

# Integration of Women in Population and Development Programmes

*The main issue is no longer equal rights and some benefits for women as if they formed a minority or disadvantaged group; rather, it is a question of mobilizing half of a country's human resources*

By Dr. Nafis Sadik \*

Although population has been a part of development work for more than three decades and one most clearly affecting women, it is only during recent years that women's concerns and their active involvement in the development process have received the attention due to the "other half" of the world's population.

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The World Population Plan of Action adopted in 1974 gave high priority to improving the status of women. The World Population Conference which produced the Plan also adopted two resolutions on the subject. The 1984 International Conference on Population reaffirmed the importance of the status of women by including it as a separate section of the Conference recommendations. Several recommendations of the Conference in other sections touch on the status of women, among them a request that the international community give particular emphasis to improving the status and strengthening the role of women (Recommendation 81).

### **Conceptual issues**

Despite rising interest in the subject, none of the various statements or the many discussions on the status of women, equality, population and development has so far succeeded in defining precisely what these or other frequently cited concepts mean, or in giving them an agreed content. Because concepts influence policies and practices, it is worthwhile to consider some of them briefly.

### **Integration**

Integration of women in development” implies a process from which women have been excluded. Two questions immediately arise: From what have women been excluded? And into what should they be integrated? Once these questions are answered, then the question becomes: How should this change take place?

Satisfactory answers are made no easier by changes in the concept of “development” during the last three decades; it still has different meanings for different people. In the 1960s, development was measured by an increase in the gross national product (GNP), a purely economic yardstick.

Most development plans were in reality economic plans and concentrated on technological change. The opportunities created were mainly addressed to men, who comprised the great majority of the “formal” workforce. Women were usually found in the informal and non-monetarized sectors of the economy which often were not included in the GNP. It is now acknowledged that exclusion of those who did not work for a wage, as if they did nothing, was inherently wrong. Even in the limited sense of “economic development” the GNP approach did not take into account the contribution of women.

It is now accepted that “development” implies more than economic development. This is the result of refinements made during the 1970s when the concepts of satisfying basic human needs and of fulfilling each individual’s

potential were added to the definition. As described by the Secretary General of the United Nations in his 1974 *Report on the World Social Situation*, the object of development was “to secure for all members of the population a good standard of living, to enable each individual to share equally in its benefits and to offer equal opportunities to contribute to planning and decision-making regarding the method by which development is to be effected.”<sup>1/</sup>

The same report states that “there has been increasing awareness that if women, who constitute more than half of the world’s human resources, continue to be left out of the mainstream of the development process and are unable to contribute their full potentials to the progress of society...the pace of progress will slow for the society as a whole.”

Two major international events organized by the United Nations during the 1970s, the 1974 World Population Conference and the 1975 World Conference of the International Women’s Year, brought to the world’s attention the need for considering women as an important part of any development policies and strategies. A number of the resolutions adopted by these conferences recommend action to improve the status of women - the result mainly of better understanding of the interrelationships between the status of women and social, economic and demographic factors,

Consequently, during the 1970s women as a group became the subject of attention of development planners and professionals. Women were perceived as a “minority”, “disadvantaged” or as a “special” group, for whom something had to be done. This “welfare approach” to women’s concerns in the development process was generally sectoral with little reference to broader policies. The objective was to give women equal access with men to some of the benefits of development, such as formal education, training and employment in the formal sector of the economy - essentially it was a strategy of “catching up”.

Improving the status of women by improving access to some of the benefits of development was seen as an end in itself. Only recently, and mostly as a result of awareness created during the United Nations Decade for Women (1976-1985), has it become clear that women’s contribution to development - and its recognition - are essential to the success of national development. The main issue is no longer equal rights and some benefits as if for a minority or disadvantaged group; rather, it is a question of mobilizing half of a country’s human resources.

In brief, women’s roles both as agents and as beneficiaries of change are now officially recognized. The concept of women in development has moved from helping them to catch up with men, to seeing them as agents

of change in their own right and as contributors to the whole development process.

This new concept requires a central place for women and their concerns in the entire process by which development is understood, planned and carried out. Before this can be achieved some remedies are required for correcting the effects of past development practices: special projects are necessary to improve, for example, women's education, training, employment opportunities and participation in government.

All current development plans should be examined from the point of view of their impact on women: women's involvement in the process; what would give them an equal say in policy- and decision-making; and the benefits to women.

### **Equality with men**

The integration of women in development based on equal opportunities with men was the declared objective of the 1975 International Women's Year Conference and the Decade which followed. But what is "equality"? Does it refer to performance of similar tasks? Does it mean performing comparable tasks? What if the tasks performed were similar or comparable, but the recognition received were different? As with "development" and "integration", the term "equality" remains a confusing one.

Attempts to provide women with equal access to the benefits of development or the means of self-improvement should not be confused with suggesting that women are equal with men in every respect. This is neither realistic nor perhaps desirable.

In every society, to varying degrees and in different areas, there are differences in gender roles and expectations. Men and women have different responsibilities, perform different tasks and focus on different concerns. They may also react differently to the changes introduced in their lives as a result of the development process.

Many development policies and programmes, including population programmes, have failed in their objectives because they did not take account of these differences. Acceptance of the differences, however, should not lead to the conclusion that women are less important than men.

A new approach to development is required, an approach in which equal considerations are given to the needs, concerns and contributions of men and women, taking gender into account as an important variable.

## **Status of women**

Despite widespread use of the term, “status of women” still does not have the same meaning for everyone involved in the development process. But though a common definition may elude us, we can all agree that in no country in the world do men and women enjoy equal status. No known society gives women a higher status than men, or even gives them higher priority in the total development plan.

There is also common agreement that social, economic and demographic variables such as educational level, economic activities and fertility patterns are linked to the status of women in the family and society. They also indicate the level of national development, despite their different values and interactions in different sectors within a society, the even more obvious differences between societies, and the likelihood of change in their significance over time.<sup>2/</sup> To review these factors briefly:

### **Women and education**

Besides its intrinsic value to the individual, education prepares men and women to participate in the modern sector of the economy. Better educated couples are more likely to know about and use contraception, and they tend to have smaller families than people with less education. The World Fertility Survey showed pronounced differences in Latin America and the Middle East, but they are also found elsewhere.<sup>3/</sup> In addition, women’s education contributes to lower mortality among infants less than one year old, as well as influencing fertility behaviour (see **table 1** on pp. 8-9).

Education is perhaps the area in which women have made the greatest gains in recent years. As **figure 1** shows, there is still a great difference between educational attainment in developed and developing countries, as well as between men and women in developing countries. Worldwide, there are 130 million more illiterate women than men.

This trend will continue for some time, because despite their commitment to provide education for all school age children, Governments often lack the necessary resources. The discrepancy between law and practice is most visible in Africa where in 1980 less than half the school age children could attend school.<sup>4/</sup> (See **figure 1** on p. 10.)

### **Economic activities**

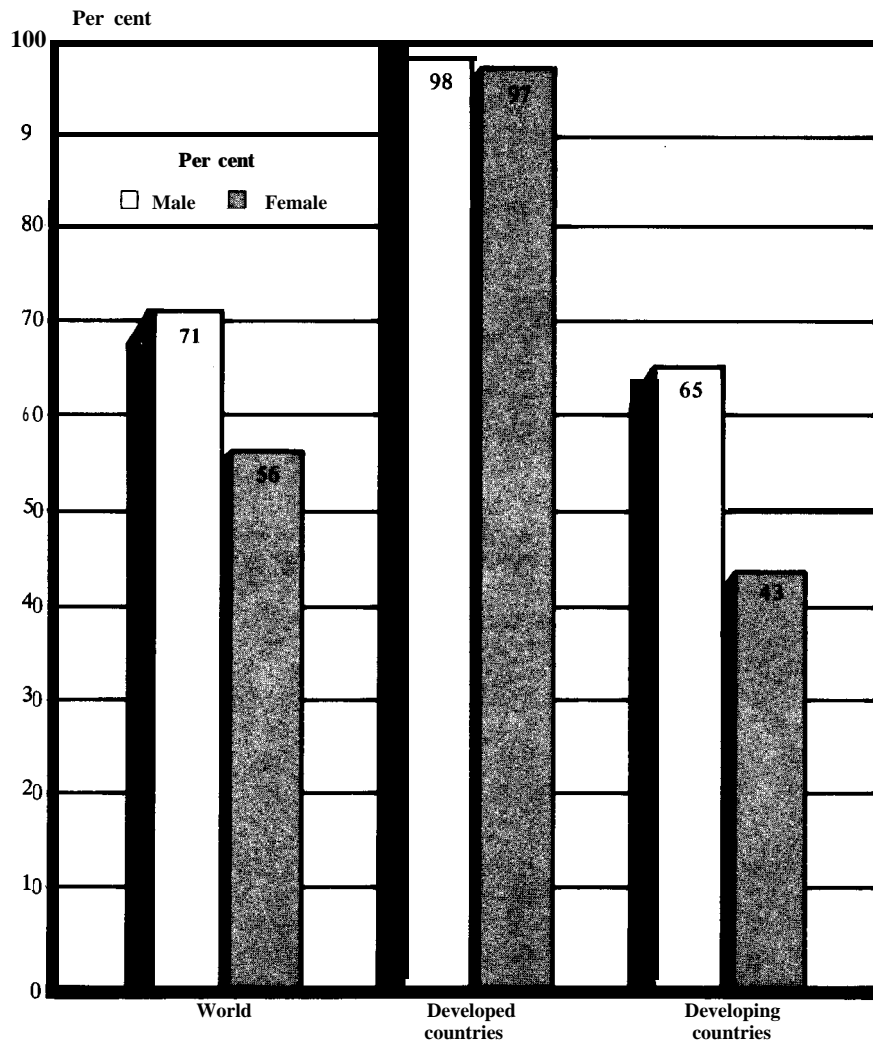
The precise content of “women’s work” remains controversial, despite many discussions and academic studies. There is general agreement however that its full value and extent is not recognized, nor reflected in labour force

Table 1. Effect of women's education on infant mortality and on fertility

	Infant mortality		Fertility	
	Death rate per 1,000 live births between 0 and 1 year old, by mothers' years of education		Births per woman, by mothers' years of education	
	0	7+	0	7+
<b>Africa</b>				
Benin	127.5	(37.0)	7.35	4.26
Cameroon	115.7	63.7	6.38	5.18
Egypt	147.4	77.9	Not available	Not available
Ghana	77.3	69.7	6.84	5.49
Ivory Coast	132.2	(71.3)	7.45	5.83
Kenya	103.9	69.9	8.28	7.34
Lesotho	(149.0)	118.2	6.24	4.76
Mauritania	82.9	(81.1)	Not available	Not available
Morocco	99.1	(80.2)	6.36	4.15
Nigeria	96.8	(53.9)	6.58	4.20
Senegal	121.1	(30.9)	7.32	4.47
Sudan	79.7		6.47	3.37
Tunisia	79.3	(21:3)	Not available	Not available
<b>Asia and Pacific</b>				
Bangladesh	135.9	(115.8)	6.07	4.98
Fiji	64.5	38.1	Not available	Not available
Indonesia	102.7	54.6	Not available	Not available
Jordan	73.3	45.9	9.34	4.91
(outside ESCAP' region)				

Malaysia	42.8	24.8	5.30	3.19
Nepal	151.4	(83.1)	Not available	
Pakistan	140.1	(111.9)	6.51	3.14
Philippines	97.4	38.0	5.45	3.84
Republic of Korea	57.4	40.8	5.71	3.35
Sri Lanka	76.8	39.4	Not available	
Syria (outside ESCAP region)	71.8	33.1	8.81	4.08
Thailand	96.6	(18.1)	Not available	
Turkey (outside ESCAP region)	144.0	(0.6)	5.91	2.07
Yemen (outside ESCAP region)	164.4	(131.9)	Not available	
<b>Europe</b>				
Portugal	63.3	29.5	3.52	1.78
<b>Americas</b>				
Colombia	85.4	39.9	7.03	2.59
Costa Rica	100.9	32.3	4.46	2.54
Dominican Republic	125.6	61.2	6.99	2.98
Ecuador	88.3	47.6	7.84	2.69
Guyana	(44.3)	53.6	6.55	4.84
Haiti	136.7	(71.0)	6.05	2.85
Jamaica	(85.4)	37.5	6.19	4.83
Mexico	89.6	47.3	8.08	3.34
Panama	71.0	33.7	5.70	2.71
Paraguay	69.0	33.4	8.23	2.94
Peru	136.4	44.9	7.32	3.27
Trinidad & Tobago	(79.0)	39.2	4.63	3.21
Venezuela	68.7	32.5	7.02	2.64

Figure 1. Percentage of adults who are literate



Source: M.M.Kent, C. Haub and K. Osaki, *The World's Women: A Profile* (Population Reference Bureau, 1985).



statistics. Housework, which is almost universally known as the responsibility of women, not only is not reflected in labour force statistics, but also is not considered as work by their families and sometimes even by women themselves, probably because it is unpaid. The same is true for women's work in family businesses or on family farms.

There is agreement on some points. Firstly, there is in most parts of the world a considerable gap between the earnings of men and women. In no country, developed or developing, have women reached full equality with men in wages and salaries. The discrepancy is larger for developing countries. Secondly, a higher percentage of working women are engaged in traditional areas or lower-paid jobs in the modern sector. Thirdly, there has been a considerable increase in female labour force participation. At the end of the United Nations Decade for Women in 1985 close to 700 million women were economically active. The figure is expected to reach 900 million by the year 2000.<sup>4/</sup> As **figure 2** (on p. 12) shows, women in developed countries represent a larger part of the paid labour force than women elsewhere.

There are also variations in occupational categories between developed and developing countries. In developing countries more than two thirds of the female workers are in agriculture; in developed countries the majority of women are in service-related jobs. **Table 2** shows the distribution of the female economically active population by economic sector and geographical area (see p. 13).

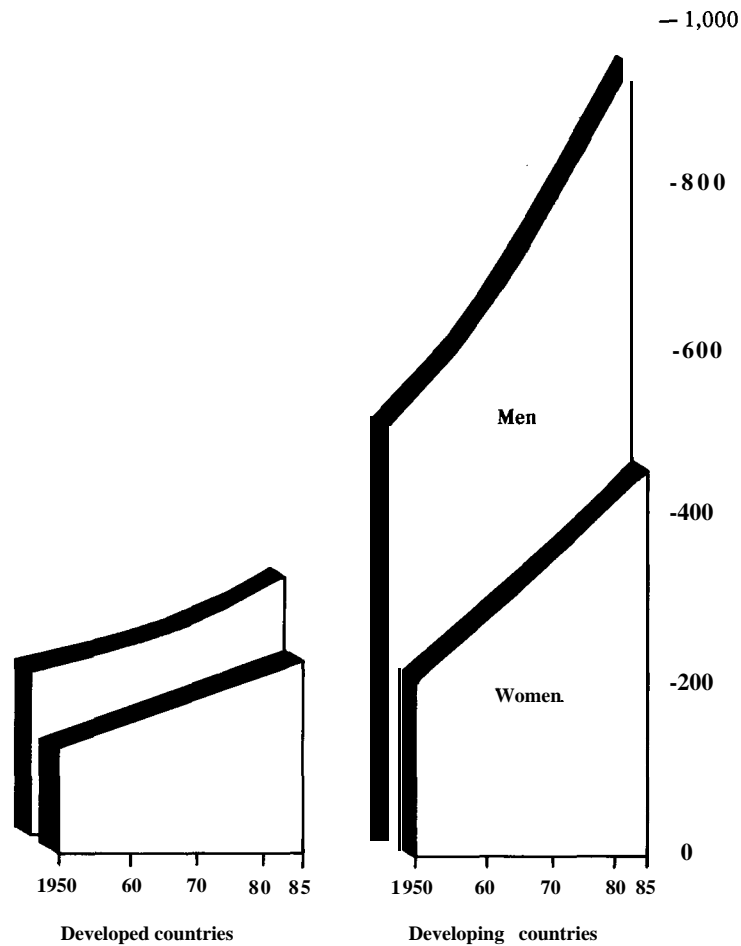
According to an ILO report, although women have had some success in breaking into traditionally male occupations, the majority of women remain in low-skilled, low-status and poorly paid occupations. The report suggests that "there must be something extremely distorted about a world economic reality in which the gender of a worker could lead to lower status, lower income and depleted social benefits".<sup>6/</sup>

Besides bringing women into the economic mainstream, participation in the paid labour force gives women prestige and security in the family and the community. By this standard, economic visibility is a crucial measure of progress for women. It also has an influence on family size, though the link varies according to occupation. A study on the relationship between women's occupations and fertility patterns by the United Nations Population Division, based on the findings of the World Fertility Survey, suggests that "women who work in the modern sector tend to have lower fertility than women who work in the traditional agricultural sector and women who do not work".<sup>7/</sup>

### **Fertility patterns**

The practice of family planning is another indicator of the status of women. Access to family planning is recognized as an essential element of

Figure 2. Men and women in the paid labour force (millions)



Source: *Women . . . a World Survey*, Ruth Leger Sivard, (World Priorities, Washington, D.C., 1985).

women's right to self-determination,<sup>8/</sup> and contributes both to personal and national development. According to some views, improvement in the status of women is not only associated with fertility decline but is also a precondition for it. This view of the status of women has had an impact on population policies in general and on family planning in particular.

**Table 2. Distribution of the female economically active population by economic sector and geographical areas (mid-year 1970)**

Geographical area	Distribution of the female economically active population by economic sector (percentages)			Percentage of women in the total labour force of each economic sector		
	Agri-culture	Industry	Services	Agri-culture	Industry	Services
<b>World</b>	54.3	17.5	27.8	37.4	27.3	37.4
More developed regions	20.3	27.4	52.3	43.7	28.8	46.8
Less developed regions	73.8	12.4	13.8	36.5	25.6	26.0
<b>Africa</b>	75.9	6.3	17.8	34.6	18.3	33.8
<b>Latin America</b>	15.7	17.1	67.2	8.2	16.7	38.4
<b>North America</b>	1.2	21.0	77.8	10.8	22.4	46.1
<b>Asia</b>	73.1	14.1	12.8	38.9	27.8	24.9
<b>Oceania</b>	24.6	17.9	57.5	33.0	18.7	35.8
<b>Europe</b>	23.9	28.2	47.5	41.0	24.5	44.1
Market-economy countries	11.4	25.6	55.0	28.0	22.4	42.6
Socialist countries	43.5	25.9	30.2	51.0	31.2	49.7
USSR	26.4	31.3	42.4	51.9	41.9	58.4

*Source:* ILO Labour Force Estimates and Projections, 1950-2000, 2nd. ed., Vol. V, (International Labour Office, Geneva, 1977).

Besides its contribution to the health and well-being of women, family planning is a major contributor to lower infant mortality rates, which still remain high in many developing countries. **Table 3** shows a recent calculation of correlations between infant mortality measures and some socioeconomic measures for 99 developing countries. It suggests that infant mortality correlates highly with the level of education and the practice of family planning, even more highly than with the calorie intake and the ratio of physicians to population, variables more obviously related to health and mortality. (See p. 14.)

In spite of the established benefits of family planning and in spite of its bearing on the status of women, information and services do not reach all women, not even those who do not wish to have any more children.

As part of the World Fertility Survey, married women capable of conceiving were asked if they wanted any more children. The answer revealed that approximately half of the women surveyed in 31 countries (excluding those in

sub-Saharan Africa) did not wish to have any more children. In sub-Saharan Africa, only 10-15 per cent of the women said that they did not wish to have more children.<sup>2</sup>

However, only about one quarter of currently married women were using contraception. The proportion varies considerably; it is about 39 per cent for the Americas and as low as 2-3 per cent in sub-Saharan Africa. There are also great variations within each region: in the countries Pakistan, Bangladesh and Nepal in the ESCAP region less than 5 per cent of married women practise contraception, but the comparable figures for Thailand, Malaysia and the Republic of Korea in the same region are 37 per cent, 31 per cent and 32 per cent, respectively. In general, unmet need is higher in the rural areas and among the less educated and illiterates.

**Table 3. Correlation between mortality and various other measures, in 99 third world countries**

Year	Other measures	1982 mortality measures	
		Correlation	Ranking of correlation
1981	percentage of wives practising family planning	-.8234	1
1981	percentage of females in primary school	-.7932	2
1981	percentage of persons in secondary school	-.7917	3
1980	ratio of physicians to population	-.6105	4
1981	calories per capita	-.6095	5
1980	ratio of nurses to population	-.4401	6
1982	per capita income	-.3109	7

Source: *Population and Development Review*, vol. 12, No. 2, June 1986

### Wrong assumptions

The benefits to the society, the family and the individual of education, jobs in the modern labour force and family planning have been demonstrated. Yet despite all the programmes in education, employment, health services and government, there is still a wide gap between men's and women's access to education and employment. Statistics compiled for the conference on the Decade for women in 1985 suggest that women have not achieved equality with men in any area of development.

Inequalities between men and women are not intentional but spring from wrong assumptions by policy makers and planners. The first wrong assumption was that prosperity in one sector of the society would gradually have a positive influence on other sectors. In practice, development plans have even widened and intensified inequalities.

The second wrong assumption was that development policies affect men and women equally. This assumption too was mistaken. For example, land reforms and the move towards cash crop farming have taken from women control of the land and its products. Mechanized farming, for which men were trained, has replaced many jobs previously done by women.<sup>10/</sup>

The third wrong assumption was that men rather than women are responsible for supporting their families and that women make little contribution to family resources. Yet, as we have seen, many women work and many families, particularly among the poor, are supported largely or only by women. Furthermore, it has been shown that increasing men's earnings does not automatically benefit women or even their families.

The fourth wrong assumption was that women are a homogeneous group. As a group, women are disadvantaged compared with men, but they are not a single political constituency; they are divided by family situation, socio-economic class and political viewpoint. Policies to improve their condition must take these differences into account.



*Although women as a group may be disadvantaged compared with men, they are not a homogeneous group. Here a woman from a high socio-economic class in Bangladesh teaches other women to write.*

### Other issues

Firstly, many development planners still believe, although they do not admit it publicly, that women are “one more problem” competing for their attention among a host of others. It seems they still do not fully realize the link between development problems generally and so-called “women’s problems”. This attitude is related to the persistent assumption that the interests of women and men conflict. From this point of view, women’s integration can only occur at the expense of men’s interests.

Secondly, the value of the sectoral approach is limited. Changes in one aspect of women’s or men’s lives do not of themselves bring desirable change in other aspects. Increasing women’s access to education is important in itself, but the number of women employed in the modern sector does not necessarily increase as a result.

Thirdly, there is a continued tendency to keep women’s issues out of the political arena. It is still treated as a “social issue” with some economic overtones. Most policies and approaches remain welfare-oriented.

Fourthly, the required organizational and structural changes have not yet been made, although most Governments have created some kind of national machinery such as women’s affairs divisions, ministries or bureaux; according to a United Nations survey of 121 countries at the end of the Decade for Women, 90 per cent of the Governments surveyed had done so. One half of these organizations were set up during the Decade. Sixty-two Governments have “special programmes for women” in their national development plans. <sup>11/</sup>

Although their different names and bureaucratic locations may be different, the new organizations face some common problems. They are expected to accomplish many new and not clearly defined functions, to advise on overall national strategies, to initiate legal reforms, to motivate and mobilize women and women’s groups, to collect and distribute information on women’s issues, to provide employment opportunities for women, to develop and implement policies, and to put pressure on other ministries to change their practices.

Obviously, no single ministry has the power to do all this, especially when, like most of the new units, it is understrength and particularly short of experienced and influential senior staff.

The real task of these ministries is to ensure that all national development efforts focus equally on men and women and that they take into account variations in gender roles. These ministries should provide a policy guide for other ministries. They should identify and initiate general strategies, but after that, each national organization or ministry should be responsible for its own policies and patterns of work.



*Pakistani women learning to sew. . . . Several United Nations member States have helped to promote greater participation of women in development through programmes that increase their self-reliance.*

### **Achievements**

This review has described issues concerning women and development and has necessarily dealt with shortcomings and problems. This should not be taken to mean that there has been no progress; a summary of achievements during the last 30 years would require a much longer article than this one.

Achievements at the policy level have been impressive. Most Governments have established policies in favour of women. Many new organizations have been created with responsibility for improving the condition of women. Virtually every national, regional and international development agency has adopted measures to improve the condition of women. Canada, the Netherlands, the Scandinavian countries and the United States, among others, have provided considerable financial and technical assistance to promote women's participation in development.

International policy measures have undoubtedly influenced national policies. The most important of these has been the Convention on the Elimination of All Forms of Discrimination Against Women, which was opened for signature and ratification on 1 March 1980. As of April 1986, it had been ratified by 87 States. A committee of the States parties to the Convention has monitored progress in implementation. Among other measures, the World Population Plan of Action adopted by the World Population Conference in 1974 and the recommendations of the International Conference on Population in 1984 have already been mentioned. They strongly emphasized the role of women in population and development, referred to specific actions to improve

the social and economic position of women. Measures on health, fertility and family planning received particular attention. As the 1985 Decade for Women Conference pointed out, "A woman's control over her fertility is the right which makes possible the exercises of all other rights."

In response to recommendations of the Commission on the Status of Women in 1972, the United Nations General Assembly proclaimed 1975 as International Women's Year.<sup>12/</sup> The World Plan of Action for the Implementation of the Objectives of the Year was adopted at the 1975 Women's Year Conference at Mexico City, and was endorsed by the General Assembly in its resolution 3520 (XXX) of the same year. The same resolution proclaimed 1976-1985 as the United Nations Decade for Women. In 1980, the Copenhagen World Conference was held to review achievements of the first half of the Decade, and adopted a programme of action for the second half of the Decade.

The Decade for Women Conference held at Nairobi in 1985 reviewed the achievements of the Decade and approved by consensus Forward-looking Strategies in a document of 372 paragraphs. They deal with actions required by Governments, international and non-governmental organizations (NGOs) between 1986 and 2000.

All agencies and bodies within the United Nations system have developed programmes and policies to encourage implementation of the various policy mandates and recommendations of various world and regional conferences and plans of action dealing with women in development.

The result of all this activity has been the creation of worldwide awareness. Policy makers at the national and international levels have recognized that women are an indispensable development resource.

This is a very important accomplishment, but more important is the awareness which has been created among women themselves. In the cities and villages of almost all developing countries, organizations have sprung up in which women have started getting together, working together and helping each other. With newfound self-confidence they are drawing attention to their needs and problems and securing solutions.

Worldwide statistics may not show significant measurable differences between the situation of women, at the beginning and at the end of the United Nations Decade for Women. But, I believe, and I think that anyone who participated in the 1975 Mexico City and the 1985 Nairobi conferences would agree, that a great deal of progress has been made during the Decade.

This is confirmed by the participation of more than 2,000 delegates - mostly women - who represented 157 Governments at the Nairobi Conference,



and the interest, enthusiasm and effort which they contributed during the two weeks of the Conference to achieving a consensus on the Forward-looking Strategies. Equally important was the contribution of the Forum, an unofficial gathering of 8,000 women who took part in hundreds of exhibitions, demonstrations, workshops, discussion groups and mini-conferences in the weeks immediately preceding the Conference itself.

The Forward-looking Strategies, the major achievement of the Conference, build on the results of the earlier United Nations conferences on women and the ideas and activities of national and local groups. Besides its general recommendations on the status of women, it examines and makes recommendations on the situation of specific disadvantaged groups.

A number of paragraphs of the Forward-looking Strategies deal specifically with the importance of the further participation of men in efforts to improve the condition of women. It is made quite clear that unless men and women are willing to share responsibilities within the family and the community, equality in the real sense cannot be achieved.

The Forward-looking Strategies also reflect changes in the concept of development itself. Earlier conferences on women mainly urged Governments to take action in favour of women; by contrast, the Forward-looking Strategies emphasize the importance of leadership, of creating in government the political will which would draw in individuals and NGOs, particularly women's groups, and lead the way towards the complete integration of women in development.

### **Conclusion**

The Forward-looking Strategies define equality as "giving men and women equal opportunities for participation in all aspects of life". Development implies that all individuals have the opportunity to realise their full potential. Both concepts, whatever their precise content, require the involvement of men and women, on an equal basis, as agents and as beneficiaries.

The Strategies provide detailed recommendations for action in the remainder of this century. Responsibility for meeting the objectives of the Strategies rests with all individual men and women, women's groups, Governments and NGOs, as well as with international development organizations. It would be unrealistic to expect that everything in the Strategies will find its way into practice in all countries by the year 2000, but many Governments have committed themselves to action with the recognition that development goals cannot be achieved without the participation of women, and that women are concerned with all aspects of development.

The women and men who attended the Conference and Forum at Nairobi went home enriched by the experience, and will spread a renewed sense of purpose, confidence and determination. Many new networks and practical initiatives have already resulted from the Conference and Forum. Our hope is that the effect of the Decade and all that has happened during it will be that women's concerns are finally recognized as a fundamental and integral part of "development," however that term may be perceived.

### References/footnotes

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6. International Labour Organisation, "Women Workers at the Turn of the Century", *Women at Work*, No. 2, 1985.
7. Selected Factors Affecting Fertility and Fertility Preferences in Developing Countries. United Nations Population Division, Department of International Economic and Social Affairs, p. 29.
8. On Human Rights Day in December 1966, the Declaration on Population was signed by 30 Heads of States at the initiative of the United Nations Secretary-General. The right to decide on the number and spacing of children was for the first time considered to be one of the basic human rights. This principle has since been confirmed in other United Nations pronouncements.
9. World Fertility Survey, *Major Findings*, p. 50.
10. Nelson, N. (ed). *African Women in the Developing Process* (London, Frank Cass and Co., 1981); Palmer, I. "Rural Women and the Basic Needs Approach" in *International Labour Review*, vol. 115, No. 1, 1977; and Rogers, B. *The Domestication of Women: Discrimination in Developing Societies* (London, Kogan Press, 1980).
11. "Women in the World: The Women's Decade and Beyond," op. cit.
12. The Commission on the Status of Women was created in 1946. Its main task was to promote women's rights in political, economic, civil, social and educational fields, and to make recommendations on urgent problems based on the principle that men and women should have equal rights. The Commission's mandate has not been redefined.

# Role of Legislation in Population and Development Planning

*An assessment of legislation as an important tool for  
developmental change in Asia and the Pacific:  
Problems and prospects*

By D.C. Jayasuriya \*

Countries in the Asian and the Pacific region provide an interesting panorama of legal systems and the dynamics of developmental change. For demographers, social scientists and health lawyers, this panorama offers not only rich material for research but also a challenge to find meaningful solutions to the many and varied developmental problems of these countries. Increasingly, it is being realized that legislation is an important tool of developmental change and this article examines how law can influence population and developmental planning in the Asian and the Pacific region.

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Diversity and multiplicity are two prominent features which loom large in analysing the problems of the large conglomeration of countries within the ESCAP region. No two countries in the region have identical legal systems or legal structures. In many countries, different population subgroups are governed by different laws, both statutory and customary. Ethnicity, religion and place of residence (or domicile) are among the factors on the basis of which different laws apply within a single territory.

Different countries have different experiences with regard to the implementation of legislation. Effective implementation depends on a number of variables. A law which has operated successfully in one country may be of limited or no relevance to another, even though both countries might have similar size populations. For instance, Sri Lanka and Nepal each have a population of 15.7 million, but there are striking differentials in demographic and other characteristics. In Sri Lanka, 81 per cent of the women are literate compared with 9 per cent in Nepal. To take another example, the infant mortality rate (for children under 1 year of age) in Nepal is 146 per thousand compared with 39 per thousand in Sri Lanka<sup>1/</sup>

A similar observation holds true for countries with different size populations. For example, China with a population of over 1 billion might devise legal strategies which may not be appropriate for Vanuatu with a population of 142,000.

In an article dealing with regional perspectives, only a few national examples can be cited. Furthermore, not all the observations and comments would necessarily be of universal validity.

### **Definition and scope of “population law”**

In the 1970s, a small group of lawyers and demographers around the world began to examine the interrelationship between legislation and population change. The body of laws having a direct or indirect relationship to population came to be called “population law”. Conceptually, this term means:

“The body of laws and regulations which has a bearing on population dynamics:

- (a) by regulating the growth, composition and movement of the population; and
- (b) by inducing behavioural and attitudinal changes in individuals, with a view to enhancing the quality of life both at the micro-level of the family unit and at the macro-level of the community or nation.”<sup>2/</sup>

Inasmuch as the concepts of “population” and “development” are intricately interwoven, the definition of population law can be adapted to embrace within its scope all developmental laws as well. Under that definition, the following categories of laws may be identified as being of relevance to policy makers and lawyers:

- Laws directly affecting human reproduction (contraception, sterilization, menstrual regulation, abortion etc.);
- Laws relating to formation of families (minimum age at marriage, requirement of consent, prohibited degrees of marriage, incidents of marriage including duty of support and custody of children), termination of marriage, succession and inheritance, and taxation;
- Laws regulating sexual behaviour (homosexuality, heterosexuality, prostitution, polygamy, polyandry, rape etc.);
- Laws dealing with quality of life issues (education, access to health care, quarantine, social welfare benefits, employment and security of tenure, status of women, migration (both internal and foreign), housing and colonisation schemes, land tenure systems, child labour etc.);
- Laws dealing with vital events (registration of births, deaths and marriages, notification of communicable diseases, reporting of change of residence etc.); and
- Laws dealing with the environment (pollution control, construction of houses and other buildings etc.).

These categories are merely suggestive of the possible clusters which might be considered in examining how law affects population dynamics and the standard of living.

### **Legal recognition for population and developmental policies**

During the past few years several countries have made explicit mention of population and/or development planning objectives and goals in national constitutions (e.g. China and Thailand). The Chinese constitution makes family planning a “duty” of married couples.<sup>3/</sup> Besides their symbolic value, the constitutional provisions help to offer a sense of direction for national policies and mandate goal-related activities. Equality of the sexes and non-discrimination are two other aspects which have received specific mention in some national constitutions (e.g. Sri Lanka).

The evolution of family planning (or population, as the term later came to be used) programmes has taken different forms in different countries. India

was one of the first countries in the region to provide for such programmes in the national development plan formulated in 1952, although as long ago as 1949, the the Minister of Health for Sri Lanka had called upon the World Health Organization to take cognizance of the global implications of rapid population growth.<sup>4/</sup> The integration of family planning services into general health services has been a common modality.<sup>5/</sup>

Propagation of family planning has not always been easy; cultural, religious, ethnic and political constraints have been formidable. It has taken and still takes a fairly long time to sensitize politicians and policy makers to the need for instituting such programmes. Intrauterine devices (IUDs) currently are widely used, although there was a time when they had to be smuggled into some countries. There is one case in which a collection of IUDs were smuggled into a country under the guise of decorations for Christmas trees.<sup>6/</sup> There are many examples such as this which exemplify the difficult context in which population policies and programmes were conceived. However, even after conception, they have gone through a difficult gestational period, some not surviving but others blossoming. From the point of view of policy-making and programme implementation, it is a distinct advantage to articulate in important legal texts (including national constitutions and important documents such as national development plans) a country's commitment to population and development planning. The political will required to translate this commitment into action needs to be reflected in relevant activities such as by providing for high-level representation in institutional mechanisms responsible for population and development planning, programme implementation and evaluation .

### **General population law trends**

In Asian and Pacific countries, social life is structured around the institution of the family. Laws as well as customs favour or have a bias towards marriage and legitimacy. There are pressures of all kinds to ensure that those on the threshold of marriage get married, preferably early. However, with the gradual expansion of educational and vocational opportunities, the average age at marriage has generally increased.

Difficulties in finding a marriage partner of an appropriate social standing, the institution of dowry, and possibly the influence of population education programmes, which publicize the advantages of late marriages, have resulted in marriages taking place at a later age than used to be the case at the turn of the century or even three or four decades ago.

The increase in the minimum age of marriage by legislation has been an important intervention in this context. (In India, the minimum age of mar-

riage for females was increased in 1978 from 15 years to 18 years for females and from 18 years to 21 years for males). The family life scenario is rapidly changing, as exemplified by the greater acceptance of the status of spinsters, especially among the educated classes.<sup>7/</sup>

Many measures for improving the status of women are dependent on legal reforms aimed at removing existing barriers to equality and greater emancipation. Such reform by itself is not enough; laws need to be recognized and accepted by the people and they must be enforced effectively to ensure that the legislative intent is achieved.

### **Specific population law trends**

Legislation on abortion has had a profound effect on the population growth rate. Japan blazed a new trail in 1948 with its Eugenic Protection Law; this was followed, albeit after an interval of several years, by similar legislation in countries such as India and Singapore. According to estimates, over 1.7 million abortions took place in Japan during 1955.<sup>8/</sup> Abortions in some other countries have been estimated to be in the millions for a single year.<sup>9/</sup>

The high incidence of illegal abortions makes it difficult to collect detailed statistics on the number of births prevented through abortions.

In some countries, abortion law reform has faced considerable opposition, as in the case of Sri Lanka, a predominantly Buddhist country. Restrictive laws generally tend to penalize the poor; it has been observed that in countries with restrictive abortion laws the rich and upper social groups are able to circumvent the legal restrictions with impunity.<sup>10/</sup> Irrespective of the legal provisions and the availability of limited facilities for the early termination of pregnancies in public sector medical institutions, illegal abortions take place under unhygienic conditions, resulting in maternal mortality and morbidity. Therefore, there is need for countries to examine their legislation on abortion in a sober climate free of emotion and polemics.<sup>11/</sup>

The next most controversial fertility limitation method is sterilization, both male and female. Sterilization is controversial for several reasons. Compulsory sterilization programmes have given rise to questions of compatibility with human rights and freedom of choice. Similar issues have arisen even with regard to sterilization programmes linked to a system of incentives and disincentives. No surgical intervention is free from error and the question of compensation for those who have had complications looms large in implementing national sterilization programmes.

Sterilization is generally an irreversible method and in countries with

a high infant mortality rate the ability to be able to procreate will be perceived much more strongly as against all the distinct advantages of a small family. Remarriage might also necessitate children, especially in societies where there is an unfortunate social stigma on childless couples.

Despite these limitations, sterilization has proved to be a viable method of fertility limitation. In some countries (e.g. India and Singapore) statutory provisions set out the circumstances in which sterilization may be performed. In many legal systems, this method is valid on the premise that what is not expressly prohibited by law is permissible. Consent of the individual concerned, or that of his or her guardian, is a prerequisite for the validity of surgical interventions.<sup>12/</sup>

The provision of contraceptives or conception barrier methods has had a profound impact on the quality of life by enabling couples to determine the size and spacing of their families. Oral contraceptives, IUDs, condoms and injectables are among the widely used contraceptives. Law interfaces with policy in relation to issues such as the requirement for a prescription for oral contraceptives and also in relation to the categories of health-care personnel entitled to distribute them. In countries with a high incidence of adolescent pregnancies, a lower age limit might be imposed by legislation, if such legislation already provides for a minimum age limit for users.<sup>13/</sup> Tariff barriers, restrictions on distribution outlets etc., are constraints on the widespread use of contraceptives. Easy access to contraceptives is an important factor in minimizing the number of unwanted pregnancies.<sup>14/</sup>

### **Miscellaneous population law trends**

One of the mysteries which jurists have not yet been able to unravel is how exactly law operates and influences the course of history, and the behavioural and attitudinal changes of men, women and children.

One thing which is clear, however, is that law does have a symbolic value. For instance, even though the number of taxpayers in any country is relatively small, a change in the tax law providing for tax exemptions only in respect of a limited number of children will reflect the country's commitment to the small family norm. Thailand, for instance, amended the tax legislation permitting tax deductions only in respect of the first three children.<sup>15/</sup>

The mandatory recording of births, deaths, marriages, divorces and communicable diseases is important not only for statistical purposes but also for public health purposes. The requirement of a birth certificate for admission to schools, for obtaining infant foods etc., has led to better compliance with the registration of vital events in some countries such as Sri Lanka.<sup>16/</sup>



## **Developmental laws**

Legislation cannot offer miracles when economics and development planning, based on different ideological and philosophical nuances, have failed to yield a bumper crop of good and quick results to enhance the quality of life. However, there is no doubt that legal reform can accelerate the development process either by removing unnecessary constraints or by providing a more conducive environment in which developmental policies can thrive.

Legislation dealing with compulsory schooling, compulsory immunization, compulsory use of buildable or arable land, proper labelling of the nutrient value of packaged food etc., can have some impact on the quality of life. The number of people using packaged food is relatively small in most countries in Asia and the Pacific, but laws need to address different target groups in relation to different quality of life themes.

Urbanization and population migration are two issues which lend themselves to regulation through several modalities such as the prohibition of free movement and preferential treatment for those with small families. The establishment of new industries with proper regard to living facilities and impact on the environment, for instance, can have a positive effect not only on the quality of life of individual members but also of the environment. In other words, a multidisciplinary approach to urbanization would have more far-reaching quality of life implications than if only the immediate problems resulting from migration were taken into account.

## **Towards an integrated approach**

In a short article such as this one, justice cannot be done to a vast subject such as law and population. Further reference may be made to other publications which provide a more detailed account of the interaction between law and population.<sup>17/</sup> On the assumption that there is a convincing case for a legal input to population and developmental planning, the rest of this article outlines a possible course of action for Asian and Pacific countries.

It is suggested that a multidisciplinary committee comprising policy makers, lawyers, demographers and social scientists be mandated to examine the existing legal provisions with a view to identifying their relevance to population and developmental planning goals, objectives and programmes.

In the past, attempts were made to examine laws with regard to different subject areas such as family laws, social welfare laws and so on.<sup>18/</sup> This approach has certain limitations, particularly that of blurring the possible interactions with related issues. Instead, it is possible to examine the legislation with regard

to specific population subgroups, namely infants, children, adolescents, men, women, unmarried adults, those married but childless, those married but with children, families where the parents or couples are not living together (owing to death, divorce, separation or employment elsewhere) and vulnerable groups (the aged, handicapped etc.). In respect of each such subgroup, the existing statutory provisions need to be identified and thereafter proposals for law reform must be made with regard to available resources and population and developmental goals. To take one example, in the case of adolescents, it would be possible to consider whether existing legal provisions offer adequate protection or safeguards against early pregnancies and, if not, whether paramedical personnel such as midwives may be authorized to provide family planning guidance, including the provision of contraceptives.

In respect of the category of adults, the existing legislation on employment and vocational opportunities, on the freedom of migration etc., could be examined and appropriate provision could be made to ensure their integration into the national developmental process through compulsory vocational training, in addition to other measures such as marriage counselling and medical screening before employment. In other words, an attempt should be made to visualize how a baby due to be born tomorrow would be able to perceive not only how the law treats him or her but also what the law expects of him or her from the cradle to the grave.

At every possible interface between law and human behaviour, attempts should be made to ensure that the legal provisions are in harmony with national population and development goals. Concentration on isolated issues such as that of the status of women<sup>19/</sup> for instance, will not, on its own, provide the holistic approach needed to optimize the role of legislation. Having done this exercise, appropriate action needs to be taken to initiate law reform. At the same time, it is necessary to establish a permanent parliamentary committee with the mandate to examine the population implications of draft legislation. (As one recipient of the Parliamentarian's Population Award once remarked, this is not the time to rest on our laurels.)<sup>20/</sup>

Much remains to be done to improve the quality of life. The enactment of new legislation sometimes tends to delude us that all that is needed has been accomplished with the stroke of the legal draftsman's pen. A classic example is breast-feeding; country after country has rushed to introduce legislation to implement the International Code of Marketing of Breast Milk Substitutes. Whilst such legislation is an important measure, the broader-issues of infant and maternal malnutrition, more equitable land reform measures, subsidized food schemes etc., have been relegated to the background.<sup>21/</sup>

Population law also needs to address new and emerging issues such as

surrogate motherhood<sup>22/</sup> and the removal of restrictions on the role of the private sector in family, population and developmental activities.<sup>23/</sup>

Asian and Pacific countries provide a panorama of population success stories as well as failures. Some of the success stories might have been even greater success stories and some of the failures might have been transformed into miracles if there had been a better perception of the role of legislation as an instrument of population and development planning. There are no standard models or structures; each country must devise what it thinks is best and what it is able to implement effectively. In this context, it is worth recalling the advise of Mahler: "So let us stop wasting our time on idle polemics about topic 'X' being globally more important than topic 'Y' in research, or trying to formulate a statement of 'global priorities'. What we need are non-dogmatic approaches that together would make up a 'global strategy' to allow countries to achieve the aims they consider important."<sup>24/</sup> At no stage in human history has there been so much urgency as now to take stock of what has been done so far for the betterment of mankind and to tap the potentiality of law to facilitate our efforts to make this world a better world for the people of today and for those yet to be born.

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# Community-Based Incentives : Increasing Contraceptive Prevalence and Economic Opportunity

*An experiment linking development  
and social programmes with a capital incentive*

By Donald Weeden, Anthony Bennett,  
Donald Lauro, Mechai Viravaidya and Wilas Techo\*

One promising approach to encouraging contraceptive acceptance and practice has been initiated by a non-governmental organization (NGO) in Thailand, the Population and Community Development Association (PDA). Community-level incentives, directed to the village as a unit and to individuals as isolates, are thought to put less direct pressure on the individual. In addition,

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the locus of power in such plans may be placed at the community level, as opposed to some higher administrative stratum far removed from the people the programme was meant to serve.

The expectation is that incentives administered in this way will support and reward appropriate behaviour without penalizing or coercing those who choose not to participate.

The specific project described in this article, Community-Based Incentives – Thailand (CBIT), was designed to determine whether incentives in the form of loans intended to promote small-scale income-generating activities and linked to a community’s contraceptive prevalence rate would be successful in increasing the level and efficiency of contraceptive usage in villages in north-eastern Thailand.\*

Three explicit family planning incentives were expressed as rules in the following manner:

- A community-level incentive involves quarterly bonuses to a village fund tied to increases in the village’s contraceptive prevalence rate (CPR). (This is known as the village-level “CPR bonus incentive”; see **table 1**).
- Loan applications are prioritized according to whether the applicant practises family planning or not. (This is known as the individual-level “loan incentive”).
- Members receive shares in the fund according to the family planning method used:

Vasectomy	80 shares
Female sterilization	40 "
IUD	20 "
Injection	10 "
Pill	10 "
Non-users	5 "

The annual dividends the members received were based on the shares held (individual-level “dividend incentive”).

Each village loan fund was provided with an initial grant of \$US 2,000. By means of quarterly mini-surveys of all married women between the ages of 15 and 44 (the survey contained fewer than 10 questions), the project organi-

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\* The donor agency was the Population Crisis Committee of Washington, D.C. The Center for Population and Family Health of Columbia University provided technical assistance in evaluation and research.

**Table 1. Contraceptive prevalence rate bonus scale**

<b>CPR level (per cent)</b>	<b>Payment per point</b>	<b>Total contribution</b>
		<b>(in \$US)</b>
40 to 49	125	1,250
50 to 59	250	2,500
60 to 69	375	3,750
70 to 79	500	5,000
	Total	12,500
Plus initial contribution to loan fund		2,000
Total for one village		14,500
Total for six villages		87,000

zers were able to monitor contraceptive prevalence levels. As the CPR rose, so did the amount of money available in the loan fund. However, if prevalence fell, money was not withdrawn from the fund.

Each fund was administered by a committee of elected villagers who also reviewed and approved each loan application. Loan fund officers received no salary, but were paid the equivalent of about \$US 1 for every committee meeting they attended. A single, specially trained loan fund officer conducted the periodic mini-surveys; each received the equivalent of approximately \$US 6 per survey round.

Membership in the loan fund was automatically granted to all couples in their reproductive years who filled out an application form, regardless of whether or not they subsequently applied for a loan. Interest was charged on the loans at the rate of 1 per cent a month.

### **Research design**

Set within an operations research design, six experimental villages with community incentives programmes were compared with three control villages without community incentives. All nine villages are situated in Ran Phai district of Khon Kaen province in north-eastern Thailand, the country's poorest and driest region.

The investigators were careful not to select villages that might be "contaminated" by other development projects. The six project villages and three

controls were selected in such a way that there was a wide geographical spread between them. In addition, contraceptive prevalence and method mix, population size, access to family planning services, economic need and village interest in the project were considered in selecting and matching the two sets of villages.

The experimental villages were divided into three "couple villages", where all legally married couples with a wife of reproductive age (15-44 years) were eligible for membership in the project, and three "women villages" where all women of reproductive age were eligible regardless of marital status. In the couple villages the fund was managed by a committee consisting of men and women. In the women villages the fund was managed by an all-women committee. This distinction was made to test the hypothesis that loan funds in the exclusive control of women would increase the number of couples who adopt contraception and continue to use it more than loan funds in which men and women share control.

### **Implementation of the loan fund**

Prior to inaugurating the loan funds, a three-month preparation period of orientation meetings and training sessions took place in each village. In each case, PDA representatives held meetings to inform the entire village of the project and to urge eligible individuals to apply for membership. Seven loan fund officers, selected by the community, were given intensive training focused on the development of managerial skills.

The six loan funds were officially opened in June 1983. At that time, applications for loans were accepted and reviewed by the committees. Initially a ceiling of \$US 80 was placed on the loans to discourage a monopoly of the loan fund by a few individuals. (This ceiling was eventually raised to \$200.) Loan applications were accepted approximately every three months, following deposits into the fund as a result of increases in the community level CPR.

In most villages, demand for loans initially exceeded the supply of loan money available. To promote a secure financial start for the loan fund, greater emphasis was placed on the review criteria of project appropriateness, personal character of the applicants and their credit-worthiness than on his or her contraceptive practice. Increasingly, however, the family planning criterion played a greater role in the loan review process. This was accomplished by changing the loan review procedures. For the first two rounds, if the loan requests of credit-worthy applicants (with suitable projects) exceeded the supply of money then available in the fund, then non-practising applicants received less or none of the loan amount which they had requested. Starting during the third round loan review (six months after the loan funds opened), applicants not practising



contraception automatically received less than practising applicants, regardless of the supply and demand situation. In this way, those practising contraception were rewarded in that and each subsequent loan review.

### Substantive findings

This pilot project succeeded in achieving its objectives well beyond the expectations of the planners, investigators and implementors: CBIT had a decisive impact on the practice of family planning in the project areas, as can be seen in figures 1 and 2. Table 2 shows that the proportion of women practising family planning in the six experimental villages increased from 46 per cent to 75 per cent in two years, compared with a rise from 51 per cent to 57 per cent among women living in the control villages. Taken individually, each of the six experimental villages recorded increases of greater than 20 percentage points. The right hand panel of figure 1 shows that contraceptive prevalence in the women villages lagged behind that of the couple villages but was equal over the last two quarters.

**Table 2. Contraceptive prevalence rate by model and by quarter**

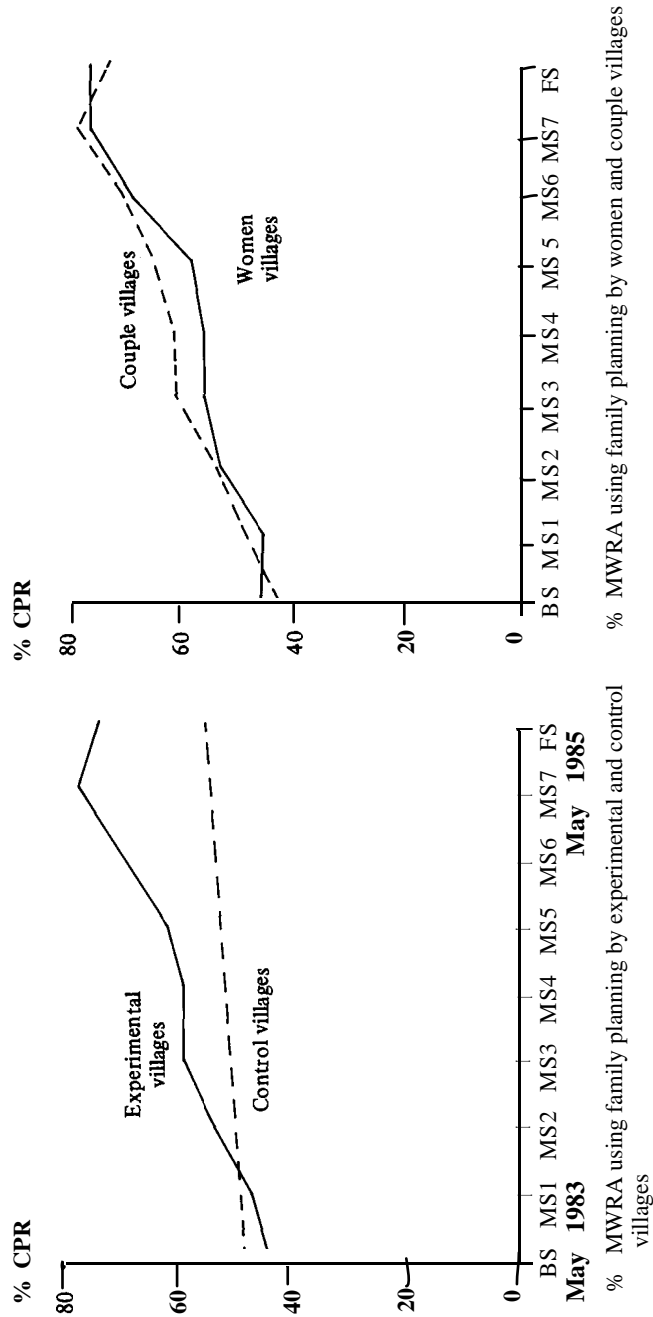
Month/year	Experimental	Control	Experimental villages only:	
			Women	Couple
May 1983 (BS)	46.4	51.2	41.6	45.2
Sept. (MS1)	47.4	-	46.1	49.1
Dec. (MS2)	54.1	-	53.8	54.3
March 1984 (MS3)	59.0	-	56.8	61.2
June (MS 4)	59.5	-	56.8	62.1
Sept. (MS 5)	62.5	53.2	59.3	65.7
Dec. (MS 6)	70.7	-	70.3	71.5
March 1985 (MS7)	78.1	-	77.4	78.6
May (FS)	14.1	56.8	76.6	73.0

Note: BS = Baseline survey; MS = mini-survey; and FS = final survey.

Figure 2 on p. 38 indicates that the gains in prevalence are largely attributable to the increased use of temporary methods. The use of sterilization increased slightly and at the same rate in the experimental and control, the couple and the women villages (see table 3 on p. 37 for data).

Figure 3 on p. 39 affirms that the contraceptive practice is high quality practice in that pregnancy rates declined sharply in the experimental villages while remaining constant in the control villages. The pace of this decline matches

**Figure 1. Contraceptive prevalence as a per cent of married women of reproductive age (MWRA) (15-44 years old) by model area**



Notes: Throughout this paper, CPR figures count only use of pill, injection, IUD, and male and female sterilization. These were the dominant ones throughout the experiment and were most easily monitored. All other methods were of minor importance.

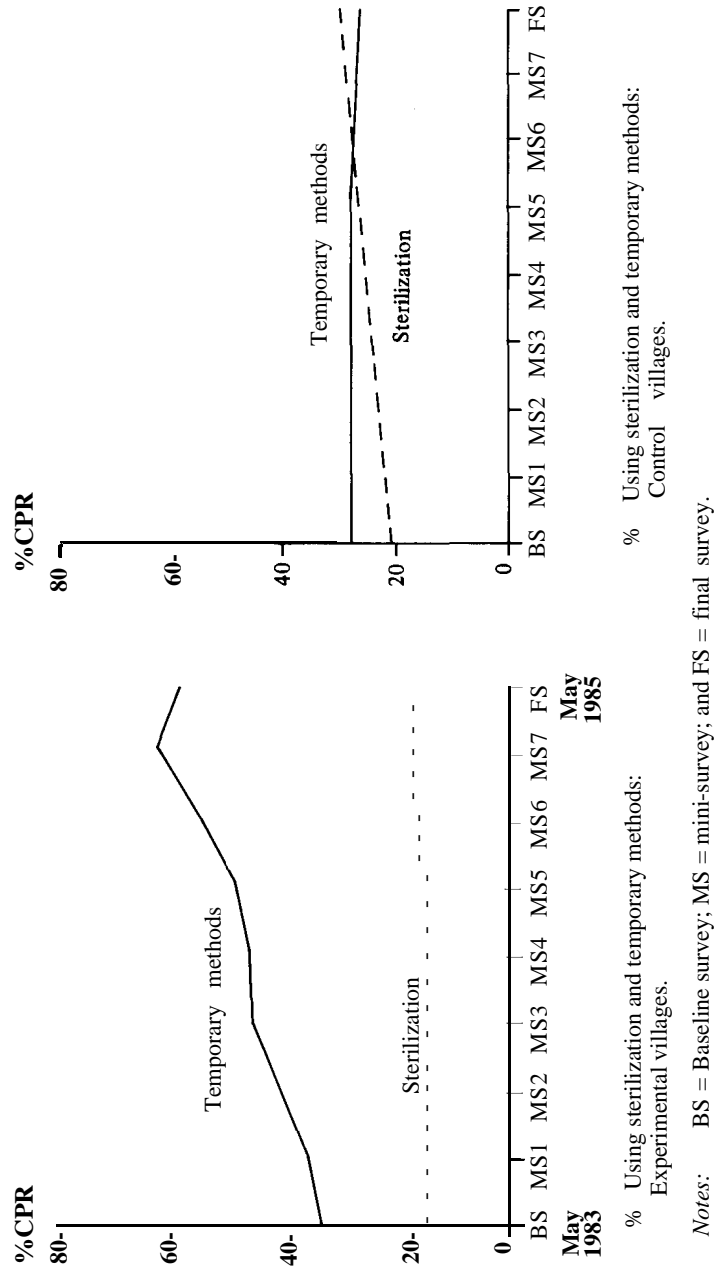
BS = Baseline survey; MS = mini-survey; and FS = final survey.

**Table 3. Contraceptive prevalence as a per cent of married women of reproductive age (15-44 years old) by temporary and permanent methods**

	May 1983							May 1985	
	Baseline	MS1	MS2	MS3	MS4	MS5	MS6	MS7	Final survey
Experimental villages									
Temporary	35.2	35.7	40.7	45.3	45.7	48.3	54.8	62.3	58.0
Permanent	11.2	11.7	13.4	13.7	13.8	14.2	15.9	15.8	16.7
Control villages									
Temporary	29.3	-	-	-	-	26.5	-	-	26.3
Permanent	21.9	-	-	-	-	26.7	-	-	30.5
Experimental villages only :									
Women									
Temporary	37.0	34.2	39.6	42.6	42.5	44.9	53.9	60.9	59.0
Permanent	10.6	11.9	14.2	14.2	14.3	14.4	16.4	16.5	17.6
Couple									
Temporary	33.4	37.4	41.7	48.0	48.7	51.7	56.0	63.6	57.2
Permanent	11.8	11.7	12.6	13.2	13.4	14.0	15.5	15.0	15.8

Note: MS = mini-survey.

Figure 2. Contraceptive prevalence as a per cent of married women of reproductive age (15 to 44 years) by temporary and permanent methods in experimental vs. control villages

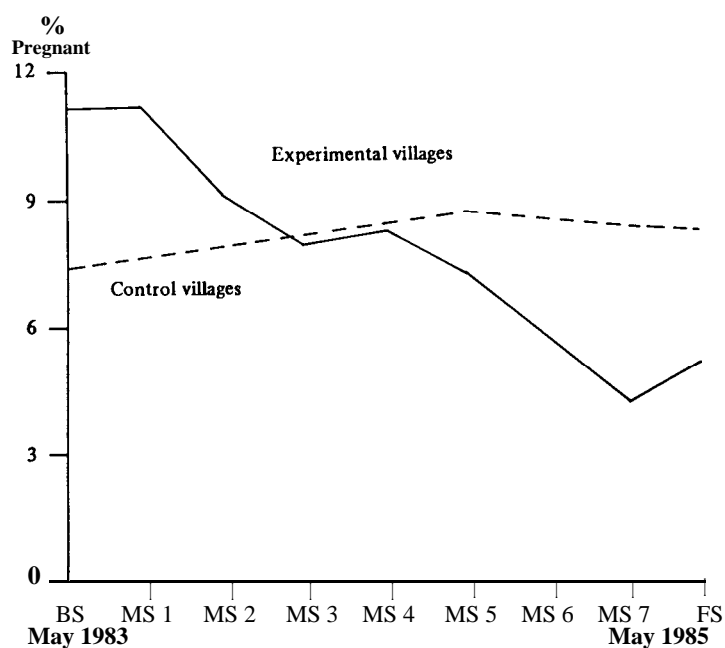


**Table 4. Per cent of married women of reproductive age currently pregnant and mean open interval, by model and by quarter**

Month/year	Model		Experimental villages only:	
	Experiment	Control	Women	Couple
May 1983 (BS)	11.2	7.4	11.0	11.4
MS 1	11.2	-	14.4	8.0
MS 2	9.1	-	8.5	9.7
MS 3	8.0	-	8.9	7.1
MS 4	8.3	-	9.3	7.3
MS 5	7.3	8.8	6.7	7.9
MS 6	5.8	-	5.0	6.7
MS 7	4.2	-	3.9	4.5
May 1985 (FS)	5.2	8.2	4.7	5.8

*Notes:* BS = Baseline survey; MS = mini-survey; and FS = final survey.

**Figure 3. Per cent currently pregnant among married women of reproductive age (15 - 44 years) in experimental vs. control villages**



*Notes:* % MWRA who are currently pregnant: Experimental and control villages. BS = Baseline survey; MS = mini-survey; and FS = final survey.

closely the rise in CPR as seen in [figure 1](#). It is noteworthy that these high levels of contraceptive practice were achieved without an accompanying decline in a desire for only a slightly lower number of children after the project ([table 5](#)), although the practice of contraception increased dramatically.

**Table 5. Mean number of children appropriate for a married couple (ideal family size)**

Model	May 1983	May 1985
Experimental	3.3	3.0
Control	3.2	3.0

Separate cross-checks allow for a fairly accurate assessment of the mini-survey data collected by the village monitors. Following each mini-survey, PDA research staff re-interviewed 10 per cent of all married women of reproductive age in each village. After the last two mini-surveys, a majority of new acceptors were re-interviewed in villages for which the PDA staff felt CPR had been inflated. Also, 90 per cent of all new acceptors were given in-depth interviews over the course of the project. As a result of these external checks, the average error rate for the six villages over seven mini-surveys was no greater than a 3 per cent over-estimate of CPR.



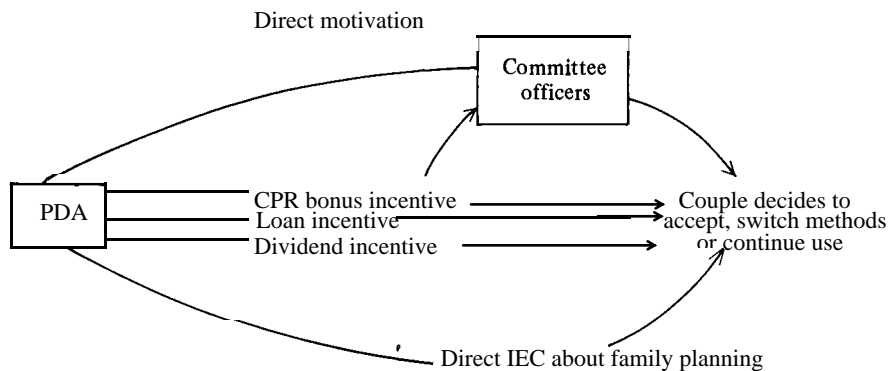
*Members of a loan find committee, comprising men and women from one of the north-eastern Thai villages involved in the Community-Based Incentives project, take a break from an intensive training course which is focused on developing their skills as managers.*

## Process Analysis

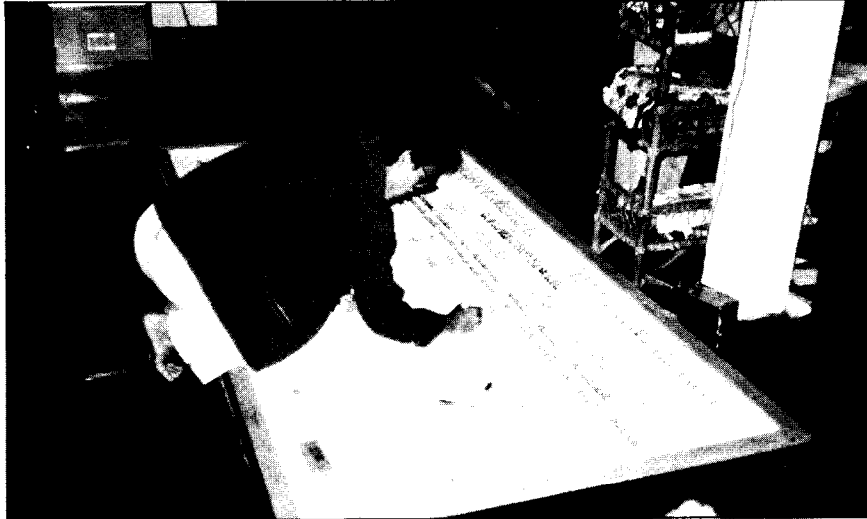
Clearly the prevalence data reported earlier indicate a high level of success. What were the mechanisms that led to such rapid behavioural change? What project factors had the greatest impact on family planning decision-making? To provide answers to these and other questions, process analysis was conducted throughout the project.

Figure 4 depicts a simple model representing the different ways CBIT influenced an individual woman's family planning decision-making. Of the three different family planning incentives, the individual-level loan incentive, although not fully put into practice until several months after the project began, probably had the earliest direct influence on the individual members. Nonetheless, project records suggest that the loan incentive only partially influenced overall family planning use. Taken as a whole, non-users who had been granted loans were no more likely to have subsequently accepted family planning in the first year than all couples who were non-users at the time of the baseline survey.

Figure 4. Project influences on family planning decision-making



The village-level incentive (the prevalence bonus) appears to have had a strong impact *indirectly* on individuals by stimulating the loan fund committees to motivate members to practise family planning. It appears to have taken some time for the general membership to understand how increases in the CPR increased the amount of money available in the loan fund. It was the experience of the project that loan fund rules such as the bonus system were much more effectively conveyed to the general membership informally through the committee officers rather than through formal project efforts such as training by PDA staff or display boards.



*Whiteboards are located in each of the north-eastern Thai villages participating in the Community-Based Incentives project, Listed on them are the number of members in the project, the village's contraceptive prevalence rate, targets etc.*

In the promotional efforts of the committee officers, the village incentive was directed more towards individual needs than towards community needs. Non-practising members were repeatedly told that the reason they were not permitted to borrow more than a certain amount was because the loan fund simply was not large enough to accommodate all requests; by accepting family planning they would allow them as individuals to borrow more. In this way the community-level incentive eventually came to mean the same thing to members as the loan incentive, i.e. a greater chance to borrow more money.

In addition to promoting couples to accept family planning to support the loan fund, the loan fund officers attempted to influence contraceptive use by providing contraceptive information and advice and by acting as referral agents for members.

The dividend incentives (a cash incentive awarded on the basis of loan fund shares held) initially held some attraction for members but eventually proved ineffective. Some members, when they first heard of the annual dividend, expected the cash amount to be substantial. However, the annual dividend proved very small, thus providing little incentive. Thus, although knowledge of the dividend incentive was high from the start of the project, very few new acceptors cited this incentive as a reason for practising family planning.



## **Comparison of the models**

An important consideration of the CBIT project was women's status and this appears to have improved more in the women villages. The committee officers of these villages were required to learn all the skills necessary to run a loan fund, including accounting, public speaking and social organizing whereas most women officers in the couple villages only learned motivational or monitoring skills.

Women officers from both models felt that, as a result of their involvement in the CBIT project, village men had more respect for them. In terms of performance for the key project indicators, there was no significant difference between the women and couple models.

## **Economic impact**

Qualitative case studies provide evidence that the CBIT loans permitted many of the participating farmers to take greater advantage of certain agricultural investment opportunities. Opportunities which they previously would not have risked if using other sources of credit. For cash-cropping, for instance, the loans appear to have encouraged increased, and often first-time, use of such inputs as fertilizer, tractors and land.

The increased investment in agriculture generated substantial profits for farmers in the first year when the price of cassava was relatively high. For 19 loan fund members who borrowed to cultivate cassava in the first year, the average net return on investment was approximately 200 per cent.

However, when cassava prices plummeted in 1984, 15 cassava farmers who were using CBIT loans reported an average net return of only 25 per cent, with four of the fifteen interviewed cases failing to make any profit. With cassava prices at the depressed 1984 level, most farmers invested only in the minimum inputs required to harvest the crop.

Probably the best indicator of the utility of the CBIT loans is simply their great popularity. The villagers do not borrow casually. The fact that 75 per cent of all households took out loans during the project indicates that the villagers themselves perceived the loans to be of benefit. Furthermore, the repayment rate was nearly 100 per cent on schedule which suggests that, for the most part, loan fund borrowers were able to generate profits.

Measurable changes in per capita income is a longer term prospect and, for CBIT Ban Phai, must await three- and four-year follow-up assessments.

### Applications to countries in Asia-Pacific region

The use of incentives to encourage contraceptive acceptance and practice has had a checkered history in the field of family planning. In some countries of the region, direct payments to very poor individuals for sterilization have raised sharp ethical questions; in others, excessive pressures on the individual have also raised serious concern.\* It is not, however, inherent to an incentives approach that excess will result. Much depends upon the particular plan; indeed one reason for the wide variation in incentive schemes is the desire to reduce the risk of coercion and to make the incentive take a form that will be a truly valid substitute for the functions of many children.

The community incentive approach tested in this project was one which studiously avoided coercion. Money was not taken away from a village loan fund if the CPR declined, nor were shares or loan fund membership (and the right to borrow) taken away from an individual who discontinued or downgraded contraceptive practice. Furthermore, the CBIT loans or dividends were not made so attractive as to have much persuasive impact on contraceptive practice. The interest rate applied to the loans was comparable to that of the Government's rural credit programme and the ceiling placed on CBIT loans was lower compared with that of the government source. Instead, the advantage of a CBIT loan was the convenience it offered in making the application, and the easy collateral terms and convenience of making installment payments.

It is interesting and perhaps instructive that the community-level CPR bonus system was able to inspire substantial increases in contraceptive practice in the absence of widespread understanding of this among loan fund members. The fact that the seven loan fund officers in each project village well understood the meaning of the CPR bonus system was sufficient to generate the significant prevalence increases in the community. Future community incentive projects might do well to concentrate on developing an informed village leadership and forego the extra effort required to educate simultaneously all villagers.

As a result of the small scale of CBIT, the question of replicability is inevitable. Replications of CBIT are already underway in two areas of Thailand and are encouraged in other country settings where there is a need to combine community development with intensified family planning promotion.

Thailand is fortunate in that investment opportunities offering high rates of return were already available in the project area. Demand for loans was healthy from the start and the implementation team was able to concentrate

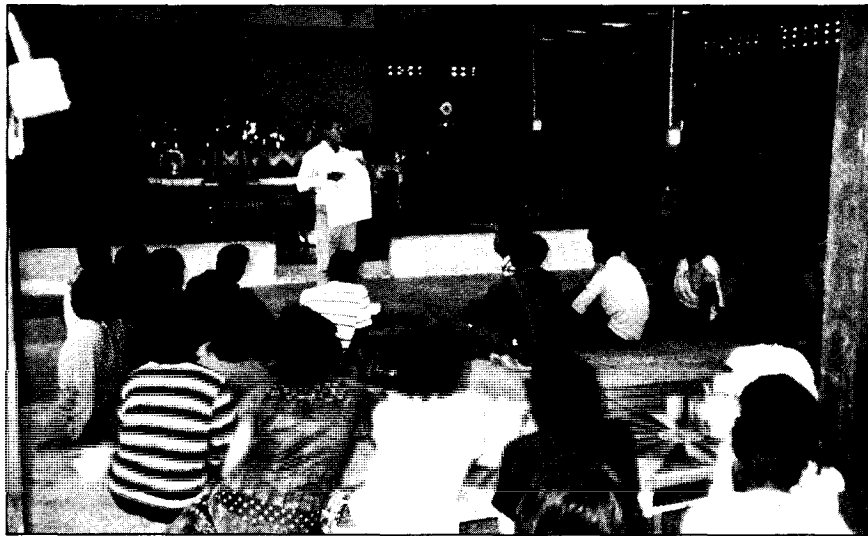
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\* See Isaacs, Stephen L. *Population Law and Policy: Source Materials and Issues* (Human Sciences Press, 1981) and article by D.C. Jayasuriya beginning on page 21 of this *Journal*.

on management aspects of the loan fund rather than having to develop markets for loan projects. Likewise, Thailand is fortunate in that contraception is widely accepted. Other countries that are interested in the CBIT strategy of combining development incentives with social programmes may have doubts about using contraceptive prevalence as the output indicator. If the intention is to apply the CBIT strategy to programmes which have the goal to slow down rapid population growth but where modern contraception is not widely accepted or is controversial, then other indicators may be used.

One possible indicator is prevalence of pregnancy. Every quarter, a survey of eligible women is taken and the percentage who are pregnant is calculated. For every drop in the percentage pregnant a certain amount of money is deposited into the fund. This approach takes the emphasis off modern contraception and allows couples to use traditional means such as abstinence and withdrawal and still gain rewards.

A variation of this strategy is to measure pregnancy-free months. Each mini-survey measures the number of months since the last delivery and an average for each project village is calculated. As the average number of pregnancy-free months increases so does the amount of money in the village loan fund.



*Villagers participating in Thailand's Community-Based Incentives project learn about the connection between family planning and economic development. An additional benefit of the project is the strengthening of informed leadership in participating rural communities.*



*The approach to development used by the Community-Based Incentives project in Thailand can be applied to other health projects such as those involving nutrition, immunization, sanitation and water supply.*

The CBIT idea may be easily applied to other health areas such as nutrition, immunization coverage, sanitation and water supply. However, for CBIT to work it would seem that the output indicator should measure an individual action that is not too difficult to motivate. There must not be strong resistance to the activity and service outlets must be accessible. Most important, the loan fund committee members must understand fully how the loan fund increases in relation to improvements in the output indicator and they must be committed to improving the level of the indicator.

Given these reasonable conditions, the CBIT approach should have an impact in depressed areas where development and social programmes can mutually support each other when linked by means of a capital incentive. Furthermore, the use of community incentives is promising in that their impact on fertility can go far beyond the promotion of contraceptive acceptance or pregnancy-free months. By creating an environment of greater wealth and self-sufficiency, they can also hasten the spread of the small family ideal.

## Socio-economic Differences in Household Complexity in Sri Lanka\*

The joint-extended household in which married sons co-reside with their parents and one another is not idealized by Sri Lankan society the way it is by various cultures of the Indian subcontinent. However, it cannot be said that the extended family or kin group is unimportant. It is central in the determination of marriage partners, in determining the education of children, and in caring for the economic welfare of its members (Nyrop et al., 1971 Chapter 7).

Many Sri Lankan households contain extended family members. However, there are important differences between social groups in the propensity for individuals to reside in extended family households. This could reflect differential ability to afford the preferred living arrangement, different preferences, or differences in the availability of kin with whom to co-reside.

Differences are particularly puzzling during periods of rapid social change because the cultural and economic contexts within which different social strata operate often change at different speeds, and sometimes in different directions.

Modernization and dependent-development perspectives, as well as less

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\* The information contained herein is extracted and/or adapted from a paper by Susan De Vos, Research Associate, Center for Demography and Ecology, University of Wisconsin, Madison, WI 53706-1393, USA.

theoretical ideas, lead to conflicting expectations as to what socio-economic differences in the propensity for household extension might be. According to one perspective, there should be a negative relationship between urban residence and household extension whereas according to another perspective there should be no relationship or a positive one. According to one perspective, there should be different relationships between household extension and social class in urban and rural areas whereas this is either ignored by another perspective or simply not expected at all.

The author, in a paper on this topic, attempts to generate hypotheses that can be tested empirically based on her understanding of different perspectives, and then tests them. By focusing on one country only, controlling for ethnicity, and further controlling for demographic factors, she attempts to assess the ability of the perspectives to predict the relative importance of affluence or economic need in the different propensity for household extension among different social groups. Some of the highlights of the paper and its conclusion are presented herein.

### **Background**

Sri Lanka is a typical "developing" country; per capita gross national product (GNP) in 1975 was similar to that of nearby, Bangladesh, India and Pakistan. Although castes are officially illegal in Sri Lanka and caste traditions are breaking down, "recognition of caste differences permeates social life" (Nyrop et al., 1971). However, it is giving way to a class system based on occupation, especially in urban areas.

Sri Lanka is distinct from its South Asian neighbours in its lower household complexity. For instance, less than 8 per cent of the country's households in 1975 were reported to contain two or more couples compared with roughly twice that proportion or more in Bangladesh, Nepal and Pakistan. Part of this difference could be explained by such demographic factors as the later age at marriage in Sri Lanka. At roughly 25 years for women and 28 years for men in 1975 compared with 20 and 25 years, respectively, in Pakistan (Kabir, 1980) there would be a lower chance that parents would survive to see the joint household of two offspring or would still be married when children married, necessary situations for the formation of a household with two or more related couples. Probably more important, however, is the fact that the joint family household is not idealized by the Sinhalese to the same extent as by other major ethnic groups of the South Asian subcontinent (see Nyrop et al., 1971 Chapter 7).

Extended, but not joint, families are important to the Sinhalese. Family households often contain an unmarried relative of the head. The proportion of

**Table 1. Percentage of population of Sri Lanka living in complex households, by sex and age group, 1975**

Age	Both sexes	Female	Male
All ages	40.9	41.6	40.2
Under 15	34.8	34.6	35.0
15-24	40.7	42.1	39.3
25-34	47.5	44.2	51.0
35 -49	36.2	36.0	36.4
50-64	50.3	58.8	42.7
65 and over	74.4	85.7	65.3
N=	43,079	21,374	21,705

Source: Susan De Vos and K. Radhakrishna Murty, "The age pattern to living in a complex family household in Sri Lanka," Center for Demography and Ecology, University of Wisconsin-Madison, no date (mimeo).

persons, by sex and age, living in complex households (with either extended or joint families) in Sri Lanka in 1975 is presented in **table 1**. The proportion is lowest among persons under 15 years of age (35 per cent) and greatest among those aged 65 or more (74 per cent), but the increase is not monotonic and the pattern differs by sex.

The family is central in the determination of marriage partners (Nyrop et al., 1971) and although lower than in other parts of South Asia, household complexity appears to be higher in Sri Lanka than in developed countries. This is indicated in table 2 by relative rates of household headship. Calculated as the percentage of a population of a given age-sex group that is considered a household head, *lower rates* indicate *greater household complexity* because more individuals reside in a household headed by someone else.

### Theoretical perspectives

According to the "modernization" perspective, the null relationship between household complexity and urban/rural residence that existed in pre-industrial society would shift. The reason for this is based on a better "fit" of the conjugal household with an urban-industrial society whereas a traditionally extended family would "fit" better with a pre-modern agricultural society (Goode, 1963). Therefore complex households would be expected to be much less common among urban residents than among rural residents, especially among the middle class.

**Table 2. Age-specific headship rates for Sri Lanka and selected countries/areas**

Country/area	Male					
	15-24	25-34	35-44	45-54	55-64	65+
Sri Lanka (1975)	3	36	75	88	92	80
West Bengal (1951)	23	52	72	76	76	60
Japan (1970)	11	61	83	91	94	87
United States (1970)	21	84	92	93	94	87
	Female					
Sri Lanka (1975)	0.2	2	10	17	27	33
West Bengal (1951)	2	6	10	12	12	10
Japan (1970)	4	4	8	16	19	13
United States (1970)	5	11	13	16	26	42

*Note:* Age-sex-specific headship rates are the percentage of any given age-sex category that is reported as the household head.

*Source:* Sri Lanka Fertility Survey household schedule weighted counts. United Nations Department of International Economic and Social Affairs, Population Division, 1981. "Estimates and Projections of the Number of Households by Country, 1975-2000," Working Paper E S A / P / W F . 7 3 .

According to this modernization perspective, it could be hypothesized that the "pre-industrial" household organization persists in rural areas while the "modern" organization dominates in urban areas (see also Shah, 1974; pp. 98-101). If this were true, one would find an interaction in the relationships of residence and social status with household composition: household complexity would be positively associated with social status in rural areas but not in urban areas. Perhaps among all social groups, but most strongly among the higher strata, there would be a negative relationship between urban residence and household complexity.

Proponents of a "dependent development" view of social change in currently developing countries offer a contrasting perspective on the relationship between household composition and socio-economic position. Low wages may force kin to share housing and income in order to subsist (see Hackenberg et al., 1984; Smith et al., 1984) whereas middle-class wages could enable people to live in less complex households. It could be presumed that households among the poor should be more complex than among the well-to-do rather than the other way around. Also, it may be presumed that such a mechanism could in-



volve either urban or rural residents, implying that no interaction necessarily exists between residence and social class in their relationships to household complexity. However, if the policy of low wage rates were particularly true for urban residents, one should especially find a negative relationship between household complexity and social class in urban areas.

A third set of empirically based arguments is referred to in the paper as “revisionist”. These arguments focus less on the implications of class, social prestige or economic resources for household complexity and more on the implications of an urban context for household composition. They take issue with the idea that there is a “fit” between urban-industrial society and the conjugal household (e.g. Kuo, 1974; Butterworth and Chance, 1981). Rather than being dysfunctional, the extended family household may often be quite functional in urban areas. Extended family households may be important in the process of rural-to-urban migration (e.g. Anderson, 1971; Arriaga, 1968; Stinner, 1977; Van der Tak and Gendell, 1973). The expense and difficulty in finding housing in urban areas may cause residents to call upon ties of kinship for purposes of co-residence to a greater extent than in rural areas (see also Caldwell et al., 1982; Kwong, 1984). Female employment outside the home may be facilitated by the presence of other adult females in the household who can help in child-care tasks (e.g. Morgan and Hiroshima, 1983).

Such arguments suggest that there is either a positive relationship between urban residence and household complexity, or no relationship at all.



*In Sri Lanka, the presence of other adult females in the household may facilitate the employment of women outside the home.*

**Table 3. Proportion of complex households in urban areas by education in Sri Lanka, 1975**

	Area			
	Total	Colombo	Other urban areas	Rural
No education	33.5	54.8	38.7	32.2
1-5 years	37.5	52.0	48.7	35.2
6-9 years	44.6	52.7	46.9	43.0
10 or more years	46.8	52.1	48.9	58.4
	Total sample sizes			
No education	1 172	35	107	1 030
1-5 years	2 438	121	260	2 057
6-9 years	1 624	168	267	1 190
10 or more years	842	75	166	601
Total	6 076	399	800	4 878

**Note:** Data come from the Sri Lanka Fertility Survey household and fertility samples. Distributions are based on weighted counts for a sample of 6,076 ever-married women 15-49 years of age.

They do not help predict the manner in which social strata might differ in their level of household complexity. (See **table 3** for trivariate crosstabulation of sample survey data).

The hypotheses stemming from the “modernization” perspective that: (a) there is a negative relationship between urban residence and household complexity; and (b) there is a positive relationship between household complexity and social class among rural residents but not among urban residents, is tested in a model that the author states can be used also to test the other hypothesized relationships. (However, this is not her final model).

If the relationship between social class and household complexity is the same in urban and rural areas, there would be no interaction between residence and social class. Likewise, if the relationship between residence and household complexity is the same among different social classes, there would be no significant interaction.

## The study

### Data

Data for the study come from a merged file of the household and individual surveys of the Sri Lanka World Fertility Survey (SLFS) conducted in 1975. Relevant information from the SLFS household and fertility files were linked together to form a nationally representative file of households lived in by women of childbearing age.

Such households constituted roughly 83 per cent of all households in the country. Roughly the same as the total household sample with respect to urban rural composition, the final sample comprises 6,076 households.

### Variables

A complex household is defined as one in which there are related members belonging to two or more different conjugal units. This is a simplification of the scheme of Eugene Hammel and Peter Laslett (1974) in which there are five basic types of households: *solitaire*, *no family*, *simple family*, *extended family* and *multiple family*.

However, less than 1 per cent of the households of ever-married women 15-49 years old had only one person or were composed of unrelated individuals. Rather, the major contrast in household type was between simple family households, containing members who all belong to the same family nucleus (59 per cent), and complex households with members of more than one conjugal unit (31 per cent). (See [table 4](#)).

In its simple form, the scheme ignores the presence of household members who are unrelated to the household head such as servants or boarders.

The variable for residence is coded as "Colombo, other urban, rural." Social class is indicated by education as a characteristic of the woman instead of her husband. This is important because the sample is of ever-married women 15-49 years of age. Education is treated as a four-category variable in this study: none, 1-5 years, 6-9 years and 10 or more years.

In addition to independent and dependent variables of interest, the author controls for a number of demographic and life course characteristics of the women that are related to household composition: age, marital status and number of children.

A final control variable that was found to be related to household complexity is ethnicity. There are three categories: Sinhala, Tamil and Moor.

**Table 4. Selected characteristics of ever-married women of childbearing age not living on an estate in Sri Lanka, 1975**

Characteristics	Percentage	Number
Household complexity		
Simple	58.8	3 573
Complex	41.2	2 503
Residence		
Colombo	6.6	399
Other urban	13.2	799
Rural	80.2	4 878
Education		
None	19.3	1 172
1-5 years	40.1	2 438
6-9 years	26.7	1 624
10 or more years	13.9	842
Age		
15-24 years	15.4	938
25-34 years	36.6	2 226
35-44 years	32.4	1 969
45-49 years	15.5	943
Marital status		
Married	87.4	5 311
Not married	12.6	765
Number of living children		
None	8.4	509
One	15.1	917
Two	15.6	947
Three	14.6	889
Four	12.4	755
Five or more	33.9	2 059
Ethnicity		
Sinhala	78.3	4,757
Tamil	14.5	880
Moor	7.2	439

Note: For 6,076 ever-married women 15-49 years of age; the distributions are based on weighted counts.

Source: Sri Lanka Fertility Survey and Household Survey, 1975.

## The Model

After testing the significance of different models through a stepwise procedure, the author settled on the following as the final model:

$$C = \text{ETH} + A + M + K + A * M + A * K + M * K + A * M * K + R + \text{ED} + R * \text{ED}$$

where

C	=	household complexity (complex, simple);
ETH	=	ethnicity (Sinhala, Tamil, Moor);
A	=	age (15-24, 25-34, 35-44, 45-49);
M	=	marital status (not married, married-spouse-present);
K	=	number of live children (0, 1, 2, 3, 4, 5+);
A * M	=	interaction between age and marital status;
A * K	=	interaction between age and number of live children;
M * K	=	interaction between marital status and number of live children;
A * M * K	=	interaction between age, marital status and number of live children;
R	=	residence (Colombo, other urban, rural);
ED	=	education (none, 1-5 years, 6-9 years, 10 or more years);
R * ED	=	interaction between residence and education; and
*	=	interaction between the variables.

The model was estimated with the Generalised Linear Interactive Modelling programme, commonly known as GLIM (Baker and Nelder, 1978). Logit regression was used to adjust for heteroscedasticity introduced by a dichotomous dependent variable (household complexity). The independent and control variables were treated as categorical or numerical. The significance of each element in the equation was ascertained through a Chi-squared test (probability = <.001) of the ratio of the difference in the scaled deviance and degrees of freedom of models including and excluding each element.\* In addition, the significance of education and residence within categories of residence or education was obtained by estimating the model within these subgroups.

## Results

In providing the results, the author explains the significance of the interaction between education and residence, education differences in household complexity and urban-rural differences in different social strata. The results are summarized in **tables 5-6**.

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\* This was done in a hierarchical fashion such that if an interaction was found significant, its separate elements were not then tested for significance, as in the interaction between age, marital status and the number of live children.

**Table 5. Logit effects of residence on living in a complex household for the whole country and within educational groups, Sri Lanka, 1975**

Area	Bivariate		Controlling for ethnicity and demographic factors*			
	Omitted	Omitted	Years of schooling			
			Total	None	1-5	6-9
Rural	Omitted	Omitted	Omitted	Omitted	Omitted	Omitted
Other urban	3.39	1.78	1.35	3.63	1.86	0.34
Colombo	2.00	3.24	7.76	5.50	3.16	0.52
Significance	<.01	<.01	<.01	<.01	<.01	=.05

Notes: Based on sample of 6,076 ever-married women 15-49 years of age. Logit effects are transformed into the natural form. Coefficients represent the natural antilog of the logit coefficients. Thus in the bivariate case, residents of "other urban" areas are 3.39 times more likely than rural residents to live in a complex household. Residents of Colombo are 2.00/3.39 times more likely to live in a complex household than are residents of "other urban" areas.

\* Ethnicity, age, marital status and number of live children.

### Conclusion

In her conclusion, the author states that differences in the composition of households between social groups in developing countries have long proved a puzzle to social scientists. Unfortunately the nature of household organization or composition is not dealt with in many treatises on social change, making such differences particularly problematic when societies are undergoing rapid change. Nonetheless, three change perspectives that the author refers to as "modernization," "dependent-development" and "revisionist" can be used to motivate different expectations about the relationship between household complexity on the one hand and urban/rural residence and social status on the other. She states that none of them is entirely consistent with data for ever-married women collected by the Sri Lanka Fertility Survey in 1975.

The modernization perspective leads one to expect a negative relationship between household complexity and urban residence, especially among the middle and upper class. Instead, the author found a generally positive relationship between household complexity and urban residence, especially among the lower class.

**Table 6. The effect of education on household complexity within different areas of Sri Lanka, 1975. For 6,076 ever-married women 15-49 years of age**

	Bivariate	Controlling for ethnicity and demographic factors*			
		Total	Colombo	Other urban	Rural
Education					
None	Omitted	Omitted	Omitted	Omitted	Omitted
1-5 years	1.51	1.12	0.54	2.69	1.02
6-9 years	2.95	1.62	0.39	2.19	1.58
10 or + years	8.51	3.89	0.34	1.45	6.02
Significance	<.001	<.001	>.05	>.05	<.001

*Notes:* The effects are expressed as odds of living in a complex household compared with a simple family household between omitted and included categories, in natural as opposed to log form. For instance, in rural areas (last column) individuals with 10 or more years of education are estimated to be 6.02 times more likely than people with no education to live in a complex household instead of a simple family household.

\* Ethnicity, age, marital status, number of living children.

The dependent-development perspective leads one to expect a negative relationship between household complexity and social class, especially in urban areas. Instead, the author found a positive relationship between household complexity and social class in rural areas, and no relationship in urban areas.

The revisionist perspective is based on the observation that in a number of developing countries, there appears to be a positive relationship between household complexity and urban residence. The author found this to be the case in Sri Lanka as well. However, the revisionist perspective did not help to predict that the urban-rural difference was greatest among the least educated, decreased in magnitude with increases in education, and was insignificant among women with 10 or more years of education (14 per cent of the sample). In addition, the revisionist perspective failed to predict the positive association between household complexity and educational attainment in rural areas, or the null relationship in urban areas.



*Extended family living offers advantages to the poor in urban areas of Sri Lanka; extra dependents can be cared for by older relatives. Also, such arrangements offer benefits to the middle class as the better educated children in such families can afford to wait for attractive jobs while the extended family supports them.*

The findings could be explained if the lowest class were most vulnerable to the economic pressures of a housing shortage in Colombo, the capital of Sri Lanka, but too poor to care for extra dependent individuals in rural areas. This perspective, like the "revisionist" one, does not predict a negative relationship between urban residence and household extension, among either the lower or among the middle and upper classes. Rather, the middle class as well as the poor in urban areas may well find advantages to extended family living, even if their reasons are different. For instance, it is often asserted that unemployment may be higher among the young and better educated because they can afford to wait for an attractive job, presumably because they can rely on a middle class family to support them while they are unemployed. The author states: "Unfortunately, I do not have data regarding the availability of housing or the economic activity of extended family members that is needed to test this idea. Hopefully future research will. Perhaps even more important, however, is the need for theories of social change to pay more attention to the position of the family and household in that change."



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