confidence intervals)

	Psychosocial	Economic	Administrative	Physical	Cognitive
<b>Parity</b>					
1	1.00	1.00	1.00	1.00	1.00
2/3	0.85 (0.56, 1.27)	0.66 (0.38, 1.13)	0.74 (0.46, 1.19)	0.78 (0.34, 1.74)	0.95 (0.44, 2.05)
4/5	0.70 (0.46, 1.07)	0.40 (0.35, 1.07)	0.45 (0.27, 0.75)	0.64 (0.27, 1.53)	1.31 (0.60, 2.88)
6+	0.58 (0.37, 0.92)	0.46 (0.23, 0.90)	0.22 (0.13, 0.39)	0.52 (0.19, 1.36)	0.54 (0.22, 1.30)
<b>Education</b>					
None	1.00	1.00	1.00	1.00	1.00
Primary	0.63 (0.49, 0.81)	0.85 (0.58, 1.23)	0.96 (0.63, 1.33)	0.72 (0.40, 1.37)	0.62 (0.38, 0.98)
Middle	0.60 (0.44, 0.82)	0.94 (0.61, 1.46)	1.05 (0.70, 1.56)	0.39 (0.17, 0.89)	0.48 (0.26, 0.91)
Secondary or higher	0.46 (0.37, 0.68)	0.81 (0.53, 1.24)	1.19 (0.61, 1.58)	0.35 (0.16, 0.75)	0.70 (0.41, 0.96)
<b>Husband's education</b>					
None	1.00	1.00	1.00	1.00	1.00
Primary	0.72 (0.53, 0.98)	1.04 (0.65, 1.67)	0.50 (0.34, 0.75)	0.61 (0.27, 1.38)	0.60 (0.36, 1.30)
Middle	0.54 (0.39, 0.73)	0.44 (0.30, 0.82)	0.38 (0.25, 0.59)	0.55 (0.26, 1.18)	0.61 (0.33, 1.13)
Secondary or higher	0.92 (0.70, 1.21)	0.48 (0.13, 0.75)	0.36 (0.21, 0.82)	1.04 (0.54, 2.00)	0.94 (0.56, 1.55)
<b>Household asset index</b>					
Low	1.00	1.00	1.00	1.00	1.00
Middle	0.69 (0.53, 0.89)	0.60 (0.40, 0.88)	0.55 (0.42, 0.73)	0.37 (0.19, 0.72)	1.18 (0.71, 1.95)
High	0.65 (0.49, 0.86)	0.59 (0.39, 0.90)	0.79 (0.38, 0.80)	0.44 (0.29, 0.69)	1.25 (0.73, 2.13)
<b>Works outside home</b>	1.39 (1.06, 1.83)	1.24 (1.04, 1.42)	0.98 (0.71, 1.35)	0.82 (0.43, 1.59)	2.01 (1.14, 3.51)
<b>Watches television</b>	0.48 (0.36, 0.64)	0.88 (0.56, 1.38)	0.95 (0.63, 1.42)	1.10 (0.54, 2.22)	0.33 (0.20, 0.53)
<b>Listens to the radio</b>	0.80 (0.67, 0.96)	0.72 (0.55, 0.94)	0.90 (0.71, 1.42)	0.52 (0.32, 0.85)	0.82 (0.58, 1.14)
<b>Mother-in-law in the household</b>	1.59 (1.11, 2.07)	1.11 (0.94, 1.28)	1.03 (0.84, 1.35)	1.26 (1.04, 1.48)	0.84 (0.72, 1.12)
<b>Able to go outside neighbourhood</b>	0.74 (0.52, 0.96)	0.72 (0.41, 1.03)	0.84 (0.42, 1.29)	0.71 (0.52, 0.96)	0.75 (0.52, 1.17)
<b>Woman lives in Sindh</b>	0.60 (0.50, 0.74)	0.93 (0.70, 1.24)	2.13 (1.64, 2.78)	0.14 (0.07, 0.25)	2.51 (1.70, 3.70)

*Note:* Figures in italics are significant at 5 per cent level.

personal autonomy. These women are most likely to be the poorest, have no education, no exposure to the radio or television, and have only one child. They are also likely to live in a household with their mother-in-law present and have restricted personal mobility to travel unaccompanied outside the local area.

In Pakistani households the weight of decision-making lies with the male and thus the approval of the husband is crucial for a woman to use family planning services. This is clearly shown by the finding that women whose husband's approved of family planning were ten times more likely to have used a family planning service. However, the influence on a woman's ability to seek family planning services extends beyond the husband to other household members, in particular, a mother-in-law. Women who lived in households with a mother-in-law present were less likely to have used a family planning service and more likely to report psychosocial barriers to family planning service use. A study of family planning use in squatter settlements in Karachi found the perceived opposition of the mother-in-law was a deterrent to women to adopt a family planning method (Pasha, Fikree and Vermund, 2001). The presence of a mother-in-law may represent the existence of more traditional attitudes towards family planning use in the household. A mother-in-law may also represent familial pressure for larger families, particularly for sons. Women living in households with a mother-in-law present thus potentially face the dual burden of negative attitudes towards the use of family planning services from both the husband and the mother-in-law. Given that 48 per cent of women lived in a household with their mother-in-law present, this is a significant psychosocial barrier to the use of family planning services. The strong influence of household members on a woman's ability to utilize family planning services stresses the importance of targeting family planning messages not only to the potential users of such services, but also to those who influence a woman's decision to utilize family planning services, most notably husbands and mothers-in-law or elders.

Greater personal mobility can lead to increased use of family planning services by urban poor women and a reduction in the reporting of psychosocial barriers to service use. Given the prevailing *purdah* system, women who are able to travel outside their neighbourhood are likely to be from less conservative households, and thus more likely to have greater personal freedom to utilize family planning services, particularly those that require permission from husbands.

Women with no education were most likely to report psychosocial barriers to the use of family planning services. In a society in which women's mobility is restricted by *purdah*, women who are allowed to attend school are

likely to be from more progressive households. A woman's involvement in education may also increase her exposure to the health system and provide her with the functional autonomy to utilize services, allowing her to surmount the psychosocial barriers faced by less educated women. Similarly, the lack of media exposure among women reporting psychosocial barriers to service use, suggests a relationship between increased access to information and a woman's ability to surmount psychosocial barriers to service use.

Women who were employed outside the home were more likely to report psychosocial barriers to family planning service use. Only 754 respondents (14 per cent) reported working outside the home, and were employed mainly in unskilled manual work. The percentage of women in paid employment declines with the level of household wealth: 28 per cent of women from households with a low asset score are in paid employment compared to only 4 per cent of women from households with high asset scores. Given the social norms of women's restriction to the home, the participation of women in the workforce is unusual and is most common among the poorest households where it may be an economic necessity, as women in paid employment were also more likely to report economic barriers to service use. Women who work outside the home are thus likely to be from households without the disposable income to allow the use of family planning services.

Administrative barriers were the second most commonly reported barrier to family planning services identified by urban poor women. Administrative barriers in this study referred to the perception that services are of poor quality and fear of using services due to reports of bad experiences of others. The barriers are thus perceptions of service quality and do not reflect actual administrative barriers that may be in place at family planning services (for example, parity requirements). The data does not include information on actual administrative barriers. Given that poor perception of family planning services constitute the second greatest barrier among urban poor women, this points to the need for family planning promotion efforts to target urban slum areas to dispel some of the fears about service quality.

Administrative barriers were most likely to be experienced by women in the poorest households with a low assets score and whose husbands had no education. The lower reporting of administrative barriers among women from relatively wealthy households may reflect the types of services that such women would use. Women from the wealthier households of urban slums, with greater funds available for health service use, are more likely to utilize private health

services. Hence, such women may also be less likely to report issues of quality as barriers to service use as they can afford to utilize better quality services. In addition, women at parity four and above were less likely to identify administrative barriers to service use. Women of higher parities are likely to have had more contact with general health services for themselves or their children and may be less likely to be deterred by anecdotal information about poor services.

Economic barriers to service use were reported by only 15 per cent of urban poor women. Not surprisingly, these are most likely to be the poorest women and those with little or no education. Women from households with higher asset scores and whose husband had a higher level of education were less likely to report economic barriers to service use. The results, therefore, highlight that even in slum areas the advantages afforded to women from relatively richer households whereby greater economic wealth, reduces the presence of economic barriers to family planning service use. It is also important to note that the use of free family planning services still incurs costs in the form of transport and absence from household economic activity, and even those costs can form a significant barrier for the poorest households. This finding reinforces the need to continue cost-free family planning services that are physically and economically accessible to women in urban slum areas.

The economic advantages are, however, limited to a small proportion of the sample: 71 per cent of women and 41 per cent of their husbands were either illiterate or received only primary level education; while 25 per cent of women are in households with low asset scores. Thus the economic advantages afforded to those with high levels of education and women from 'richer' households are restricted to a small proportion of the populations in slum areas, and the majority of women from urban slums still face potential economic barriers to service use.

Few women reported cognitive barriers to family planning service use. Not surprisingly, those were women with no education and no exposure to the media, indicating the effect of education in creating greater awareness of and exposure to the health system. The social marketing of contraceptives increased rapidly in Pakistan in the 1990s, and thus women who have access to the media are more likely to have gained knowledge of family planning methods, potentially reducing cognitive barriers to family planning service use. Media exposure may also impact other household members who are exposed to the same social marketing messages. This may create greater household awareness and discussion of family planning, potentially reducing the opposition of other household members to service use.



Physical barriers to family planning services were reported by the fewest women in urban slums, however, those who did report physical barriers were those with the lowest level of personal mobility. Women who lived in a household with a mother-in-law present were the most likely to report physical distance as a barrier to service use. Young newly married women have low status in the Pakistani household, and thus their personal mobility is likely to be strictly limited, restricting their ability to access to family planning services. It is those women who would most benefit from community-based distribution of contraceptives within the urban slum areas.

This study has examined the barriers to family planning service use in terms of individual and household characteristics, although the data do not permit an examination of the influence of the service environment on the barriers to service use. The data does not include information on the types of services available in the study sites, or on characteristics of the services (e.g. opening times and cost). It may be expected that the local service environment would strongly influence both the use of services and the types of barriers a woman may face in accessing services. For example, women who live in areas with a predominance of private services may be more likely to face economic barriers to service use. The lack of service data is thus a limitation of this study, and the study should thus be regarded as an examination of only the individual and household determinants of the barriers to family service planning use.

### **Conclusion**

This research has highlighted two key issues regarding the provision of family planning services to the urban poor. First, the urban poor cannot be treated as a homogenous group; there exist important sociodemographic variations within the urban poor population in relation to their use of family planning services and the barriers faced in service utilization. The type of barrier a woman faces in accessing family planning services is a product of not only her own individual characteristics, but is influenced by the characteristics of her household and other household members. Therefore, even among seemingly homogenous urban slum populations there exists a wide range of potential barriers to accessing family planning services. It is therefore too superficial to refer to the urban poor populations as a homogenous group with access issues based on poverty and physical proximity to services. Any public health intervention that aims to reduce barriers to family planning service use among urban poor women in Pakistan must recognize the heterogeneity of urban slum women, and tailor interventions to fit the barriers faced by different types of women.

Second, this research shows that the urban poor are a population subgroup who are both economically and physically disadvantaged in access to services. Yet despite those disadvantages, women in urban slums identified sociocultural factors as the greatest barrier to family planning service use. This finding is consistent with studies focusing on the general population of Pakistan, whereby contraceptive use is strongly influenced by sociocultural factors, such as a husband or mother-in-law (Pasha, Fikree and Vermund, 2001; Casterline, Sathar and Haque, 2001). In a strong Islamic society, it is unsurprising that religious and cultural norms surrounding contraceptive use have a significant influence on service use regardless of an individual's place of residence. Therefore, interventions aimed at overcoming cultural barriers to family planning use (such as messages targeting men) are equally applicable to urban slum areas as to the general population in Pakistan. However, such interventions should also recognize the unique circumstances of poverty and poor physical access to services encountered by urban poor women, and take steps to provide low cost services that also meet the specific sociocultural needs of women in an Islamic society.

### **Acknowledgement**

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### **Endnotes**

1. *Purdah*, literally meaning “veiled” refers to the cultural tradition which enforces the segregation of the sexes.
2. *Izzat*, meaning honour, refers to the cultural belief that male honour is linked to women's sexual behaviour, and thus the sexual behaviour of women is controlled by men.
3. Principal Components Analysis was used to create the asset index. The variables used in the creation of the index are whether the household has electricity, the type of roof, floor and wall materials, household water source and the ownership of household goods (television, radio, refrigerator, bicycle, motorcar, room cooler). The score was then divided into three equal groups, labeled low, medium and high.

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# Unmet Need for Public Health-Care Services in Mumbai, India

*The findings of the study very clearly indicate that the potential demand for public health services is very high provided that they are conveniently located and affordable.*

By T.R. Dilip and Ravi Duggal\*

The rural urban disparities in health outcomes in India are often attributed to urban bias in allocation of resources and location of health-care services. Statistics clearly show that the bed population ratio is higher in urban areas and that those regional inequalities have not seen any significant decline over time (Duggal and others, 1995). This regional imbalance is there in both the public and the private health sector. Further, public spending on health care is also

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disproportionately higher in urban areas. However, while critiquing the regional bias, it is to be examined whether the urban areas in India, where 22 per cent of the population is residing in slums, has the required number of public health-care facilities. Unlike other urban areas, the matter requires special attention in an urban metropolis in India that is characterized by poor living conditions making the public more vulnerable to diseases, and where poverty levels are likely to be similar, if not worse, than that in rural areas. This could be understood by examining who utilizes those services and for what reasons.

Recent all India surveys do not show any large scale rural-urban differentials in proportion utilizing public health-care services in India (NSSO, 1998). According to the survey, those seeking outpatient care services from public sector was 19 per cent and 20 per cent in rural and urban areas and for inpatient care services, it was 44 per cent and 43 per cent, respectively. Out-of-pocket average expenditure incurred on inpatient care treatment was higher in urban areas as compared to rural areas for both public and private sectors and public-private differentials in out of pocket expenditure was also higher in urban areas. Therefore, despite better physical access to health care, the higher average cost for accessing health services makes the urban poor community as disadvantaged as their rural counterparts. This means that there is an emergent need for expansion of public health services even in urban areas so as to reduce the financial burden on the urban poor. What adds to the concern vis-à-vis use of public health services is the declining trend of utilization of both ambulatory and inpatient care from the public health system. The 42<sup>nd</sup> (1986-1987) and 52<sup>nd</sup> (1995-1996) Rounds of NSSO surveys amply provide evidence for that – decline in out-patient care from about 27 per cent to 19 per cent and in inpatient care from 60 per cent to 44 per cent (NSSO, 1998). This large decline in use of public health-care services is clearly a function of the decline in public health investment during the same period (Duggal, 1997; GOI, 2002).

In the present paper, an analysis of utilization patterns of public health-care services at Mumbai is undertaken from the perspective of inadequate availability of such services in the city. Mumbai, the commercial capital of India is the largest city in the country carrying a population of 11.9 million (DCO, 2001). The high density of population (21,190 persons per square kilometre) has put tremendous pressure on its infrastructure and amenities. About 49 per cent of the population are residing in slums, characterized by shortage of living space, water supply and sanitation facilities. Slums in Mumbai are unique in the sense that only 4 per cent are *Kacha*<sup>1</sup> hutments, while 45 per cent and 51 per cent of houses in slums are *Semipucca*<sup>1</sup> and *Pucca*<sup>1</sup>, respectively (IIPS and ORC Macro, 2001).

### **Public health-care services in Mumbai**

Brihan Mumbai Municipal Corporation (BMC), the largest Municipal Corporation in India, is the major provider of public health-care services at Mumbai. It has got a network of three Teaching Hospitals, 14 Municipal General Hospitals, 26 Maternity Homes across Mumbai (BMC, 2000). Apart from that there are 185 Municipal Dispensaries and 176 Health Posts<sup>2</sup> to provide outpatient care services and promote public health activities in the city. In addition, the state government has one medical college hospital, 3 general hospitals and 2 health units, all have a capacity of 2,871 beds (GOM, 2001a). Though there is an urban bias in location of public health-care infrastructure, delivery of those services, especially in metropolitan cities like Mumbai, is again plagued by uneven public preference for health-care services. For example people living close to hospitals use them for minor illnesses, which should actually be treated in dispensaries. This is because there is a lack of an organized referral system and the result is overcrowding of public hospitals with minor ailments and under-utilization of dispensaries where the latter should actually be treated. (Yesudian, 1988).

In spite of having better health-care services, there are studies that show people residing in Mumbai are not having proper access to health-care services as 32 per cent of the reported ailments remained untreated (Nandraj and others, 2001). Surveys find that seven to eight per cent of deliveries in Mumbai are still home deliveries (CORT, 2000; IIPS and ORC Macro, 2000). All those three surveys showed that the public sector is providing health care to less than 20 per cent of the population. Inconvenient location and timing is suggested as main reasons (CORT, 2000; Nandraj and others, 2001) for not utilizing services of public sector at Mumbai. But the majority of ailments recorded in those surveys were minor (non-hospitalized) ones that could be treated in dispensaries. The role of public sector in providing inpatient care services is quite high, since hospitalization is relatively a rare event and where the cost involved is high enough to push the ailing person's family into debt (Peters and others, 2002). As far as the utilization of inpatient care services are concerned, the majority of patients use public hospitals while the lower income groups mainly utilize public health-care services at Mumbai (Yesudian, 1988; Garg, 1994). Moreover, service statistics clearly show that public hospitals are overloaded with patients (GOM, 2001b). Those public hospitals are not only major caregivers for a large section of the population in the city but are also used by persons from rural areas of nearby districts. BMC is also a major health-care provider for women and children at Mumbai. The Reproductive and Child Health Survey (CORT, 2000) has shown that the public sector is a major provider of immunization and family planning



services plus a sizeable proportion of the population in this district were depending on public sector for antenatal care services (40 per cent) and child birth (48 per cent). An analysis of BMC dispensaries in two wards at Mumbai showed that an average of 85 patients are treated every day (Duggal, 2000), clearly indicating high level of utilization of dispensaries as well. The other alternative source is private health-care sector which is relatively inaccessible to the poor but also characterized by poor quality infrastructure and manpower and was found to be indulging in profit motivated medical malpractices (Yesudian, 1994).

### **The study and methods**

The data analysed here were collected for a demand assessment survey conducted in December 2001, in relation with the BMC's plan to set up a municipal general hospital in one of its wards. This ward is unique in the sense that it is the most populous ward as per the 2001 census (DCO, 2001) in Mumbai with a population of 806,360 (32,938 persons per sq. km.) and yet it does not have a single public hospital within its limits. The only public health-care facilities available within this ward are the 3 municipal maternity homes, 11 municipal dispensaries and 11 health posts. At the same time, there were 114 private hospitals and nursing homes functioning in the area (Nandraj and others, 1998). The utility/need of a public health facility (here a public hospital) can best be understood if one tries to imagine what would happen if that particular facility were not available in the locality. Thus a unique advantage of this data set is that it helps understand this hypothetical situation to a certain extent. In the study ward, the population has two options for meeting their inpatient care needs; one is to seek care from public hospitals outside their locality or to seek care from private health-care services within or outside the ward.

The survey was conducted in three health post areas, which are in the vicinity of the plot for the proposed municipal general hospital. Health posts which are established to render health services to the poor population in urban areas have got administrative boundaries and this facilitates defining the sample frame. Each of those health post areas is divided into sections, each of which is served by two to three health workers. Sections formed the primary sampling units for the study and three sections were selected from each of the health posts that were selected for the study. A total of 120 households were targeted for survey from each section. Thus the present data are on the basis of a rapid household survey which covered 1,035 households in the study area using a stratified systematic sampling procedure (Dilip and Duggal, 2003). The respondents were the head of the household or in their absence, adult members in the household. Here an analysis of households'

preference for health-care services and choice of health-care service from both the public and private sector is undertaken to assess the utility of public health-care services in the metropolitan cities. Similar studies which have used information on the regular source of health care (IIPS and ORC Macro, 2000; Merzel and Howard, 2002) show that socio-economic factors play an important role in gaining entry into the health-care system.

### **Characteristics of sample households**

A brief description of households surveyed is as follows (Dilip and Duggal, 2003). The majority of the households were having four to six members and the average family size was 5.4 members per household. The mother tongue spoken was Marathi in 48 per cent of the sample households, while Hindi and Urdu were also spoken in a sizeable proportion of households. Households mainly belonged to the Hindu (73 per cent) and Muslim (24 per cent) community. Median monthly income of households was reported to be 3,000 rupees (1USD = Indian Rupee 48 at the time of the study), with 52 per cent households in 2,000-4,000 monthly income group. The type of residence was mostly *chawls*<sup>3</sup> (92 per cent). Only 4.5 per cent were residing in apartments, while the remaining 2.6 per cent were residents of slum/*kacha* structures. It was found that 75 per cent of dwellings were occupied by owners themselves while the remaining were occupied by tenants. Information on years of stay in the dwelling showed that the majority (about 75 per cent) had been staying in them for more than 10 years, with average number of years of stay in the same dwelling being as high as 23 years.

In brief, the study area is a mix of lower class and a lower middle class community, depicting a typical poor settlement in a metropolitan city. Type of housing and years of stay hints that the location was essentially a slum which got transformed into *chawls* with extended years of stay, a phenomenon which is common in cities like Mumbai. Moreover housing characteristics show that the community is well settled and this is important from the access perspective because such communities have a stake in the city.

### **General source of health care for the household**

Health-seeking preferences of the household is studied by asking the respondents about the major source of health care for the household for treating ailments requiring inpatient and outpatient care services. About 54 per cent (table 1) reported that they generally took inpatient treatment (if required) from the private sector. Another 40 per cent reported that they preferred services provided by BMC for treatment of ailments involving hospitalization. This in fact is quite high

considering the fact that the study area or the nearby locality does not have a BMC owned public hospital. “Other public facility” are the state government owned and ESI/Insurance related facilities which account for only 4.5 per cent of preference for such hospitals.

**Table 1. Percentage distribution of reported source of health care for the households**

Type of health facility	Inpatient care	Outpatient care
BMC facility	40.3	14.4
Other public facility	2.3	2.0
ESI/Insurance related	2.2	0.5
Private sector	53.8	82.4
Charitable institutions	1.4	0.6
Others	--	0.1
Total	100	100
<b>Number</b>	<b>1,029</b>	<b>1,033</b>

Public preference for outpatient care services from a BMC facility was very low (14 per cent) when compared to that for inpatient care services. Here the majority of households reported to seek treatment from the private sector (82 per cent). As mentioned earlier, there are only 11 public dispensaries in the area, which is grossly inadequate to meet the demand for OPD care services of over 800,000 people residing in this area. Given the larger and physically more accessible presence of private doctors, people are likely to prefer services from private providers rather than seeking care from public health-care services outside the locality, where “time” and “travel” costs are higher. Here the main worry is about the identity of private providers in this low-income locality as many of the practicing doctors in the locality are likely to be non-qualified practitioners and /or doing cross practice.<sup>4</sup>

### **Reasons for preferring public/private sources of treatment**

The respondents who reported about health-seeking preferences as public/private sector were further queried about the major reasons for seeking care from that corresponding source (public or private) of treatment. Results (table 2) show that “Cost is affordable” as the major reason (65 per cent), which makes them prefer services in public sector for inpatient care services. The main reason

reported for choosing private hospital was it being the “Nearest facility” (45 per cent). It should be noted that another 30 per cent reported “no other option” as a reason for preferring treatment from private hospitals; this indicating that if a convenient public option were available, preference for it would increase for about one third of the people who currently use private hospitals. Interestingly in terms of quality of service, the public hospitals seem to be scoring over private ones in people’s preference ratings.

**Table 2. Percentage<sup>a/</sup> of respondents citing selected reasons reported for preferring to take treatment from a particular source**

Reason reported	Inpatient care treatment		Outpatient care treatment	
	Public sector	Private sector	Public sector	Private sector
Nearest facility	8.4	44.6	55.0	78.6
Convenient timing	5.1	17.4	14.9	11.0
Offers good quality service	32.6	23.3	24.6	13.6
Cost is affordable	64.5	10.8	31.5	1.4
Availability of medicines	1.4	1.8	1.2	1.6
No other option	6.8	29.6	6.3	15.6
Others/Missing	1.5	3.2	2.9	2.4
<b>Number</b>	<b>463</b>	<b>569</b>	<b>175</b>	<b>858</b>

<sup>a/</sup> Percentages do not add up to 100 because of multiple responses in some cases.

For outpatient care services where 82 per cent (table 1) preferred services in private sector, 78 per cent among them reported “nearest facility” as a reason for doing so. Among those utilizing services in public hospital, it can be seen that “nearest facility” (55 per cent) “cost is affordable” and “good quality service” as reasons for seeking care from a public sector. All those indicate that outpatient care services in the public sector are mostly utilized by the population residing near the public facility and by those with limitations in paying for health care. This also means that if physical access to OPD facility improves, then more users will shift to the public sector.

### Choice of health care

As mentioned earlier, proximity/distance is the major reason for choosing services (table 2). Therefore the respondents were asked about the choice of health

care if both the public and private health-care facilities were made available to them. In such a situation, 83 per cent and 88 per cent reported that they would prefer to utilize services in the public sector for outpatient and inpatient care, respectively (table 3).

**Table 3. Type of facility preferred by households if both public and private health facilities were available to them**

	Percentage preferring		
	Public facility	Private facility	Total (N)
Outpatient care services	83.4	16.6	100 (1,001)
Inpatient care services	88.1	11.9	100 (1,008)

**Table 4. Percentage<sup>a/</sup> of respondents citing selected reasons reported for preferring to take treatment from public/private if both services were available to them**

Reason reported	Inpatient care treatment		Outpatient care treatment	
	Public facility	Private facility	Public facility	Private facility
Nearest facility	29.3	59.9	11.9	30.9
Convenient timing	6.5	11.4	5.1	19.2
Offers good quality service	20.0	25.2	20.3	44.4
Cost is affordable	57.5	6.6	72.0	4.1
Availability of medicines	1.5	3.6	4.7	7.5
No other option	4.1	2.4	6.6	5.8
Others/Missing	5.1	3.6	5.2	8.4
<b>Number</b>	<b>841</b>	<b>167</b>	<b>882</b>	<b>119</b>

<sup>a/</sup> Percentages do not add up to 100 because of multiple responses in some cases.

The reasons for such a reversal in choice of health care are presented in table 4. Here also affordability appears as a major reason for choosing public sector if it is available to them. The reason that “Cost is affordable” has been reported by 58 per cent and 72 per cent of respondents as their choice for public sector for inpatient and outpatient care services, respectively. It hints that non-availability of public facility in the locality is a major factor that drives the community to seek

care from the private health sector. Owing to a lack of public health-care services in the locality, there exists a sizeable section of the population who are forced to seek care from the private sector. That clearly points to the need to strengthen public health-care services. Further, enhancing user charges could prove fatal for the public health system since people reported “Cost affordable” as a major advantage of the public health-care system.

### **Unmet need for public health facilities**

From the previous section one notes that a large section of the population are seeking health-care services from the private sector even if they are not interested in doing so. Here, an attempt has been made to find out the intensity of this problem in the population under study. The need for a public/private facility is considered to have been met, if the “current choice” for source of health care for the household matches with the “preference” for source of health care, if both public and private facilities were made available to the household. If those two responses do not match, then there is an unmet need for a public/private health-care facility in the population.

**Table 5. Unmet need for public/private facility for inpatient and outpatient care services in the population  
(figures are in percentages)**

	<b>Inpatient care services</b>	<b>Outpatient care services</b>
Current choice public and preference also public ( <b>met need for public health facility</b> )	43.7	16.0
Current choice public but preference is private ( <b>unmet need for a private health facility</b> )	1.2	1.0
Current choice private but preference is public ( <b>unmet need for a public health facility</b> )	44.4	67.4
Current choice private and preference also private ( <b>met need for private health facility</b> )	10.7	15.6
Total	100.0	100.0
<b>Number</b>	<b>999</b>	<b>1,006</b>

Table 5 indicates that the unmet need for inpatient care services from public facility is 44 per cent in the population, that is that 44 per cent of the population are forced to seek inpatient care services from the private sector. For outpatient care services, the unmet need for public facility is even higher at 67 per cent. At the same time, the unmet need for inpatient care services and outpatient

care services from the private sector was negligible (only about 1 per cent). It has been mentioned previously that 114 private hospitals and dispensaries are already functioning in the study area (Nandraj and others, 1998). Hence, residents in the area are least likely to benefit from any further addition in the number of private health-care facilities. This has policy implications for regulating the spread of the private health-care sector on a geographical basis and at the same time for considerable expansion of public health-care facilities. Also, there exists a segment of the population who solely depend on public health care services, which comes under the “met need” category, that is 44 per cent for the expensive inpatient care and 16 per cent for outpatient care which is relatively cheaper.

#### **Utilization of public health-care services and unmet need for public facility by income level**

As in the case of any other population in India, a higher proportion of poorer sections were reported to be preferring to seek treatment from public health-care providers in the public sector. About 57 per cent of the population belonging to the “less than 2,000 rupees” income category reported to seek inpatient care from public sector, while only 33 per cent in the highest income category reported the same. The income- wise differentials in households preference for outpatient care services also showed a similar trend. However, the situation is likely to change if both the public and private health-care facilities were made available to them (table 6).

**Table 6. Percentage of households preferring treatment from public health-care sector and percentage of households having unmet need for public health-care facility by level of household income**

Monthly income of household (in Rupees)	Per cent preferring public sector for		Per cent having unmet need for public facility for	
	Outpatient care services	Inpatient care services	Outpatient care services	Inpatient care services
Less than 2,000	22.8	56.5	63.2	37.1
2,000-4,000	18.3	46.3	66.1	42.7
4,000 and above	10.0	32.5	72.0	53.3
Total	16.9	44.8	67.4	44.4

*Note:* US\$ 1 = Rs. 45.55.

The proportion experiencing unmet need for public health-care services increases between the lowest and highest income groups from 63 per cent to 72 per cent, and from 37 per cent to 53 per cent for inpatient care services and outpatient care services, respectively. This gives a clear indication of the fact that given a choice even the relatively higher income groups would prefer public services. Furthermore, it appears that the level of unmet need for public health-care services depends on household's potential to seek treatment from alternate sources of care. Poverty is driving households belonging to lower economic groups to public health facilities located at far of places to meet their health-care needs, since they do not have the necessary purchasing power to seek treatment from the private sector.

### **Discussion**

The study brings out how a largely poor urban community in the biggest metropolitan city in India is lacking access to public health-care services. The non-availability of a public hospital within or in close proximity to their locality and an inadequate number of public dispensaries makes life difficult, especially for the poor who too are forced to seek care from the private sector. The findings of the study clearly indicate that the potential demand for public health services is very high provided they are conveniently located and affordable. In fact, given the choice, a large proportion of users of private health services would prefer making use of public health services.

The population under study being from the lower and lower middle class and their disposable incomes being very limited, it is natural that they have overwhelmingly indicated that, given the choice, they would prefer using public health services. This is so, because that is clearly the less costly option, while it also does not give rise to unnecessary medication, diagnostics and procedures. This would be true at the larger level across the country given the overall context of poverty. Thus the role of the State in such a context becomes very crucial and hence the public health services have to be geared towards meeting the demands being made on them. In today's scenario, with declining public investments and expenditure in healthcare and the introduction of user charges, the expectations of people, especially the poor, are being belied. The people have great faith in the public system and expect social support from the state for services like health, education and housing - the three critical elements of social security.

Given the responses on the unmet need expressed by respondents, it is evident that if public health services were in easy access range and well provided, then 88 per cent and 83 per cent of the population would use public health services for hospitalization and ambulatory care, respectively. This is in sharp contrast to



the actual utilization pattern within the same community. This gap reflects the inadequacies within the public health-care system, both with respect to numbers or physical access and in terms of adequacy of resources and quality of care. By contrast, the private health sector fulfils those expectations yet at a tremendous cost to the patient.

Therefore, the State must assume a more proactive role in strengthening access and quality of care of its health services for its citizens. That would mean not only more resources to be allocated for health care in its budgets but also increased efforts into improving allocative efficiencies so that resources are better and more effectively utilized. For instance, even from the existing budgets, if more resources are allocated to dispensaries, if dispensaries and health-posts are integrated, if a referral system for hospitals is put in place and graduates passing out of public medical schools compulsorily put in three to five years of public service as a return for the virtually free medical education they have received, and other similar measures, then the effectiveness of the public health-care system will improve tremendously and it will regain the esteem and respect it enjoyed until recently.

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## Endnotes

1. The classifications *Kachha*, *Semipucca* and *Pucca* are on the basis of the type of house construction. *Kachha* are the ones made from mud thatch or other low quality materials, *Semipucca* are made from partly high and partly low quality materials, and *Pucca* are made with high quality materials.
2. “Health Posts” are set up in the community to deliver preventive and promotive health-care services and is expected to cover a population group that has 40 per cent of its constituents living in slum or slum-like localities. Each Health Post covers an average of 50,000 population.
3. *Chawls* are *pucca* and *semipucca* a set of houses with common walls and shared toilets and bathrooms.
4. Cross practice refers to ayurvedic, unani and homeopathic practitioners who also prescribe allopathic medicines.

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# Towards a Formulation of the Republic of Korea's Foreign Worker Policy: Lessons from Japan and Germany

*An important lesson is that "temporary" migrant worker policies lead inevitably to long-term settlement questions. Any meaningful discussion about the Republic of Korea's labour import policies must include a plan for integration of foreigners.*

By Joon K. Kim\*

On 15 June 2003, some 700 migrant workers in the Republic of Korea gathered in front of the National Assembly building, calling for a complete overhaul of the Foreigner Industrial Training and Employment programme (*oekukin sanup yonsu chwiup jedo*) and demanding an employ permit system (*goyonghogaje*) to replace it (*Chosun Ilbo*, 2003). After the Republic of Korea experienced a tremendous labour shortage in the late-1980s, the Government implemented the industrial trainee system in 1991. Lacking the experience in managing the flow of foreign workers, the Republic of Korea established the

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Japanese version of the immigrant labour scheme, providing ostensibly transferable skills to foreigners. That programme, however, produced inordinate number of undocumented workers and created unacceptable conditions for foreign workers in the country. Those trainees were cheap labourers in disguise. In response, the non-governmental organizations (NGOs) in the country advocated persistently for a major reform of the system, focusing on the deleterious effects of the trainee system and considering various guestworker models from countries in Europe. This article examines international contract labour programmes from Japan and Germany in order to provide a desirable framework for the foreign worker policy of the Republic of Korea.<sup>1</sup>

An assessment of those countries' experience with unskilled immigrant workers provides important lessons for the development of foreign worker policy in the Republic of Korea. First, the basic rationale for implementing contract labour system appears flawed in that each country perceives foreign workers at best as "guests" and at worst as "economic units" devoid of human qualities. Second, given that each country experiences what Castles (1985; 1986) calls "the migratory process", the feasibility of the "rotation" policy must be re-examined. Finally, the contradictions between theory and reality of international contract labour programmes produce draconian measures to deal with the problem of undocumented workers that culminate in the "permanent provisionality" of migrant workers in each country (Rist, 1978: 245). In short, the Republic of Korea must consider not only the short-term economic gains through immigrant labour, but also the long-term prospect of foreigner settlement in the country and the best means by which they can integrate themselves into the society.

### **Japan's Training Programme (TP) and Technical Internship Training Programme for Foreigners (TITP): 1986-2003**

As Asia's "economic locomotive", Japan stands out as the leader in technological innovations and economic developments in the region (Martin, 1991: 177). With rapid economic growth in the post-war period, Japan experienced internal labour migration from rural communities to urban cities throughout the 1970s and 1980s. In the second half of the 1980s, however, "the supply of local labour continued to shrink in Japan, while the economy experienced new expansion" (Kuwahara, 1998: 365). The increasing labour shortage in non-tradable sectors, such as construction and small manufacturing, prompted a heated debate over the use of unskilled foreign workers, polarizing opinions on the grounds of economic necessity and the potential loss of racial homogeneity. Unable to resolve the tension between these two seemingly opposing forces, the

Government of Japan initiated an ambiguous foreign worker policy. Modeled after Japan's programme, the trainee system in the Republic of Korea shows strikingly similar patterns. In contrast to Germany's guestworker programme, Japan exerts greater restrictions on unskilled foreigners in areas related to employment, residency and citizenship.

In response to the widespread labour shortage in labour-intensive and "unmechanized" industries, Japan introduced the so-called Training Programme in 1986. According to Yamanaka (1993), the major impetus for the implementation of the first foreign worker policy in the postwar Japan has been explained in terms of the push-pull model. Notwithstanding its conceptual limitations, the push-pull model captures the basic structural factors of migration. In the case of Japan, migrants were pulled by demand from small- and medium-size manufacturers and lured by large wage differentials between Japan and neighbouring Asian countries (Yamanaka, 1993:72). Changes in Japan's demographic profile, owing to its increasing ageing population and low birth rate, "together with rising educational levels and a distaste for manual labour among the young dictate the urgent implementation of policy to supplement available unskilled labour" (Yamanaka, 1993:72). Moreover, the declining petroleum prices in world markets in the latter half of the 1980s, coupled with the rising tension in the Persian Gulf region, pushed many South and South-East Asian workers out of the Middle East (Yamanaka, 1993:75). In 1989, Japan also had unexpectedly received some 3,500 Vietnamese "boat people," who turned out to be ethnic Chinese, claiming refugee status. In the same year, the number of undocumented workers exceeded 100,000, forcing the Government of Japan to suspend the visa exemption agreement with Bangladesh in March 1989, followed by the Islamic Republic of Iran and Malaysia in April and June 1993, respectively (Kuwahara, 1998: 370).

Japan's Training Programme was designed not only to "rotate" workers on a yearly basis, but also to extract from them the greatest possible labour resource. The programme, for instance, does not permit foreign nationals who hold the "trainee" residence status to engage in any activity for a wage. Instead, trainees receive "allowances," in order to "defray miscellaneous expenses incurred during the training programme" (JITCO, 2001). Theoretically, the sponsoring corporations provide "training" in technologies and skills, and the trainees, in turn, are expected to apply the newly acquired skills and knowledge in their home country (Iguchi, 1998). Because there is no "consistency within the system in terms of the transfer of technologies", many foreign trainees find wage jobs as undocumented workers. Moreover, the development of bureaucratic organizations necessary to deal with the management of the trainees from recruitment to repatriation makes the programme inefficient. The cost of recruiting trainees

through intermediary organizations is borne by trainees and the employers. Iguchi (1998: 3) explains:

“According to a study by the Japan International Training Cooperation Organization (JITCO), the initial cost of accepting a foreign trainee is ¥510,000 [1USD = ¥114.5]. About 80 per cent of this initial cost is to cover accommodations and expenses involved with sending their mission to Asia. The on-going cost of having a foreign trainee for one year is ¥1.79 million. That figure includes ¥1.08 million for the training allowance, about ¥70,000 for travel to Japan, ¥60,000 for utilities and ¥20,000 for off-the-job training. On the average, individual companies pay ¥1.27 million and the intermediary body pays ¥520,000.”

The rapid expansion of Japan's “bubble” economy in the 1980s exacerbated the labour shortage situation and prompted many small- and medium-size manufacturers to employ undocumented foreigners. According to the Ministry of Justice's *White Paper on Foreigners Residing in Japan*, the National Police identified 907 labour brokers who established an international network of clandestine organizations and individuals engaged in illegal human trafficking. Because Japan is a nation of islands, many enter the country surreptitiously by stowing away on boats (Koshiro, 1998: 169; Kuwahara, 1998: 364). As the undocumented worker problem became a major political issue (Yamanaka, 1993), the Government of Japan revised the Immigration Control and Refugee Recognition Act in 1989, which was modeled after the United States of America's, Immigration Reform and Control Act of 1986, in order to stem the tide of illegal human trafficking. The revised law instituted a stern sanction against employers who can be imprisoned or fined a maximum of two million yen (US\$15,400) for knowingly hiring undocumented workers (Yamanaka, 1993:75-76). With that law, the Government of Japan clearly rejected unskilled workers, except as trainees, while allowing professional and technical workers to enter the country. As a corrective to the earlier Training Programme, the interministerial offices<sup>2</sup> formed the Japan International Training Cooperation Organization (JITCO) in 1991 and launched the Technical Internship Training Programme for Foreigners (TITP) in April 1993. As shown in table 1, TITP differs from the Training Programme in terms of the eligibility, the residence status, and the terms of employment. Above all, the TITP recognizes qualified trainees as workers, allowing the interns to earn wages and to be protected under the Labour Standards Law of Japan.

**Table 1. A comparison between the Training Programme and the Technical Internship Training Programme**

	Training Programme	TITP
<b>Eligibility</b>	<ul style="list-style-type: none"> <li>• 20 to 40 years of age</li> <li>• A graduate of a high school</li> <li>• Have employment experience</li> <li>• Guaranteed employment after return home</li> </ul>	<ul style="list-style-type: none"> <li>• Person transferring from Training Program to TITP (TITP participation conditional on participation in Training Program)</li> <li>• A trainee passing the technical assessment</li> <li>• A trainee passing the behavioral assessment</li> <li>• A trainee granted the change of residence status after passing the assessments noted above</li> </ul>
<b>Residence status</b>	Training	Designated Activities
<b>Technologies and skills covered</b>	Not simply repetitive work Those not obtainable in the home country	More practical mastery of the same class of technologies/skills etc. (Types of skills etc. covered under TITP are restricted for the time being.)
<b>Contract agreement</b>	A training contract between the sending/accepting organizations	Technical Intern Training contract between the technical intern and the accepting company, protected by the Japanese Labour Standards Law etc.
<b>Allowance/Wage</b>	<ul style="list-style-type: none"> <li>• To defray miscellaneous expenses incurred during the training programme (not wages in compensation for work)</li> <li>• To be decided on the agreement between sending organization and accepting organization.</li> </ul>	<ul style="list-style-type: none"> <li>• Wages described in each employment contract between the technical intern and the accepting company.</li> <li>• The Minimum Wages Law applies as in the case of Japanese employees.</li> </ul>
<b>Overtime work</b>	Not available	Permitted as required for more practical mastery of technologies/skills etc.
<b>Insurance</b>	Comprehensive Insurance for Foreign Trainees	The Workmen's Accident Compensation Insurance Law applies during the technical internship Comprehensive Insurance for Foreign Technical Intern.
<b>Accommodation fees</b>	To be decided on the agreement between sending organization and accepting organization.	Usually borne by the technical intern out of his/her salary.
<b>Return air fare</b>	To be decided on the agreement between sending organization and accepting organization.	Usually borne by the technical intern out of his/her salary

*Source:* "Comparison of Training Program and TITP", Japan International Training Cooperation Organization (JITCO), 2001.



**Table 2. Changes in registered alien population by nationality**

	1990	1995	2000
Total	1,075,317	1,362,371	1,686,444
Democratic People's Republic of/ Republic of Korea	687,940	666,376	635,269
<i>Distribution (Percentage)</i>	<i>64.0</i>	<i>48.9</i>	<i>37.7</i>
China	150,339	222,991	335,575
<i>Distribution (Percentage)</i>	<i>14.0</i>	<i>16.4</i>	<i>19.9</i>
Brazil	56,429	176,440	254,394
<i>Distribution (Percentage)</i>	<i>5.2</i>	<i>13.0</i>	<i>15.1</i>
Philippines	49,092	74,297	144,871
<i>Distribution (Percentage)</i>	<i>4.6</i>	<i>5.5</i>	<i>8.6</i>
United States	38,364	43,198	44,856
<i>Distribution (Percentage)</i>	<i>3.6</i>	<i>3.2</i>	<i>2.6</i>
Peru	10,279	36,269	46,171
<i>Distribution (Percentage)</i>	<i>0.9</i>	<i>2.7</i>	<i>2.7</i>
Others	82,874	142,800	225,308
<i>Distribution (Percentage)</i>	<i>7.7</i>	<i>10.5</i>	<i>13.4</i>

Sources: "Labour Situation in Japan," The Japan Institute of Labour (2002). Data from *Statistics on Aliens in Japan*, Immigration Association, 2001.

The Training Programme permitted trainees to stay for a maximum of one year. During that time, the trainee-receiving companies provide off-the-job training for at least a one third of the year and on-the-job training for the remaining two thirds before sending them back to their home countries. The TITP combines the basic tenet of the Training Programme, but it allows trainees to become interns, who can practice their skills by working in "designated activities" for two additional years upon successful completion of the training programme. These designated activities are divided into 62 types of occupation, consisting of 112 selective works. The trainees must qualify for selective works by passing the national assessment examinations of skills, as stipulated in the Occupational Skills Development Promotion Act. In short, the introduction of the TITP was "conceived as an alternative means of widening legal channels for accepting foreign workers while tightening the controls on illegal workers" (Iguchi, 1998: 22). From 1993 to 1997, some 14,407 foreign trainees became technical interns.

In addition to the labour pool from the technical interns, the 1989 immigration reform law permitted a massive recruitment of the Japanese descendants, known as the *Nikkeijin*, who had immigrated to South America earlier

in the nineteenth and twentieth centuries. The basic premise of this strategy is consistent with Japan's *jus sanguinis* principle, which guides the country's defined standards of residency and citizenship, promoting immigration of their expatriates to replace the growing number of foreigners. The immigration reform law, for instance, permitted second- and third-generation persons of Japanese descent to gain residential visas without employment restrictions. As a result, more than 200,000 *Nikkeijin* migrants, mostly from Brazil and Peru, arrived during the five years following the passage of the law (see table 2). By 1997, *Nikkeijin* and their dependents numbered 280,000, representing roughly half of all unskilled foreign workers. Altogether, foreign residents account for 1.4 per cent (or 1.8 million) of Japan's total population of 126 million. Of those, Koreans (650,000) and Chinese (250,000) – many of whose families have been in Japan since before the Second World War – represent the majority (Yamanaka, 2000).

### **Assessing Japan's foreign workers policies**

Japan's immigrant labour policies are modeled after those of many developing countries. Like the United States' Immigration Reform and Control Act of 1986, Japan passed the Immigration Control and Refugee Recognition Act in 1989 as a way of managing the flow of legal and skilled workers, and at the same time, controlling illegal and unskilled workers. At its core, Japan is also very wary of the prospect of multiculturalism, and the state makes consistent efforts to minimize the impact of foreigners by passing exclusionary laws, which clearly established discriminatory social, political and economic policies on the basis of nationality. Despite those efforts to discourage their long-term stay, Japan now confronts similar dilemmas as other leading countries of immigration. Those problems include, but are not limited to, the increasing number of unskilled foreign worker population, the preponderance of undocumented workers and the acceleration of activities associated with illegal human trafficking, the progressive dependence on foreign workers for jobs which domestic workers shun, and the rising intensity of anti-foreigner sentiment as a result of criminalization.

The lack of clear alternatives to using immigrant workers created an entrenchment in some sectors of the Japanese economy. In manufacturing and construction, for instance, dependence on foreign workers has become so widespread that the Government has tacitly allowed undocumented workers to fill those jobs. Over the years, the size of the undocumented worker pool has grown steadily, peaking at around 299,000 in 1993 (see table 3). By contrast, the actual number of trainees admitted each year represented only a fraction of the undocumented worker population, reflecting in part what some scholars have long suspected. Kuwahara (1998: 372) explains:

“It is important to point out that a kind of entrenchment can occur whether labour migration occurs legally or otherwise. As long as there is an essentially unlimited supply of workers overseas who are willing to work in Japan for any wage above what they can earn in their home countries, and as long as brokers and employers can profit by delivering and employing illegal immigrants willing to work for less than the prevailing wages earned by Japanese, there will always be illegal workers attempting to circumvent the system”.

**Table 3. Estimated number of undocumented immigrants and the actual numbers of deported foreigners and trainees in Japan, 1990-2001**  
(Thousands)

	‘90	‘91	‘92	‘93	‘94	‘95	‘96	‘97	‘98	‘99	‘00	‘01
Undocumented immigrants <sup>a</sup>	106	160	279	299	294	287	285	283	277	271	252	232
Deported foreigners <sup>a</sup>	33.1	36.3	66.9	69.1	64.7	54.9	52.6	48.1	45.7	50.4	45.1	n/a
Trainees <sup>b</sup>	n/a	n/a	n/a	23.5	24.8	25.1	27.4	29.9	31.3	31.8	34.7	40.9

<sup>a</sup> Ministry of Justice. Immigration Bureau. “Deportation of Foreign Nationals” (2002).

<sup>b</sup> Ministry of Justice. Immigration Bureau. “Statistics on Foreign Residents” (2002).

Undocumented workers, however, are not simply “circumventing the system”. Japan’s system does not have a clearly defined set of rules about foreign worker employment. In fact, Japan’s contradictory responses inherent in the official statements and laws aimed at controlling the flow of undocumented workers, such as the employer sanctions provision of the 1989 Immigration Reform Act, reflect “a poorly conceived policy regarding the labour shortage faced by small-scale employers and a lack of recognition of contemporary patterns of migration, worldwide” (Yamanaka, 1993: 16).

Owing to their precarious legal status and low skill level, foreign workers occupy the bottom of the segmented labour market in Japan. Among the unskilled population, the priority is given to domestic workers who receive measurably higher wages than foreign workers. The Government’s effort to replace undocumented workers with the South American Japanese proved a partial success, despite their complaints of mistreatment.<sup>3</sup> By 2001, the *Nikkeijin* population reached some 316,000 surpassing the number of undocumented workers and legal trainees combined (Ministry of Justice, 2002b). Representing only a fraction of the total foreign labour force, technical trainees and interns constitute the next stratum of labour hierarchy. Of some 22,268 prospective

technical interns in 2001, about half were expected to receive a monthly wage of ¥120,000 (US\$900) (see table 4). According to the *Japanese Statistical Yearbook* (2002), average Japanese male workers in the manufacturing sector received approximately twice the amount, ranging from ¥240,000 to ¥280,000, and the female workers averaged between ¥190,000 and ¥210,000.

**Table 4. State of affairs concerning schedule wages  
for technical intern trainees (FY2001)**  
(Persons)

	Interns	Component ratio
Less than ¥110,000	4,069	18.3%
Between ¥110,000 and ¥120,000	7,448	33.4%
Between ¥120,000 and ¥130,000	4,589	20.6%
Between ¥130,000 and ¥140,000	4,988	22.4%
Between ¥140,000 and ¥150,000	538	2.4%
More than ¥150,000	636	2.9%
Total	22,268	100.0%

Source: "State of Affairs Concerning Schedule Wages for Technical Intern Trainees," JITCO (2002).

Note: US\$ 1 = ¥114.5.

As an integral component of Japan's foreign workforce, undocumented workers represent a significant contingent of "3K"—*kitanai* (dirty), *kiken* (dangerous), and *kitsui* (difficult) — workers. Aside from low wages associated with jobs held by visibly distinct foreigners from South-East Asia, foreigners are subject to various forms of discrimination based on widespread negative perceptions about them. In an annual White Paper report on the nation's crime, the National Police Agency sounded alarm concerning crimes committed by foreigners. In the 1997 report, the White Paper summary highlighted the following:

"In conjunction with Japan's growing 'internationalization', the number of crimes committed by foreigners (excluding those with permanent residency status and American armed forces personnel) has been climbing since the beginning of the 1990s, creating a serious social problem. Among the crimes on the rise are unlawful immigration by groups of foreigners smuggled into the country, foreigners overstaying their visas to engage in illegal employment, violations of the Penal Code, and drug-related crimes".

The report states further that “the number of arrests involving foreigners exceeded 10,000 in 1993 and climbed to 19,513 in 1996”. Of those, 558 foreigners were arrested in violation of the Drug Control Law in 1996. With a significant increase in the number of visa overstayers, the White Paper report in 1999 cited that such “short-stay” foreigners with tourist visas accounted for 69.1 per cent of the total number of crimes committed by foreigners. Moreover, the report accentuated the fact that of the short-stay foreigners sent to the prosecutor’s office, some 5,915 (or 80 per cent) had violated the Immigration Control and Refugee Recognition Law and another 504 persons (or 7 per cent) violated the Stimulant Drugs Control Law. The report concluded with a warning about the sharp increase in the number of smuggling cases led by an infamous Chinese crime syndicate, the Snakeheads.<sup>4</sup>

Criminalization of foreign workers by high-level government officials helps to justify Japan’s discriminatory policies concerning residency and naturalization rights. In its report on human rights practices around the world, the United States Department of State’s Bureau of Democracy, Human Rights, and Labor (2001) noted the following incidences concerning foreign worker status in Japan:

“In May the governor of Tokyo stated publicly that foreigners in the country might riot after an earthquake and warned that the country’s self defense forces should be prepared. In December the Tokyo police admitted that as part of an anticrime effort, 700 posters, which ultimately were not used, had been issued to police stations to post in the Tokyo area that noted the increase in crime among foreigners, particularly among Chinese, and that urged citizens to call the police if they heard persons speaking Chinese. Justice Ministry officials in Toyama Prefecture ordered several shops to remove notices printed in English and Russian that warned persons they could not enter the stores if they did not understand Japanese on the grounds that the notices constituted racial discrimination.”

Given those official government reports and the subsequent media coverage of criminal activities, Japanese citizens are becoming increasingly suspicious of foreigners. Among some 2,059 adults responded to the Public Opinion Survey on Human Rights in Japan, 54 per cent said that the human rights of foreigners in Japan should be protected just as those of Japanese, down nearly 12 percentage points from the previous survey in 1997. Interestingly, some 22 per cent

of the respondents thought that it was inevitable that non-Japanese residents do not have the same rights as Japanese citizens, principally because “the economic situation and social customs are different” and “foreigners are bound to have trouble until they get used to Japan” (*Japan Economic Newswire*, 2003).

### **Germany’s Guestworker Programme: 1955-1973**

Contrary to its official government position, Germany has been an immigration country for most of the twentieth century. The contemporary immigration pattern stems largely from the longstanding guestworker (*Gastarbeiter*) programme, which began in 1955 during the height of the postwar rebuilding phase when tremendous shortage of manual labour occurred, and the world oil crisis in 1973 prompted an immediate ban on new recruitment of non-European workers.<sup>5</sup> According to Philip L. Martin (1994), there were several political and economic reasons why foreign labour recruitment seemed a reasonable alternative at the time. Politically, the 1957 Treaty of Rome formed the European Economic Community (EEC), allowing EEC nationals “freedom of movement” rights within its limits for the purposes of work, travel and residency.<sup>6</sup> “With Italians soon able to come as they wished”, Martin asserts, “Germany thought it was simply regulating unilaterally the rate at which EC workers would soon arrive in any event” (Martin, 1994:199). Moreover, the completion of the Berlin Wall in 1961 significantly stemmed labour movements from the German Democratic Republic to the Federal Republic of Germany, causing greater concerns within industries needing manual labourers and prompting a series of labour agreements with non-EC member states.<sup>7</sup> Economically, the supply of German labour force could not keep up with the growing demand, especially in manufacturing and construction. The “shrinkage” of the labour force is owed largely to demographic changes and economic imperatives, including “a delayed baby boom”, early retirement and a favourable condition for economic investment in the country (Martin, 1994:199).

These political and economic developments prompted the Government of Germany to import foreign workers under strict guidelines. Initially, about 80,000 foreign workers entered Germany by 1955 and the first bilateral agreement was signed with Italy in the same year (Martin, 1994). With the consent of unions, Germany entered into labour recruitment agreements with Spain and Greece (1960), Turkey (1961) and Portugal (1964). The basic rationale of the guestworker programme reflected the idea that it would satisfy “short-term fulfillment of capital’s labour requirements” (Castles, 1985: 522). The legal and administrative framework, therefore, provided authorities with the greatest possible flexibility and control from recruitment to repatriation. This so-called “rotation” policy began

with the establishment of German recruitment offices in labour surplus countries with which Germany entered into bilateral agreements. The Federal Labour Office (*Bundesanstalt für Arbeit*) administered labour requests for foreign workers by determining the availability of domestic labour and assessing the likely impact on wages and working conditions. After those steps were cleared, the Labour Agency notified EEC first as to the availability of labour and, if the demand for labour was still unfulfilled, then a notice was sent to non-EEC nations (Miller and Martin, 1982: 53-54).

In terms of the selection process, single males below the age of 40 with some educational background were ideal candidates. While homeland labour ministry authorities provided initial screening of potential foreign workers, the ultimate decision-making power belonged to German recruitment authorities. These candidates then underwent a series of tests, verifying their physical conditions, vocational skills and criminal records. The successful candidates signed contracts, detailing the provisions of employment and residency rights and responsibilities. Aside from individual contracts, some migrant-sending countries tried to ensure added protection for their workers through bilateral treaties, specifying the roles of governments in the recruitment process (Miller and Martin, 1982: 54-58).

Consistent with the policy's focus on control and flexibility, the 1965 Foreigners Law (*Ausländergesetz*) broadly defined the residency rights for foreigners, granting residency permit "if it does not harm the interests of the German Federal Republic" (Castles, 1985: 522). Since foreign workers do not have the power to define those "interests", guestworkers could be forced to leave the country upon completion of their one-year contract. In order to minimize the impact of foreign workers on the German society, that law stated further that foreigners enjoy "all basic rights, except the basic rights of freedom of assembly, freedom of association, freedom of movement and free choice of occupation, place of work and place of education, and protection from extradition abroad" (Castles, 1985:522). Moreover, a new labour law (*Arbeitsförderungsgesetz*) in 1969 tightened the residency permit requirement by making it contingent upon foreigners having labour permits. In sum, the German guestworker policy "established a system of institutionalized discrimination, through which temporary guest workers could be recruited, controlled, and sent away, as the interests of capital dictated" (Castles, 1985:523).

Under strict state regulations, foreign workers from around the globe entered Germany. As shown in table 5, the number of employed foreign nationals grew rapidly between 1964 and 1973, accounting for 9.1 per cent of total employed

population in Germany by the end of the guestworker programme. According to the 1977 SOPEMI (*Système d'Observation Permanente des Migrations*) report, the top five foreign worker countries of origin, in terms of employment in Germany, were Turkey, the then Yugoslavia, Italy, Greece and Spain. A great majority of those workers (62.6 per cent) found employment in the industry, while the service and construction sector workers constituted 15.2 per cent and 11.2 per cent, respectively (Martin and Miller, 1980: 323). Because the German policy was based on the principle that labour market situation should dictate guestworker employment, no efforts were made to place limits on foreign worker recruitment. As a result, an increasing number of foreign workers dominated low-paying, physically demanding jobs, leading to a situation where greater dependence on foreign workers contributed simultaneously to stigmatization of jobs held by them. Foreign worker dependence placed labour-importing countries on a "labour-importation treadmill" (Martin and Miller, 1980: 324), which increased deprivations among migrants and eventually led to family reunification.<sup>8</sup>

**Table 5. Employment of German and foreign nationals in Germany**  
(Thousands)

	1960	1964	1965	1966	1967	1968	1969	1970	1971	1972	1973
Total labour force	25,027	27,148	27,300	27,243	26,752	26,665	27,001	27,353	27,361	26,709	26,985
German nationals	N/A	26,076	26,034	25,838	25,278	25,323	25,456	25,397	25,045	24,178	24,277
Foreign nationals	N/A	903	1,119	1,244	1,014	1,019	1,366	1,807	2,128	2,285	2,435
Percentage foreign	N/A	3.3	4.1	4.6	3.9	3.9	5.1	6.6	7.8	8.6	9.1

Source: *OECD Economic Survey - Germany*, various years.

### **Unintended consequences of Germany's guestworker programme**

Despite official declarations, Germany's foreign workers have become de facto immigrants who eventually settled in the country. Accounting for nearly 18 million out of the total of 61 million of the West German population in 1989, the newcomers obtained through immigration in Germany since 1945 surpassed even the United States (Panayi, 1996: 199). Germany, in short, has become a land of immigration par excellence. More importantly, the expediency of the rotation policy did not materialize in the way the policy makers intended. Instead, Germany now faces "novel integration problems", which not only pose practical dilemmas related to employment, housing, schools, and social services, but also challenge the ethical and philosophical foundation of Western European democracies (Martin and Miller, 1980: 327).



To begin, Germany's foreign workers occupy the lowest rung of the economic ladder. By 1972, some 80 per cent of foreigners were employed in the secondary sector and most of the rest played a significant role in the tertiary area (Panayi, 1996: 202). They are concentrated heavily in unskilled and low-skilled jobs and in some establishments, foreign workers are segregated further by nationality, "using Turks on the assembly line, Italians in skilled positions, and natives in management" (Martin and Miller, 1980: 325). The effects of an ethnically stratified labour force are exactly the opposite of what the labour-receiving states desire: stigmatization of jobs held by foreigners, dependence on foreign workers in particular occupational fields and segregation rather than integration due to increasing spatial distance between guestworkers and indigenous populations.

According to studies from the International Labour Organization on discrimination against foreign workers in Germany, migrants and their descendants occupy a distinct position in society. The majority of foreign workers (43.3 per cent as of June 1993) are found in the processing trades, with the highest number employed in the automobile construction, followed by general services (25.1 per cent), commerce (9.8 per cent), and the building industry (9.7 per cent) (Goldberg and Mourinho, 1996:5-6). Martin and Miller (1980) suggest that dependence on foreign workers "retarded some needed rationalization of industry and restructuring of the labour force". In effect, foreign workers "tended to depress wages and to deteriorate working conditions in low-skilled job categories," which made them relatively unaffected by economic swings. During the 1973 oil crisis, for instance, there was only a "slight decline in the number of foreign workers in Germany". This decrease was also a "highly selective process related to the nationality of the workers" with nearly one third of all Italian and Spanish workers leaving the country while the number of Turkish workers "remained virtually unchanged" (Rist, 1978: 65).

Dependence on foreign workers in low-skilled positions, however, does not imply that they are immune to negative social pressure and anti-immigrant political discourse. In the early 1980s, for instance, the newly elected Chancellor, Helmut Kohl, implemented unsuccessfully a plan to "encourage" repatriation. Other draconian measures included a ban on immigration, reducing family reunification and curtailing severely refugee settlement (Castles, 1985: 528). Defined as a "problem of public order", foreigners became targets of senseless violence and discrimination (Krell, Nicklas, and Ostermann, 1996). In fact, numerous scholars and non-governmental organizations have repeatedly called attention to the resurgence of right-wing extremist politics, which often equated Germany's social and economic woes with the presence of asylum-seekers and

undesirable foreigners (Koopmans, 1999; Fetzner, 2000; Klusmeyer, 2001). The Federal Government's Commissioner for Foreigners' Issues (2000) also found that "criminal offences with xenophobic motivation" peaked in 1993 with 6,721 cases and showed a steady decline over the years.<sup>9</sup> But, this downward trend in anti-foreigner crimes overlooks new developments of neo-Nazi activities. Banton (1999: 15) explains:

"A major stimulus to the most recent violence has been the clandestine organization of popular musical concerts at which audiences are entertained by skinhead bands or recordings. The venues are announced on the Internet and the CDs, tapes and videos are smuggled in from abroad. This music has been described as the glue which, across Germany, binds neo-Nazis together. More than 150 recordings have been listed on an index of banned material because of their illegal dissemination of Nazi apologetics and their incitement to racial hatred".

Even though international pressures have come to bear on Germany's foreign worker policies, the Federal Government has been slow to acknowledge the existence of discrimination.<sup>10</sup> Various European institutions, such as the Council of Europe, the European Parliament and the European Commission, have provided policy suggestions to deal with the resurgence of xenophobic and racist activities in Germany. As well, the United Nations, particularly the Committee of Experts on the International Convention on the Elimination of all forms of Racial Discrimination (ICERD) has consistently drawn attention to the growing discrimination in the country (Addy, 1998). Those efforts, however, did not culminate in the development of a comprehensive anti-discrimination policy. As a result, Germany's contradictory policies produced a high degree of discrimination and exacerbated marginalization of the migrant population.

**Table 6. Rate of unemployment among selected migrant population in Germany, 1980-2000**

	1980	1985	1990	1995	1998	2000
Greece	3.8	11.5	10.0	15.7	18.2	16.1
Italy	4.8	14.3	11.0	15.9	18.0	15.2
Portugal	2.0	7.4	5.8	11.9	13.0	11.5
Spain	3.0	8.8	7.2	10.7	12.6	11.7
Yugoslavia /Ex-Yugoslavia	2.6	10.0	6.3	9.2	11.6	11.2
Turkey	5.9	14.6	10.3	18.9	23.2	21.2

Source: Independent Commission on Migration to Germany, 2001.

In its comprehensive programme of “Combating Discrimination against Migrant Workers and Ethnic Minorities in the World of Work”, Zegers de Beijl (1997) notes “discrimination in access to employment to be a phenomenon of considerable and significant importance”. Serving as a “buffer” for Germany’s manufacturing industry, foreign workers bore the brunt of massive layoffs (Commissioner for Foreigners’ Issues, 2000: 16). Consequently, the rate of unemployment among migrant workers increased dramatically during the 1980s and remained at a very high level ever since (table 6). Even when they are gainfully employed, foreigners generally receive lower wages than their German counterparts. As shown in table 7, the pay differential between Turks and Germans, for instance, was 0.73 to 1. On average, foreigners, excluding Turks, received 76 per cent of wages paid to German nationals for the same work.

**Table 7. Pay differentials between Germans and foreigners**

Country of origin	Pay in DM	Percentage of average German pay
German	4.189	100
Turkey	3.064	73
Yugoslavia /Ex-Yugoslavia	3.386	81
Greece	3.190	76
Italy	3.077	73
Spain	3.127	75
Foreigners excluding Turks	3.195	76

*Source:* Goldberg, Mourinho and Kulke (1996b).

Ethnic stratification in the labour market is also reflected through geographic distribution of the foreign population. The residential pattern of foreigners indicates signs of heavy concentration, primarily in the four large states of Baden-Wurttemberg, Bavaria, Hesse and North Rhine-Westphalia. Generally, foreigners are much more likely to live in large conurbations than in rural communities. The Commissioner for Foreigners’ Issues (2000) found that the highest percentage of foreigner population, as of 1995, was recorded in the cities of Frankfurt am Main (30.1 per cent), Stuttgart (24.1 per cent) and Munich (23.6 per cent). “Of Frankfurt’s forty-six districts”, Klopp (2001: 134) argues, “only eleven... have less than 20 per cent foreigners in the population”. Moreover, “the twelve districts that have the highest percentage of foreigners in their populations rank among those with the highest percentages of welfare recipients and the lowest living space per person, ranging from 11 to 33.7 square metres per person”. While the fact that Frankfurt’s communities are divided along lines of class and ethnicity

is not an exceptional development vis-à-vis other European communities or the “hyper-segregated” urban ghettos in the United States, the large part of the issue is a perception problem. That is, the presence of a strong local sense that ethnic concentration in any neighbourhood may form foreigner-dominated ghettos could have deleterious disintegrative effects on the society. At its core, the negative perceptions of foreigners in Germany continues to reinforce policies and practices that undermine efforts to minimize cultural clashes by means of assimilation.

The Federal Government’s denial of foreign workers as long-term immigrants provides a convenient excuse for restrictive policies pertaining to residency and citizenship. Seen as permanent outsiders, foreign workers and their families have been denied the right to become citizens, either through naturalization or by birth. That tradition, rooted in “‘ethnocultural understanding’ of what it means to be German” (*völkisch*), was institutionalized in the 1913 citizenship law, permitting Germans living abroad (*Auslandsdeutsche*) to claim German citizenship indefinitely while denying foreigners born in Germany the right of citizenship based on the principle of *jus soli* (citizenship by place of birth) (Klopp, 2001: 33-34). Since then, the basic requirements of the law underwent several changes with the Aliens Act of 1965 (*Ausländergesetz*) and the naturalization guidelines of 15 December 1977 (*Einbürgerungsrichtlinien*), but the exclusionary principle of the *Volksgeist* remained intact. According to de Rham (1990), “the Federal Republic of Germany does not consider itself to be an immigration country and generally has a ‘protectionist’ policy towards the naturalization of aliens”. Reflecting its protectionist principle the naturalization policies imposed the following conditions:

“Own accommodation and the ability to maintain one’s family; a positive orientation towards Germany including mastery of the German language both spoken and written; knowledge of the political system of the FRG and loyalty to the basic liberal democratic order; and irreproachable conduct in Germany for at least ten years; defined more widely than just the absence of offences against the criminal law (de Rham (1990:162))”.

Giving considerable latitude for official discretion, those guidelines have been narrowly defined. As a result, Germany had the most prohibitive naturalization policies in Western Europe until the 1990s, excluding Austria and some Swiss cantons. “Of the five main groups of foreign workers recruited heavily in the 1960s”, Klopp maintains, “approximately 5,000 naturalized each year (until 1990) at a rate of 1.6 per 1,000”. Despite relatively poor conditions of political and social

rights, large numbers of foreigners continued to enter Germany.<sup>11</sup> The fundamental contradiction between policy and reality, however, produced what Robin Cohen (1988) calls “denizens”, who find themselves in limbo, “being full-fledged citizens neither of their homelands nor of the Western European countries in which they live” (Martin and Miller, 1980: 320).

With the emergence of a coalition between Social Democrats and the Green Party in 1998, dramatic changes took place recently in Germany’s immigration and integration policies. The Federal Ministry of the Interior’s report in 2000 ambitiously stated that “a core element of the Federal Government’s policy on foreign workers is the integration of foreigners living lawfully in our country on a permanent basis”. Towards this end, the new Federal Government intends to provide security for all and strengthen civil rights by “advocat(ing) a common European refugee and migration policy which respects the Geneva Convention on Refugees and the European Convention on Human Rights”.<sup>12</sup> Because the coalition “recognizes that an irreversible process of immigration has taken place in the past”, Germany’s “new beginning” in respect of immigrants and minorities requires the creation of a “modern nationality law” (Federal Ministry of the Interior, 2000: 166). The new citizenship law (the Act to Amend the Nationality Law — *Gesetz zur Reform des Staatsangehörigkeitsrechts*), which came into force in 2000, provides two major improvements to the existing law. First, “children of foreign parents who are born in Germany will receive German nationality if one parent was born in the country or entered Germany before the age of 14 and possesses a residence permit”. Second, “foreigners with eight years legal residence in Germany”, “foreign minors where at least one parent holds an unlimited residence permit and who have lived with this parent as a member of his or her family in Germany for five years”, and “foreign spouses of Germans after three years legal residence in Germany if the marriage has existed for at least two years” (Federal Ministry of the Interior, 2000: 166-167). While this law does not permit without conditions the right of citizenship by birth (*jus soli*), it is a major step from the longstanding principle of *jus sanguinis*.

#### **Formulating the Republic of Korea’s foreign worker policy: Lessons from Japan and Germany**

The Japan and Germany case studies provide helpful guidelines in developing a more humane and efficient form of foreign labour policies for the Republic of Korea. Japan’s Technical Internship Training Programme has led to human rights violations based on the illegal status of migrant workers. Rather than generating an efficient “rotation” policy, the Programme has tacitly permitted undocumented workers to fulfil a growing labour demand (Spencer, 1992; Morita

and Sassen, 1994). Like Japan, the Republic of Korea experienced a sharp increase in the number of undocumented workers, owing to a variety of factors both internal and external to the system. Through recent protests, foreign workers and NGOs have called for the employ permit system (*goyonghogaje*) to replace the trainee system. Representing a wide spectrum of NGOs, the Joint Committee for Migrant Workers in Korea (JCMWK) had initially advocated for the more progressive work permit system that allows workers and employers to enter into “free contracts” based on the labour market principle (Park, 2000). In contrast, the employ permit system transfers the balance of power to employers by giving them the right to choose workers from a pool of eligible workers. Owing to intense opposition against the proposed work permit system from various employer groups, the public discussion has centred primarily on the less controversial employ permit system. Nonetheless, the basic tenets of the Joint Committee’s position on the permit systems reflect their efforts to minimize work-related abuses by maximizing the workers’ rights.

The employ permit system eliminates the illusive aspects of the training and employment system. Like Japan’s technical internship programme, the Republic of Korea’s system consists of two parts. Upon completion of two years of training, foreigners who pass the written examination qualify for an additional year of employment opportunity. Although the system guideline states that foreigners supposedly receive two years of on-the-job training, trainees actually undergo less than two weeks of off-the-job training (Seol, 2000: 43). The major flaw of the system is that trainees do not receive any substantive training but are required to work as labourers. The employ permit system is a significant improvement because it overcomes the contradiction between theory and reality of the training system. By restoring the legal right of labour to foreigners, the employ permit system avoids the process by which a substantial portion of foreign worker population becomes undocumented. The transparency of the system, in turn, allows the Government to legitimately enforce laws pertaining to illegal residence and employment of undocumented workers.

The Korea Federation of Small and Medium Business (KFSB), which administers the trainee system, however, insists that the trainee system sufficiently protects the rights of foreign trainees and that the undocumented worker problem is a result of the Government oversight. In its May 2003 report, KFSB reaffirmed its longstanding view that “the majority of undocumented workers entered the country as tourists who had no relation to the training system”. Of 289,239 undocumented foreign workers, the report concluded, some 213,000 (or 74 per cent) overstayed tourist visas. That figure represents 58.7 per cent of all foreign workers in the Republic of Korea, which does not include other illegal means of

entry, such as stowing away on boats. For that reason, KFSB contends that the undocumented worker problem can be controlled by tightening controls at the border and stricter enforcement, rather than replacing the training system with the employ permit system. Moreover, KFSB blames the Government's inconsistent policies for encouraging the growth of undocumented worker population. For instance, the Government had planned for a massive repatriation of undocumented workers who voluntarily reported to the immigration offices by March 2002. The Government then ordered deportation of those who resided illegally for more than three years by November 2002 but allowed those who stayed less than three years to work in the country until March 2004. But, since the latter group consisted of only 82,000 persons as compared to some 157,000 visa overstayers of more than three years, the Government extended the deadline for another nine months until August 2003. As a result, KFSB points out, the number of undocumented workers grew by 34,033 in the year 2002 alone.

Aside from its ineffectiveness in stemming the tide of undocumented workers, the report intimated that the employ permit system could potentially produce new problems. The employ permit system is likely to increase foreign worker wages beyond their productivity levels, thereby reducing the country's competitiveness and accelerating industrial parity with domestic labour. According to KFSB, trainees receive on average 936,000 won (US\$780) per month, in addition to health and industrial accident insurance. By contrast, foreign workers would receive at least 372,000 won (US\$310) more under the employ permit system, a 40 per cent increase, on top of other worker benefits, such as bonuses, retirement allowances and national pensions. In short, the new system is likely to generate negative ripple effects as foreign workers call for wage parity with domestic workers, invite family members, and demand better working conditions. All of those factors clearly weaken the original purpose of the trainee system, which was to alleviate the labour shortage crisis of small and medium industrial companies. Businesses are also concerned about bestowing too many rights to foreign workers. Under the employ permit system, the three basic labour rights (i.e. the rights to organize, to form unions and to bargain collectively) equip them with political tools that could potentially threaten the stable working operations. Moreover, the Government would be less likely to prevent family unification of foreigners, contributing to greater social welfare costs. Finally, the employ permit system does not allow the Government to flexibly adjust the foreign labour pool according to domestic labour needs, since they will have the legal right of employment and residence. For those reasons, business interest groups argue that the trainee system, though not perfect, suits most appropriately with the Republic of Korea's social and economic conditions.



Regarding foreign worker policies, the Republic of Korea is at a crossroads. With the inception of the Trainee programme, the country adopted uncritically the Japanese model of the foreign employment scheme. Like Japan, the Republic of Korea has been unable to cope with the growing number of undocumented workers. Lack of actual on-the-job training and low wages inevitably turn trainees into runaways, accounting for a third of undocumented worker population. A short supply of trainees has not met the labour needs primarily in manufacturing and secondarily in agriculture and fisheries. Instead, undocumented workers have quietly filled the void. Thus far, the Government has not dealt with the growing number or the attendant rise of human rights abuses, inducing foreign worker advocates to seek a better way to meet labour needs while protecting foreign worker rights. Germany's guestworker programme easily comes to mind, but applying it to the Republic of Korea's situation will not remedy the fundamental problems currently present.

To begin, many countries receiving unskilled labour for the first time design policies oriented toward a short-term solution to the problem of labour shortage in non-exportable industries, such as manufacturing, construction and agriculture. Japan and Germany are not exceptions to that general rule. Whereas Japan narrowly constructed the legal basis for accepting unskilled foreigners, Germany's rotation policy provided guestworkers with broadly defined rights as workers. The difference between those two programmes is not qualitatively significant, because each scheme was designed to fulfil unmet needs in the labour market by relying on the false theoretical assumption that workers would return home promptly after their contract expired. A striking similarity between Japan and Germany is that the shortage of unskilled labour is not a temporary problem but a structural one. Both countries have experienced a dramatic increase in the ageing population and an equally significant drop in birth rate over the past several decades (Kuptsch and Oishi, 1994). As well, the increasing dependence on foreigners for the difficult, dangerous and dirty jobs culminated in further stigmatization, creating a foreign worker entrenchment in those occupations. In the Republic of Korea, there are already visible signs of such dependence in the country's manufacturing industry, agriculture and fisheries. The end result could not have been removed further from their intended goals: Japan relies increasingly on legal trainees, interns and undocumented workers to meet its labour demand, and foreign workers in Germany constitute some 9 per cent of its labour force.

Failure to recognize the migratory process as a historical fact in the German case produced discriminatory policies in all areas of social, economic, and political life. Only recently has Germany admitted that it is a country of immigration and some significant measures have been introduced to better



integrate foreigners in the country. Germany's new citizenship policy, for instance, is a significant improvement, allowing foreigners to become naturalized citizens more easily than before. In recognition of the country's significant immigrant population, the Federal Government opened the Office for Immigration and Refugees on 1 July 2002. That office assumes the responsibility of promoting integration of foreigners by administering integration courses, providing expert advice on integration issues, compiling information about integration projects and formulating a coherent national strategy. Still, Germany confronts difficult challenges of integrating foreigners, not simply because they have shown the resilience of ethnocultural ties but because foreign workers have become distinct minorities through discriminatory policies and public antagonism towards them.

An important lesson for the Republic of Korea is that "temporary" migrant worker policies lead inevitably to long-term settlement questions. Any meaningful discussion about the country's labour import policies must include a plan for integration of foreigners. The "foreigner problem" is largely a perceptual one owing to public stereotypes that foreigners are responsible for, *inter alia*, unemployment and higher crime rates. Because unskilled foreign workers are considered "temporary guests" in Japan and Germany, the expectation of eventual return to their homeland is not an unrealistic one. Immigration became a major political issue during the 1980s and 1990s in Germany, and opposition to immigration served as a key component of the New Right's electoral platforms (Chapin, 1997: 53). Likewise, *criminalization* of foreign workers in Japan is already taking place to some extent with frequent reference by key public officials claiming that the streets have become unsafe. Seen as a threat to public order, foreign workers are "regarded primarily as targets of surveillance and control" (Kashiwazaki, 2000: 463). The migration policies of Japan and Germany, therefore, produced unintended consequences, such as uncontrolled growth of migrant population, illegal trafficking of unskilled workers, various draconian measures to discourage integration of foreigners, and discriminatory policies in housing, welfare and education. The ad hoc nature of those policies produced what Rist (1978) calls the "guestworkers' institutional marginality", leading to an ethnic isolation rather than integration into host society. Whereas Japan continues to justify its migration and integration policies under the guise of mono-culturalism, Germany recognized eventually the limitations of withholding basic civil and political rights from foreign workers.

The liberal-democratic states, founded on the ideal of the rule of law, cannot in principle develop policies that foster the marginalization and exclusion of international migrants (Klusmeyer, 2001: 1-2). Given that the standards of accepting foreign workers have improved in most countries, Japan's trainee system

is anachronistic in its scope and purpose. As long as the structural conditions warrant acceptance of foreign labour, the Republic of Korea must confront the myth of homogeneity against the global reality of internationalization. The Republic of Korea, like Japan and Germany, has a long history of discriminatory policies on the basis of nationality – e.g. Chinese descendents in the country – but the recent trend globally shows that such practices are no longer tolerated by the migrants, the civic and religious groups and the international community. Given that Japan and Germany succumbed eventually to international pressures in meeting the expectations of international legal norms concerning human rights and women's rights,<sup>13</sup> it would serve the Republic of Korea well to learn from those foreign worker policies. In particular, a cross-section of the Republic of Korea's population should engage in dialogue about the long-term prospect of foreign worker settlement, in terms not only of their economic impact but also of their social and political rights and responsibilities, as questions pertaining to those will likely arise in the near future.

## Endnotes

1. In *The Age of Migration* (1998), Castles and Miller argue that there are three basic models of foreign labour systems: immigration, colonial and guest worker. Highly developed countries, such as the United States, Australia and Canada, pursue the immigration model, which have relied on immigrant labour for their nation-building efforts. France, the Netherlands and the United Kingdom bestowed citizenship to immigrants from their former colonies. Finally, Germany, Switzerland and Belgium introduced guest worker programmes, which provided health and pension benefits, but excluded them from rights to general welfare, such as unemployment and disability compensations. Castles and Miller contend that a recent trend shows a convergence of rights extended to foreigners: more restrictions among the classical and colonial immigration countries and less so for the countries that have adopted the guest worker model. However, the Republic of Korea does not fit neatly into the existing models of foreign worker programmes. It represents a fourth model in that foreigners have even fewer rights than guest workers and, more importantly, the Republic of Korea's undocumented workers constitute the majority of the unskilled foreign workforce.

2. They include: the Ministry of Justice; the Ministry of Foreign Affairs; the Ministry of Economy, Trade and Industry; the Ministry of Health, Labour and Welfare; the Ministry of Land, Infrastructure and Transport; and the Ministry of Agriculture, Forestry and Fisheries.

3. On 12 October 1999, a Shizuoka District Court judge ruled in favour of Ana Bortz, a Brazilian journalist and the non-*Nikkeijin* wife of a *Nikkeijin* immigrant, who filed a racial discrimination lawsuit against a jewelry storeowner, Takahisa Suzuki, for refusing to serve foreigners. Citing Japan's 1995 ratification of the International Convention on the Elimination of All Forms of Racial Discrimination (ICERD), the judge ruled that the owner of the store had infringed on her human rights and ordered Mr. Suzuki to pay the full compensation, ¥1,500,000 (US\$12,500). The successful outcome of that lawsuit was heralded as "the Japanese equivalent of Rosa Parks' defiance of segregation in Montgomery, Alabama," signaling a ray of hope for the thousands of ethnic minorities resident in the country. As well, the lawsuit highlights the underlying tension between the locals and the recent *Nikkeijin*

immigrants from South America. “By 1998”, Yamanaka (2002) explains, 10,000 Brazilian nationals and their families had registered as alien residents, accounting for two thirds of Hamamatsu’s foreign population of 16,000 and comprising three per cent of its total population”.

4. Numerous Japanese newspapers reported on the rising smuggling cases with a focus on the Snakeheads. See the following articles: 5 August 1997, “3 more Snakeheads nabbed overseas”, *Mainichi Daily News*; 13 April 1997, “Snakehead may be more heavily armed”, *The Daily Yomiuri*; 4 April 1997, “Cabinet supports ‘Snakehead’ bill”, *Asahi News Service*; 8 November 1997, “7 Snakehead smugglers arrested”, *The Daily Yomiuri*; 16 July 1999, “Chinese snakeheads profit from illegal labour industry”, *Japan Economic Newswire*; 28 December 1999, “Snakeheads’ venom”, *Mainichi Daily News*; 29 April 2001, “NPA: Snakehead smuggling of people doubles since Jan.”, *The Daily Yomiuri* (Tokyo).

5. During the “economic miracle” of the 1950s, Germany’s unemployment fell sharply threatening factory relocations overseas and causing German farmers to seek foreign workers to harvest their crops. Initially, about 80,000 foreign workers entered Germany by 1955 and the first bilateral agreement was signed with Italy in December 1955. With the consent of unions, Germany entered into labour recruitment agreements with Spain and Greece (1960), Turkey (1961) and Portugal (1964). For more discussion, see Martin (1994).

6. The founding states include Belgium, France, Italy, Luxembourg, the Netherlands, and West Germany.

7. Most of the countries with which Germany signed labour agreements did not become a member of the EC until the 1980s (e.g. Greece in 1981, and Spain and Portugal in 1986), and Turkey’s accession into the Union is being reviewed as of 2003.

8. Martin and Miller (1980) describe the “migratory process” in terms of an evolutionary development from mass labour migration of mostly young, males to family reunification of migrants in labour-receiving countries.

9. The number of hate-motivated offenses increased between the years 1992 (6,336) and 1993 (6,721). This is an increase of almost 277 per cent from 1991 (2,426). In 1994, the figure dropped to 3,491 and remained relatively constant throughout the remainder of the decade —1995 (2,468), 1996 (2,232), 1997 (2,933), 1998 (2,644) and 1999 (2,283).

10. The concept of discrimination is highly contestable and, as such, derives its meaning from many different definitions. While some use it narrowly to mean unequal payment of wages for the same work, it certainly does not capture the complexity of its direct and indirect forms. Rätzl (1999), however, provides a useful definition by distinguishing four different types of discrimination: “(1) discrimination within the existing work hierarchy, (2) discrimination outside the work hierarchy, (3) discrimination through equal treatment, and (4) discrimination in everyday work relations”.

11. There are a variety of residency permits given to foreigners, as there are different qualification categories under which foreigners and their offspring can become citizens of Germany. Broadly, foreigners residing in Germany for more than three months must obtain one of the following four residence permits: *Aufenthaltserlaubnis* (limited or unlimited), *Aufenthaltsberechtigung* (temporally and spatially unlimited), *Aufenthaltsbewilligung* (specific purpose) and *Aufenthaltsbefugnis* (exceptional circumstance). See chapter two in Klopp (2002) for a detailed discussion of residence categories.

12. That quote is an excerpt from the coalition agreement concluded between the *Sozialdemokratische Partei Deutschlands* and *Bündnis 90/Die Grünen*, entitled “A New Beginning – Germany’s Way into the 21<sup>st</sup> Century”. The excerpt is printed in the Federal Ministry of the Interior’s report (2000).

13. Kashiwazaki (2000), for instance, argues that Japan, along with other countries, which had a patrilineal *jus sanguinis* system of citizenship, changed to the bilineal system in 1984, allowing children to obtain either of their parents' nationality. This historical shift occurred as a result of Japan signing the 1979 Convention on the Elimination of All Forms of Discrimination against Women. With the admittance of Indochina refugees in 1978, "Japan acceded to the International Covenant on Civil and Political Rights as well as the International Covenant on Economic, Social, and Cultural Rights in 1979, and then ratified the Convention relating to the Status of Refugees in 1981". Those examples demonstrate how the development of international communities through covenants and conventions can bring about significant changes in key domestic policies, especially pertaining to the rights of excluded minorities, women, and refugees.

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# Dynamics of Poverty, Development and Population Mobility: The Bangladesh Case

*Contrary to conventional wisdom, which often views permanent migration as a hindrance to rural development, migration (with the help of urban resources) actually expands rural land and labour markets by making more rural land available for tenancy.*

By Rita Afsar\*

Over the last decade, the landscape of Bangladesh has changed remarkably with the persistent mobility of people. This is an emerging reality in the development discourse of the country, which reflects the dynamic interactions between spaces and poverty. In response to improvements in markets, communications and transport and a better access to electricity, migration has assumed great importance in constructing livelihood strategies of the people and economy of the country. In light of the changing situation in Bangladesh, links

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between migration and development need to be re-examined. Moreover, there is a considerable vacuum to understand migration-poverty interface in the country (Chaudhury, 1978; Chaudhury and Curlin, 1975; Islam and Begum, 1983; Krishnan and Rowe, 1978; Rahman and others, 1996; Hossain and others, 1999; Afsar, 1999; Hossain and others, 2003a). The main purpose of this paper is to examine the impact of population mobility on poverty alleviation and document how that impact is changing the development parameters of the country. More specifically, the paper examines the impact of migration on the migrants and their families at destinations and then, on overall rural economy and urbanization in order to capture the dynamic interactions between population mobility and other development parameters. It also assesses how far poverty alleviation strategies capture those realities and the gaps. Policies that should be adopted to address the gaps and the emerging realities are also recommended in the conclusion.

### **Data and methods**

The paper is largely based on the author's resurvey data collected by administering a structured questionnaire to 600 randomly selected households in Dhaka City (hereafter referred to as Dhaka) in 1991 and 1998. The sample for the survey was drawn using a multistage random sampling method. In the first stage, four wards were selected as the primary sampling units from a total of 86 wards using a random number table. The ward is the lowest level of administrative unit in municipal areas for government functioning. The wards selected were Lalbag, Jurain, Purana Paltan and Mirpur. The 1989-1990 and 1996 electoral rolls were used as the sampling frame. In the second stage of sampling, all persons in the electoral roll were stratified into six occupational groups and random samples of 100 households were drawn for each ward.<sup>1</sup> The electoral roll of 1989-1990 was found to suffer from under enumeration of households in slums and squatter areas. Considering that those households belong to low-income groups and their exclusion would create an upward bias in the estimation of incomes, a supplementary census of all slums and squatter settlements in the selected wards was conducted and households were listed by their major sources of income. Households were then stratified into three groups on the basis of major sources of income — transport operation, construction and others — and 50 households for each ward were selected. The sample thus consisted of 150 households for each ward, with those drawn from slums and squatter areas constituting one third of the total sample.<sup>2</sup>

The 1998 survey was conducted in the same four wards. It would have been ideal if the same households could have been identified for the repeat survey. However, given the high mobility of urban residents, this was not possible. The

sampling process remained the same as in 1991, using the electoral roll prepared for the 1996 election. The electoral roll of 1996 had comprehensive coverage of slums and squatter settlements. So, it was possible to depend on the list for selecting the entire sample irrespective of their residence. In this process, again 150 households were drawn randomly from each of the sample wards based on stratification according to occupation, 50 of them being selected from slums and squatter areas.

To supplement the place of destination based data with those of migrants' origin, a recent review of literature on migration and development done by the author was used (Afsar, 2003a). Panel data generated from rural household survey in 62 randomly selected villages of the country by the Bangladesh Institute of Development Studies (BIDS) (Rahman and others, 1996) and the International Rice Research Institute (IRRI) (Hossain and others, 2003b) constituted the major sources in this respect. However, other micro-studies and official data generated by the Bangladesh Bureau of Statistics (BBS) were also used for the paper.

### **Scope of the paper**

Migration involves a large spectrum of movement from commuting or temporary absence of home location for a couple of days to seasonal migration or permanent relocation. Owing to dearth of data, the paper focuses on rural-urban migration that involves both permanent and temporary moves in search of employment (or better employment) and livelihoods.<sup>3</sup> Rural to urban migration is the most dominant form of migration in the country. From the panel data of rural households, Rahman and others (1996) found that nearly two thirds of out-migration from rural areas was directed to urban areas. The share of rural-to-rural migration was 10 per cent and that of overseas migration was 24 per cent. Estimates from the Demographic Surveillance System (DSS) of Matlab *Thana* (police district) also support a high rate of net city migration to the tune of 63 per cent between 1982 and 1996 (Kuhn, 2000).<sup>4</sup>

Poverty is defined as a pronounced deprivation in well being which is multidimensional in nature, ranging from a lack of adequate income to meet physical needs to a lack of opportunity to pursue education and lead a healthy and secured life. For determining adequate income, poverty line is measured using household income and expenditure from the survey data. Here a household's ability to purchase a basket of essential food items that provides 2,112 kilo calories and 58 grams of protein to a person per day for maintaining a healthy and productive life, is imputed at current price (1998) of Dhaka to estimate the cost on account of food.<sup>5</sup> The threshold income for extreme poverty is estimated in a

similar manner with the added consideration that a person at that level needs 1,800 kilocalories and a low intake of protein and vitamins. For determining social deprivation, the study used school enrolment and morbidity rates of the cross-sections of the sample population as indicators. Both education and health are considered essential for leading a productive life in a modern society. In the view of the fact that a large majority of respondents across board reported sickness as a major crisis, which they experienced in the last ten years, morbidity rate is used to measure health status. Similarly, considering the problems of gross enrolment data, net enrolment rate (showing the ratio of enrolled age cohorts to all population of that age group) is used in the study as indicator of human capital.<sup>6</sup> To measure deprivation with regard to secured life, measures of income inequality and types of vulnerability suffered by poor population as against the rich are used. Note that those are all interrelated factors that reinforce each other and permeate long-term consequences.

### **Structure of the paper**

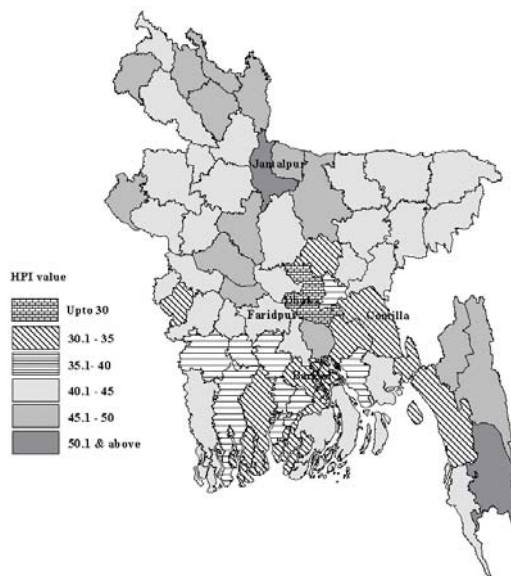
The paper is organized in five sections. After the introductory part, section two examines the impact of population mobility on poverty level of migrants and their families at the urban end. Impact of migration on broader issues of poverty and development parameters, which includes rural economy, poverty and multiplier effects of remittances have been examined in section three. This is followed by a brief mapping of the existing government policies and gaps to address the emerging dynamics of population mobility, poverty and development. The concluding section presents the major policy implications that follow from the main findings of the paper.

### **Migration and poverty**

#### **Employment and income**

Studies on internal migration clearly demonstrated that greater job opportunity in the cities and metropolitan areas “pulled” migrants from rural areas (Skeldon, 1997; Hugo, 1991; Afsar, 2000b). It is likely that they have little incentive to remain in agriculture because the agricultural productivity per worker is one of the lowest in the world. The growth of farm income was estimated to be around one per cent per annum as opposed to six per cent growth of non-agricultural income between 1988 and 2000 (Hossain and others, 2003b). Rather, they migrated for better and more rewarding employment opportunities than what they had in rural areas. This has been expressed as the major reason for migration to Dhaka by a large number of slum dwellers both in 1991 and 1998.

**Figure 1. Regional variation of poverty in Bangladesh**



*Source:* Bangladesh Institute of Development Studies (BIDS), (2001).

More than 90 per cent of poor migrants originated from the central and southern districts of Comilla, Faridpur, Barisal and Dhaka districts (to Dhaka) (Afsar, 2002). Human Poverty Index (HPI) at district level shows that with the exception of Faridpur, all other “sending districts” have HPI values of 35 per cent or less. It is to be noted that an HPI value of over 45 per cent represents the worst performance (figure 1) (BIDS, 2001).<sup>7</sup> Thus out-migration to Dhaka is not necessarily occurring from the most impoverished districts as held under the conventional wisdom. Those districts had strong history of out-migration and it is generally argued that migrants seldom set their feet on uncharted areas.

Three out of every five rural poor migrants find work within one week of arrival to Dhaka (Afsar, 1999). Prior to migration, this group invested their time and energy to contact kin, friends and neighbours in Dhaka. As a result, three quarters of those migrants secured their first job with the help of their social networks and one third of them had information about the job prior to arrival. The unemployment rate for active-age members of migrants’ households was estimated

at four per cent; this is twice as high for non-migrant age cohorts. Moreover, the unemployment rate is lower in the case of recent migrants compared with long-term migrants. Given the fact that poor migrants can hardly afford to remain unemployed, one must go far beyond unemployment data to examine the impact of migration on poverty. However, for those who live on the edge of extreme poverty in rural areas, migration to nearby towns may give them temporary relief from unemployment.<sup>8</sup>

Wage rate of urban labour is always higher than that of rural labour. Household income of slum dwellers was estimated at US\$ 1,313, compared with rural average household level income of US\$ 1,348.<sup>9</sup> Given that household size is larger in rural than in urban area: 5.92 as opposed to 5.20, per capita income of slum dweller, which hovered at US\$ 253, is higher than that of a villager. Data presented in table 1 further reveal that higher growth of annual income of slum dwellers compared with rural residents. During 1991-1998, the income of the former registered an increase of 42 per cent from the level estimated by 1991 survey. Thus the income of the slum dwellers grew at 6 per cent annually as opposed to 3.4 per cent growth of per capita rural incomes.

**Table 1. Level and growth of household incomes and changes in poverty situation, rural areas and Dhaka**

Indicator	Rural areas (2000)	Dhaka					
		Slum		Non-slum		All household	
		1991	1998	1991	1998	1991	1998
Household income (US \$)	1,348	828	1,313	3,048	6,359	2,308	4,679
Household size	5.92	5.03	5.20	5.82	5.73	5.56	5.55
Per capita income	228	165	253	524	1110	415	843
Growth of income/year (per cent)	3.4	-	6.7		11.0	-	10.5
Agriculture	0.7	-	-	-	-	-	-
Non-agriculture	5.8	-	-	-	-	-	-
Head count index (per cent)	43.0	79.0	49.0	14.5	3.3	36.0	18.5
Poverty-gap index	16.0	26.5	17.6	3.9	0.9	10.9	1.5
FGT index	8.4	11.4	9.1	1.1	0.4	4.5	3.3

*Sources:* Compiled from Hossain and others (2003b and 2002) and resurvey data set (1998).

For households in slum and squatter settlements, the head count ratio for moderate poverty was estimated at 79 per cent in 1991; this has dropped to a staggering low of 49 per cent in 1998 and extreme poverty also fell from 44.5 per cent to 23 per cent. Those are basically migrant populations from the landless and marginal landholding households in rural areas. Three quarters of that category were found to be moderately poor in rural areas (Rahman and others, 1996). From her study of Ready Made Garment (RMG) sector workers, Afsar (2001) estimated that, from no income of their own prior to migration, more than 80 per cent were able to earn enough to keep them above the poverty threshold after migration. Qualitative measures - such as perceptions about their poverty - also neatly corroborated with quantitative measures, which showed declining poverty after migration. Around three fifths of the migrant households, irrespective of their place of residence (slum or non-slum), reported that their economic situation had improved compared with around two fifths of rural households (Hossain and others, 1999; Rahman and others, 1996). From sending areas, Rahman and others (1996) found that the extent of poverty in non-migrant households (around 60 per cent) was double that in households having migrant members (around 30 per cent).

### **Human capital development**

The school enrolment rate of age cohorts (6-15) in slum and squatter settlements in Dhaka rose from 41 per cent to 58 per cent between 1991 and 1998. More than 40 per cent of the children remained out of school. It is not surprising that nearly one third of children from slums and squatters were in the labour force and the incidence of child labour remained almost unchanged between 1991 and 1998. Participation in higher education is almost negligible for young adult slum dwellers (table 2). It indicates that the scope for mobility from low to high-income occupations through human capital formation is limited for low-income households. Findings of the study also suggest that the level of poverty declines secularly with the level of education of the heads of the households. Incidence of moderate poverty is estimated at 41 per cent for households having heads below the primary level of education, but declines substantially to 17 per cent and 2 per cent in the case of household heads who were high school drop outs and those having higher secondary certificate, respectively. A further analysis of resurvey data reveals that polarization in Dhaka is accrued from the skewed investment on physical capital and human development accounts. The share of top 5 per cent of the households in investment made on physical capital in 1997-1998 was 55 per cent, while the share of the bottom 40 per cent was a meager 2 per cent and that of the middle 40 per cent was only 18 per cent (figure 2). The Gini concentration ratio of investment for the sample in 1998 is a staggering number of 0.79. Unless

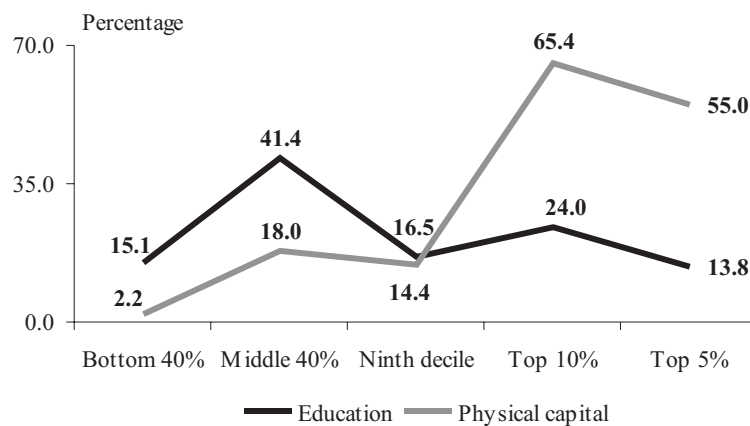
**Table 2. Net enrolment rate for household members by age group and slum and non-slum residency of sample households in Dhaka**

Area	Age group	Enrolment rate (1998)			Enrolment rate (1991)		
		Male	Female	Total	Male	Female	Total
Slum	6-10	66.7	67.2	66.8	48.9	53.7	51.4
	11-16	44.0	43.5	43.8	29.8	35.0	32.5
	17-24	3.0	1.7	2.4	5.1	3.9	5.2
No-slum	6-10	92.3	97.9	95.3	94.4	91.1	92.7
	11-16	97.1	90.7	93.8	93.0	90.9	92.0
	17-24	64.7	59.1	61.5	65.9	52.6	59.7

Source: Resurvey data set (1998).

positive action is taken to reverse the situation by providing better access to capital and education for the lower income groups, the income inequality will further worsen.

**Figure 2. Skewed investment in physical and human capital by different income groups in Dhaka, 1998**



Source: Resurvey data set (1998).

Morbidity: The overall morbidity rate defined as the proportion of sick members during a month preceding the survey to the total household members is 34 per cent. This is nearly double compared with the Demographic and Health Survey (DHS) estimate for the same at the national level and nearly three times higher than that of rural areas (BBS, 2001; Rahman and others, 1996).<sup>10</sup> A large majority of sick population suffered from fever, while a substantial proportion of children and young adults also suffered from cough. It is surprising that prevalence of diarrhea is less than 5 per cent even among children under five although it accounts for 20-30 per cent of acute illnesses in rural areas (Rahman and others, 1996). It suggests that the impact of air, noise, chemical and other pollution in Dhaka, which often occurs from a lack of adequate regulation of transport, industry and commercial sectors and from the overall urban mismanagement, is more pronounced in the disease pattern of urban residents as opposed to villagers who suffer mainly from water borne disease. However, the incidence of morbidity varies considerably by age, gender, migration and poverty (defined by income levels and slum and non-slum residence) status of respondents (table 3).<sup>11</sup>

**Table 3. Morbidity rate for different age groups by gender and slum and non-slum residency**

Age group	Non-slum		Slum		All		
	Male	Female	Male	Female	Male	Female	Total
0-4	59.3	48.2	69.0	60.4	63.3	52.6	58.1
5-14	32.3	27.2	56.7	60.0	42.6	37.5	40.1
15-49	20.9	24.1	42.1	51.9	26.4	30.7	28.6
50-59	37.7	40.0	63.3	30.4	43.4	38.0	41.0
60+	26.7	36.2	47.7	25.0	29.9	33.7	31.6
All	27.5	28.2	51.2	52.7	34.6	34.6	34.6

Source: Resurvey data set (1998).

To take into account the plurality of factors, likelihood of morbidity is analysed for the sample population as a function of their sociodemographic characteristics and entitlements to basic amenities. The dependent variable measures sickness from any disease during the month preceding the survey. Taking into account the nature of data, two sets of explanatory variables are selected to analyse the likelihood of morbidity. The first set includes sociodemographic variables, such as age, gender, labour force participation rate, education of the spouse and migratory status. Since morbidity rate is found higher



among both children and the ageing members, dummy variables are created for infant (aged less than 1 year), children aged 1-14 and elderly persons (60 years and above) and 0 otherwise. To determine impact of migration on morbidity, dummy variable is created with non-migrants and migrant populations are used as control group. The second set of variables contains entitlements to basic amenity variables: the residence of the household (a dummy variable representing access to economic opportunities), housing quality, type of toilets used and sources of drinking water.

Several important associations are expected in this model. First, the relationship between morbidity and age will be positive for infant, children and ageing members but negative for other age groups. Second, a negative association is expected between morbidity and migratory status. That is, non-migrants will have less morbidity than migrants because all slum dwellers are migrants and morbidity rate is much higher among slum dwellers (52 per cent) than among those living in non-slum areas (27 per cent). Third, considering that women bear almost the sole responsibility in managing household's water and sanitation, a negative relationship is expected between morbidity and the level of education of the spouse of the household head. Fourth, it is assumed that better housing and water sanitation situation are more conducive to healthy life and vice versa.

Data presented in table 4 confirm most of the hypotheses, which are posited above. Relationship thus obtained between morbidity and age, sex, residence and quality of housing are highly significant statistically. For water and sanitation, expected signs are obtained although it is not statistically significant with regard to sanitation. Given that access to water and sanitation varies greatly by slum and non-slum residence and quality of housing of the respondents, it is not unexpected. Particularly in a situation of almost complete absence of low-cost housing, cheap and safe mass transportation system, which are some of the most distinguished features of Dhaka, the poorer sections of population have little room for choice or alternative settlement options. This generally exacerbates the problem of environmental pollution given the poor and hazardous state of water and sanitation.<sup>12</sup> However, contrary to hypotheses, a positive relationship is found between morbidity and women's labour force participation and level of education of the spouse. However, the latter is statistically significant. It suggests that there is a greater likelihood of morbidity for women, irrespective of their labour force participation and that morbidity increases irrespective of the level of education of the spouse. In the context of high prevalence of fever and cough among the sample population cutting across socio-economic status and staggeringly high overall morbidity rate, this is not unexpected. Statistics presented above tend to suggest the need for redirecting major thrust of urban policy from anti-migration to equitable distribution of wealth and services.

**Table 4. Logistic regression models for predicting likelihood of morbidity for respondents in Dhaka, 1998**

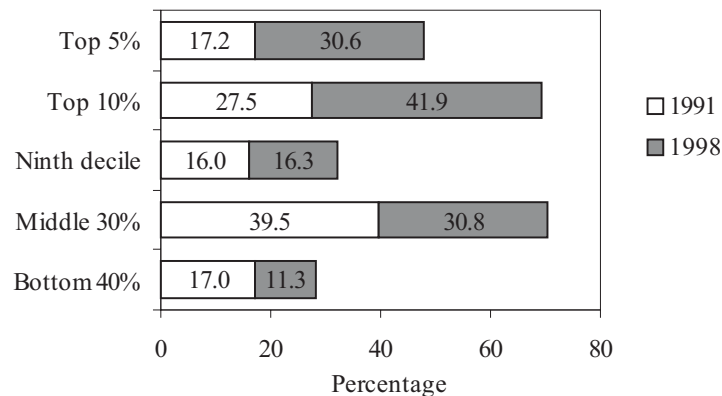
Variables	Coefficient	Standard error	Significance
Less than 1 year	0.994	0.148	0.000
1-14 years	0.191	0.104	0.000
60 years and above	1.788	0.181	0.000
Male	-0.290	0.075	0.000
Working women	0.164	0.101	0.103
Non-migrant	-0.303	0.092	0.001
Primary	0.543	0.122	0.000
Secondary	0.415	0.117	0.000
Post secondary	0.377	0.129	0.003
Good quality house	-0.197	0.081	0.000
Slum	0.575	0.135	0.000
Sanitary latrine	-0.101	0.125	0.415
Safe drinking water inside house	-0.299	0.125	0.017
Constant	-0.209	0.157	0.183
-2 Log likelihood		4,155	
<b>Number of cases</b>		<b>3,257</b>	

*Source:* Resurvey data set (1998).

### **Inequality and vulnerability**

At the place of destination, a worsening of income distribution between slum and non-slum residents is noted. Slum dwellers earned around one third of the income of non-slum households in 1991; this declined to one fifth in 1998. The bottom 40 per cent saw a drop from 17 per cent of the income of non-slum households to 11 per cent while the top 10 per cent increased their income from 27 per cent to 42 per cent. The Gini concentration ratio, a measure of income inequality, is estimated at 0.53, a staggering increase of their income from 0.37 in 1991 (figure 3). Existing studies have also pre-warned that economic gains are likely to be offset against the vulnerability that could arise from ill health, natural calamity, violence and other socio-political threats, death of the income-earning members of the family, weakening of social capital and human capital (Rahman

**Figure 3. Inequality in income distribution in Dhaka**



*Source:* Resurvey data set (1998).

and others, 1996; Kothari, 2002; Hossain and others, 2003a). Mortality and morbidity rates are much higher in urban slums and squatter settlements, where most migrants live. Thus, although the urban population is ahead of the rural population on poverty and social development indicators, the urban poor in general and migrants in particular are likely to find it difficult to sustain economic gains in the long run, due to intra-urban inequality in income, lack of incentive to spend on human capital development by urban poor and skewed delivery of social services.<sup>13</sup>

## Migration and rural economy

### Land and labour market

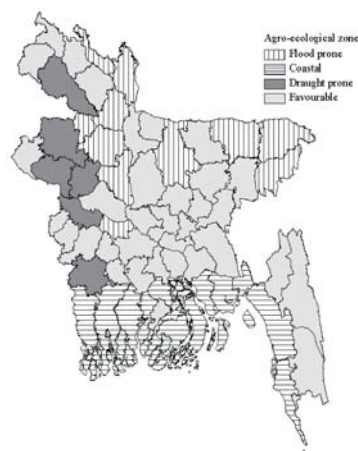
Rural-urban migration stimulated land tenancy. A review of agricultural census data reveals that over time land under tenancy has increased from 17 per cent to 22 per cent during the period 1983-1984 and 1995-1996 (Saha, 2000). This trend can be supported from the panel data generated by Hossain and others (2002) from 62 villages of the country, which shows that tenancy cultivation is widespread and has increased over the 1997-2000 period. The proportion of tenant farmers increased from 42 per cent to 57 per cent; and land under tenancy cultivation from 22 per cent to 33 per cent. By purchasing rural land, urban settlers become absentee landowners, making tenancy arrangements with relatives to

cultivate their land. With an increase in the incidence of tenancy, land-poor households got additional access to land. According to Hossain and others (2002) “nearly 47 per cent of the tenanted land was operated by households owning less than 0.2 hectare and another 40 per cent by households owning 0.2 to 1.0 hectare”. Land tenancy is an important indicator of dynamism in the rural land and labour market in a land-scarce country.

Subsequently, some important structural changes can be observed with regard to household income during the reference period. Share of agriculture to household income declined from 59 per cent to 44 per cent, while that of trade, services and remittances increased from 35 per cent in 1987-1988 to 49 per cent in 1999-2000 (Hossain and others, 2002). The proportion of households receiving remittances in 1999-2000 was 21 per cent, almost double from 11 per cent of such households in 1987-1988. The contribution of remittances to household income has increased significantly from 7.3 per cent to 12.8 per cent over the period, registering 8.1 per cent annual growth while per capita income grew at 3.2 per cent. Thus, not only have rural households adopted emigration as a livelihood strategy, but also rural-urban migration is an increasingly important means of diversifying household and rural economies.<sup>14</sup> As a result, the proportion of poor people dropped to 43 per cent in 2000 from 59 per cent in 1988, a reduction of 1.2 per cent per year. Using household level data from national labour force survey, 1999-2000, Rahman, 2004 found a significant inverse relationship between remittances and poverty, suggesting that inflow of remittances reduces probability of the household's poverty. Panel data of 62 villages tends to reinforce this proposition.

From initial estimates in four types of agro-ecological zones (figure 4), Hossain and others (2003b) found that coastal areas had the lowest levels of poverty in 1987 and the speediest deceleration in 2000. The next in order was drought prone areas, while both flood prone and favourable areas had higher levels of poverty and made the least progress in poverty reduction over time (table 5). In coastal regions, they observed that the amount of land under tenancy was substantially higher (58 per cent) than in other regions (33 per cent). The fact that remittances account for 20 per cent of household incomes in the region clearly indicates a very high level of emigration. This shows the significant contribution that migration and remittances make to poverty alleviation and the need for more rigorous estimation. Improving livelihoods now depend more on diversified agriculture and non-agriculture sectors and better quality of human capital even in rural areas; and the coastal areas outperformed all other regions with respect to income growth on both those accounts.<sup>15</sup>

**Figure 4. Agro-ecological zones of Bangladesh**



*Source:* Hossain, Mahabub, Bose, Manik Lal and Chowdhury, Alamgir (2003b).

**Table 5. Changes in level and intensity of poverty from panel data on rural households by ecosystem**

Ecosystem	Head-count ratio (percentage of poor people)			Poverty-gap ratio <sup>a</sup>			Squared poverty-gap ratio <sup>b</sup>		
	1987	2000	Change	1987	2000	Change	1987	2000	Change
Flood-prone	60.0	45.4	14.6	24.4	18.2	6.2	13.0	10.0	3.0
Coastal	54.8	31.9	22.9	20.3	9.4	10.9	9.5	4.3	5.2
Drought-prone	64.4	44.7	19.7	27.3	14.6	12.7	14.3	6.8	7.5
Favourable	57.3	43.9	13.4	21.4	17.2	4.2	11.2	9.3	1.9
All ecosystem	59.2	43.0	16.2	23.4	16.0	7.4	12.1	8.4	3.7

<sup>a/</sup> Poverty gap ratio is a measure of the “intensity of poverty”, which shows aggregate poverty gap and shows the percentage of total income needed to be transferred from the non-poor to the poor households to bring them above the poverty line (Sen, 1981).

<sup>b/</sup> This is a measure of the severity of poverty, which gives higher weight to an income transfer to the poorer compared to a less poor household even when the head-count ratio and the poverty-gap ratio remain unchanged following the welfare perspective (Kakwani, 1980).

*Source:* Hossain and others (2003b).

### **Multiplier effects of remittances**

In Bangladesh, like in many other developing countries, migrants' households in rural areas use remittances predominantly for consumption. Existing evidence suggests that consumption expenditure alone constituted 37 to 90 per cent of the overseas and urban remittances. It is argued that increased consumption expenditure by migrant households can trigger investment by other households or firms to meet this demand, which may create income multipliers in migrant-source economies (Taylor, 1999). Hossain and others (2002) estimated that trade and business enterprises accounted for 22 per cent of the rural non-farm (RNF) employment while nearly 43 per cent of the income was generated from the RNF sector between 1987 and 2000. Nearly three fifths of those enterprises were agriculture related. The remainder was involved in construction materials, transport, garment and grocery, suggesting the spread of employment and income-generating opportunities, a probable multiplier effect of remittances that needs to be confirmed through further research.<sup>16</sup> Future research must seek to answer how much of the savings are generated from the remittances.

#### **Impact of remittances**

- 1) Remittances help boost consumption and through multiplier effects, they expand business in agricultural products. For similar reasons, business in construction materials has also expanded.
- 2) Migration and remittances invigorated the land tenancy market in rural areas.
- 3) Remittances from expatriate Bangladeshi workers had not only resolved the foreign exchange constraint and helped improve the balance of payments in the country but under different government schemes, it also ensured the imports of capital goods and raw materials for industrial development. Migration of workers also helped in reducing the unemployment rate, which is one of the major problems in Bangladesh<sup>17</sup> (Afsar and others, 2000).

Therefore, on the whole migration has mitigated rural poverty both directly and indirectly. Clearly, there is a shortage of labour and 70 per cent of land has been brought under power tillers (Hossain and others, 2003b) and this is likely to raise rural wages.<sup>18</sup> From their study on different ecosystems, Hossain and others (2003b) observed growing scarcity of labour. "Farmers have been adopting labour-saving technologies to address this problem. The use of power tillers is almost universal now; the spread of power operated threshers is underway". Hence, push migration is likely to weaken. Although employment pull would remain one of the major factors inducing population mobility to urban areas, the

pull theory alone is not enough to explain out-migration from rural areas. Strength of social networks both at origin and destination must be considered as an integral part in the whole process of migration decision-making that minimizes the cost of migration and ensures quick and better material returns. The paper has demonstrated clearly that the strength of social capital of migrants that rendered Todaro's (1969) job-lottery and high unemployment view of the urban labour market redundant. It also alludes to the disappearance of dichotomy between rural and urban labour market in the dynamic process of changes that characterizes the Bangladeshi society in the third millennium thereby corroborating partly with Lewis (1954). However, the gap between rural and urban wage level as propounded by Todaro (1969) still remains, despite the fluidity and blurring of the traditional and modern sectors.

### **Existing government policies**

Since independence, poverty alleviation and economic growth remained the major focus of the policy of the successive governments. The most celebrated national strategy for economic growth and poverty reduction (popularly known as I-PRSP) aims for pro-poor economic growth, human development, women's advancement and closing of gender gaps, social safety nets and participatory governance (ERD, 2003).<sup>19</sup> With declining availability of land, the Government faces the daunting challenge of generating employment for a labour force that is growing faster than the population. While agriculture and rural development are the cornerstones of the present strategy, non-farm activities are rapidly expanding. However, the Government fails to provide an effective regional development framework for decentralizing the industrial process around secondary towns and peri-urban areas and transforming gains from rural non-farm sectors to high value added activities. While it has formulated the National Rural Development Policy 2001 to enhance the capacity and power of the rural poor to develop, protect and sustain their livelihoods, no such policy has been formulated for urban areas despite their rapid growth. United Nations' estimates suggest that the relative share of incremental population by rural areas is likely to decline gradually after 2010 and become stagnant between the years 2020 and 2030. By contrast, urban areas are likely to absorb nearly 46 million incremental populations during 2020 and 2030 (table 6).

The percentage of the population residing in urban areas has increased from 6.2 per cent to 9.9 per cent between 1965 and 1975 and reached 25 per cent in 2000 (United Nations, 2002). Migration and re-classification have contributed to two-thirds of the urban growth since the independence of the country (United

Nations, 1993; Jordan, 1993). Moreover its capital, Dhaka alone contains around 40 per cent of urban population, which is a matter of great concern. Worst still is the fact that Dhaka is likely to become the second largest urban agglomeration with 22.8 million people in 2015, surpassing all major cities, namely Sao Paulo, Mexico, New York, Mumbai, Los Angeles and Kolkata (United Nations, 2002). However, the paper has demonstrated clearly that by adopting migration to Dhaka City as a livelihood strategy, poor peasants and agricultural labourers diversified their income and improved their poverty situation, yet income gains reaped by migrants can be short-lived. This is particularly true in the context of high morbidity rate and in the absence of opportunities inducing lower investment on human capital by poorer migrants. It also identifies staggering income inequality and the conspicuous gap in quality of life indicators between rich and poor people living in Dhaka. These disparities deserve the serious attention of planners and policy makers because there is no explicit policy on urbanization since the Reorganization and Decentralization Policy, 1982-1983.<sup>20</sup> I-PRSP also fails to outline any mechanism to cover the extreme poor and migrant groups, which find themselves largely outside the existing social security schemes of the Government and of development programme of NGOs in the face of growing mismanagement and corruption. There is also public demand for regional development and decentralization.<sup>21</sup>

**Table 6. Share of incremental population by rural and urban areas**

Year	Population (millions)		Population increment (millions)		Percentage of the total	
	Rural	Urban	Rural	Urban	Rural	Urban
1950	40.0	1.8	-	-	95.7	4.3
1960	48.8	2.7	8.9	0.9	94.8	5.2
1970	61.4	5.1	12.5	2.4	92.3	7.7
1980	72.7	12.7	11.3	7.6	85.1	14.9
1990	88.3	21.8	10.6	9.1	80.3	19.8
2000	103.1	34.4	14.8	12.6	75.0	25.0
2010	115.7	52.2	12.6	17.8	68.9	31.1
2020	123.2	74.4	7.5	22.2	62.3	37.7
2030	124.1	98.6	0.9	24.2	55.8	44.3

Source: United Nations, 2002.



### Conclusions and policy implications

Contrary to conventional wisdom, which often views permanent migration as a hindrance to rural development because it transfers rural resources to urban areas, migration (with the help of urban resources) actually expands rural land and labour markets by making more rural land available for tenancy. Migration and the shift of the rural labour force to non-farm occupations have created labour shortages, which have encouraged mechanization, raised rural productivity and created scope for innovation. While future research must examine this issue seriously, the Government's poverty alleviation strategy must address the needs of the migrants, particularly urban poor migrants who often suffer eviction, ill health and other problems. The Government must ensure tenancy rights and ultimately provide low-cost housing for urban poor in order to fulfill its pledge to cater to their needs for safe water and sanitation under I-PRSP. Similarly, the safety net programme planned by the Government must be broad enough to insure labour migrants that constitute the backbone of the country's economy against occupational hazards and retrenchments.

There is a profound disparity in income distribution and service delivery between space, class and gender, which often hinders the pace of poverty reduction. Although successive governments have pledged administrative reforms and devolution of power, concrete action has yet to be taken. While holding elections for *Union Parishads* (Councils) and *Pourashavas* (Municipalities), the Government has failed to reinstate the *Thanas* (Police Districts). Without a regional development framework, decentralization efforts will remain ad hoc and the growing inequality in income and services distribution cannot be controlled effectively. As a precondition of regional development, the Government must declare the budget with divisional and regional disaggregation. Otherwise promoting intra- and inter-regional equity in resource distribution would remain illusive. BBS must also develop indicators for regional income, expenditure and well-being that may be used to monitor poverty and development. In addition, it must also provide data on land tenancy, which appears to be a reliable indicator of emigration.

Small and medium towns should be made more attractive by developing infrastructure and communication, particularly efficient and safe transportation and providing a good standard of social services such as hospitals, schools and colleges. This process must be complemented by decentralization of key decision-making authorities within the political, administrative and financial sectors and liberalization and decontrol of business practices. Malaysia's rural urbanization is an example of this model. Local government should be encouraged

to deliver education, health and basic services to both the poor and non-poor with the help of NGOs and the private sector.

### Endnotes

1. A reserve sample was drawn and used as a replacement if a sample from the original list could not be located. The reserve sample was needed because of the high incidence of shifting residences for urban households.
2. The justification for the sampling proportion between slum and non-slum settlements was based on studies conducted by the Centre for Urban Studies of Dhaka University, which reported the proportion of households in the former constitute a third of the total households in Dhaka City.
3. However, rural to rural migration also occurs, particularly in coastal districts where river erodes land and creates char (a strip of land deposit at the estuary) by changing its route (Kar and Hossain, 2001). This newly formed or accreted land is known as *char* land and is partially brought under direct government disposal through land reform legislation.
4. Matlab is one of the subdistricts of Comilla and is located at the junction of the Dhonogoda and Gumti rivers, in the flood plain of the Meghna river system. It is the site of the Demographic Surveillance System (DSS) of the International Centre for Health and Population Research (known as ICDDR,B). DSS has collected monthly information on birth, death, marriage, divorce and migration for every resident of the 149 villages since 1966.
5. Head count index was calculated after adjusting for the inflation and on the basis of information that urban households in the margin of poverty spend 60 per cent of their income on food (Hossain and others, 1999).
6. The gross enrolment rate can rise if grade repetitions increase.
7. HPI is composed of three indicators to capture three types of deprivation in health, knowledge and in overall provisioning indicated respectively by per cent of people likely to die before reaching 40 years; the percentage of adults who are illiterate and the percentage of people (a) without access to safe drinking water, (b) without access to health services and (c) the percentage of children under five who are moderately and severely underweight.
8. For an interesting insight on extremely poor migrant's stories, please refer to Hossain and others, 2003a.
9. Considering the multiplicity of occupation of urban poor households, which are largely informal in nature, household income is used to measure poverty.
10. Although data collection was spread over a period of eight months, the chances of bias by the seasonal pattern of diseases cannot be totally ruled out. Moreover, it was based on reporting of the respondents, which could be exaggerated or might be underreported considering the intrinsic weakness of recall.

11. This rate is estimated after controlling for chronic diseases such as diabetes, blood pressure, rheumatic, weakness and paralysis/stroke, which are found common among the ageing members of the sample households.

12. Note that less than 10 per cent of the slum dwellers have access to piped water inside the households, while more than 90 per cent continue using non-sanitary latrines. The situation with regard to their water-sanitation coverage did not change in the last seven years. Paradoxically, 99 per cent and 91 per cent of the non-slum residents enjoy safe water and sanitation facilities.

13. Existing estimates show that urban poverty is lower than rural poverty (36 per cent versus 43 per cent), a significant gap after secondary level education (40 per cent versus 22 per cent) and infant and under-five mortality rates (74.5 versus 80.7 and 96.7 versus 112.6 deaths per 1000 live births) (ERD, 2003; Hossain and others, 2003b).

14. The share of non-agriculture to household income has also increased from 30.6 per cent to 40.8 per cent for the bottom 40 per cent of the households in the per capita income scale and more than 50 per cent for all other income categories during the reference period (Hossain and others, 2002).

15. Annual income growth from non-rice agriculture and non-agriculture sectors was estimated at 6.8 per cent and 5 per cent between 1987 and 2000, contributing to the 3 per cent annual growth rate of household income and 4.5 per cent per capita income. In the coastal region, the average level of education of a worker was 6.37 years in 2000, as compared to 4.01 years in flood-prone areas.

16. Agricultural productivity itself might have stimulated the rural non-farm sector through linkage effects (Mellor, 1976; Haggblade and others, 2002). Given that there is growing scarcity of labour and the spread of power-operated threshers in rural farms in Bangladesh, one may be tempted to link migration and agricultural productivity.

17. Between 1974 and 2000, the population grew at the rate of around 2 per cent per annum, whereas the growth of labour force was much higher, that is 3 per cent per annum during the same period (BBS, 1994, 2002).

18. Empirical evidence on labour shortage was gathered from the field visits in rural areas in Northern Bengal and supported by existing studies (Turton and Afsar, 2003; Hossain and others, 2003b). This shortage is more seasonal in nature and occurs particularly during the harvesting time. However, increasing use of power tiller has been also possible owing to the development of mechanization services, from businessmen who import equipment to village-level craftsmen who repair it and manufacture tools and spare parts.

19. The Poverty Reduction Strategy Paper (PRSP) is claimed to have emerged from a consultative process conducted by the Government with its planning and the policy-making agencies, NGOs, women's groups, local and religious leaders, local government representatives, cross-sections of civil society and poor men and women from all walks of life (ERD, 2003).

20. It was implemented primarily to achieve the twin objectives of decentralization and rural development by upgrading *Thana* (Police District) headquarters as the urban centres and converting *Thana* centres into *Upazila* centres and placing it next to district by abolishing subdivisions from administrative hierarchy. Subsequently, there was a massive development of roads and transportation

networks linking *Thana/Upazila* to district headquarters and Dhaka and the revival of decaying medium sized towns (Afsar, 1999).

21. In Transparency International's Corruption Perceptions Index, Bangladesh is ranked last among 91 countries with a score of 0.4 out of 10, far below India and Pakistan, the two other South Asian countries in the list. The civil society and the media have been vocal in demanding increased transparency and accountability of public agencies, decentralization and greater powers to local bodies.

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