Women's Empowerment and Demographic Change: What Do We Know?

Program on Population East-West Center
Women's Empowerment and Demographic Change: What Do We Know?

Program on Population
East-West Center
Foreword
This report summarizes important findings from a conference on the topic, "The Status of Women and Demographic Change: Assessing What We Have Learned," which was held in December 1995, at the East-West Center in Honolulu, Hawaii.

In the early 1980s, at the instigation of Mary M. Kritz, the Population Sciences division of the Rockefeller Foundation initiated a research program to look more closely at the links between the status of women and fertility. For close to a decade, this program funded numerous research projects focusing on women and reproductive behavior in developing countries. When Steven W. Sinding became director of Rockefeller's Population Sciences division in 1991, he decided it was an opportune moment to assess what had been learned about women's status and demographic change, after a decade of renewed research activity. Thus, with funding from the Rockefeller Foundation, the East-West Center organized a conference to assess the state of knowledge in this area. At the conference, leading international demographers presented reviews of the research literature and discussed the findings and their implications for social policy.

Deirdre Wulf, a writer and editor with extensive experience in the demographic field, attended the conference and wrote the report presented here, which summarizes some central aspects of those presentations. In addition to this summary, the East-West Center is also publishing two of the papers that were commissioned for the conference: the first, by Shireen J. Jejeebhoy, "Women's Education, Autonomy and Reproductive Behavior: Assessing What We Have Learned," and the second, by Ruth Simmons and Anne Young, "Family Planning Programs and Other Interventions to Assist Women: Their Impact on Demographic Change and on the Status of Women." As all of these sources make clear, the links between women's status and changes in fertility or mortality are complex and, as yet, only partially understood.

It is hoped that dissemination of some of the key ideas reviewed at the conference will stimulate both scholars and policy makers to learn more about the roots of women's empowerment, the role that demographic factors play in this process, and the contribution that more equitable gender systems can make to patterns of demographic change.

Karen Oppenheim Mason
Honolulu, Hawaii
December, 1996
Women's Status and Demographic Change
A growing volume of research has shed new light on the ways in which the systematic denial of equal rights to women—or discriminatory gender systems—influences levels of childbearing and rates of child mortality. Discriminatory gender systems are established patterns of social belief and practice that create lower expectations for women than for men, consider education less important for women than for men, impose a rigid division of labor between men and women, and allow women more limited, or no, political, legal, economic, property and inheritance rights. In some settings, even more oppressive gender systems limit women's movement outside the home and deny them the right to make decisions in other important areas of their lives, such as when or whether to seek medical treatment.

We now know a great deal about the ways in which a woman's childbearing life is conditioned by such factors as her family's economic level, her social class and whether she lives in an urban or rural area. But because the strength and significance of these relationships vary from one society to another, and because much important information about other influential factors is not available, there is still a good deal that remains unknown about the complex links between women's status and demographic change—a term used here in a somewhat narrow sense to indicate the pace at which populations grow as a result of changing birth rates.

The findings from the large-scale fertility surveys carried out in many developing countries in the 1980s and 1990s provide a broad picture of both the demographic characteristics of women and the differing patterns of pregnancy, birth and child mortality found among various groups of the population. However, these surveys were not designed to measure women's status—or autonomy—directly, and they do not provide the more telling individual and community-level information needed to understand fully the many-stranded links that exist between female empowerment, levels and patterns of fertility and trends in population growth. But a growing number of smaller studies are building on the findings of the large-scale fertility surveys to develop more comprehensive interpretations of these links. This report draws on both types of analysis to summarize the current state of knowledge about the associations between childbearing and child survival patterns and three particular aspects of women's status:
• their educational level;
• their employment status; and
• their use of family planning services and other programs.

Of these three aspects of the overall condition of women, education is by far the easiest to measure in a standard way. For this reason, schooling level often serves as a proxy for the much wider concept reflected in terms such as the status, condition, or autonomy of women. However, using education as an indicator of women's general status can be misleading, for a number of reasons. Because women tend to marry within their own social class, a woman's educational level is usually highly correlated with the social and economic status of her husband. In addition, the number of years of schooling that a girl is likely to receive is at least as much influenced by the religious, social and cultural traditions of the community she lives in as by any individual decisions she or her family have made. As a consequence, the observed links between a woman's educational level and her reproductive behavior may be spurious and simply reflect existing cultural, social stratification and gender systems within the community.

Despite this problem, because a woman's educational level is one of the few quantifiable measures of her status available, it continues to be the basis for much of the research exploring the relationships between women's empowerment, or lack of it, and their reproductive experiences.

Women's Education and Childbearing
Throughout many parts of the developing world, particularly the Middle East and South Asia, girls generally receive less schooling than boys. The educational gender gap is usually widest after primary school, and it is not uncommon for fewer than half as many girls as boys to be enrolled in secondary school. And even in countries where functional literacy levels are quite low for both sexes, many fewer women than men know how to read and write.

Various reasons are offered to explain why girls in many parts of the developing world are less likely than boys to be sent to school in the first place and more likely to leave school at an early age. In some settings, girls are simply not considered worth educating. But in most societies, because education is viewed as a necessary preparation for finding work, it is more likely to be boys—the family's major hope for future economic support—who are sent to school. If schooling must be paid for (fees, or the cost of uniforms, meals, shoes and books), fami-
lies probably calculate that investing in sons will yield higher returns. Moreover, girls are often needed at home to care for younger brothers and sisters and to help with domestic chores. In regions of the world in which women are kept in purdah (physical seclusion), governments have sometimes not provided a sufficient number of single-sex schools, staffed by women teachers, or have not been able to ensure that such schools are located close enough to the community to enable chaperoned girls to attend them.

The schooling gap affecting many girls in developing countries is of particular concern because a woman's educational level is usually associated with the key factors that influence the number of children she will have and the number who will survive to adulthood. These factors include her views (and those of her community) about the importance of marriage and childbearing, the age at which she marries or starts having sexual intercourse, her use of birth control methods, and her breastfeeding and child-care practices. In more specific terms, how does a woman's educational level influence these major determinants of her reproductive and childbearing life?

The Number of Children Women Want: More educated women want fewer children than less educated women. There are many possible reasons for this well established relationship:

- Women who have acquired the ability to think and reason for themselves are less likely to defer unquestioningly to prevailing community and cultural beliefs about the ideal family size. They are less likely, for example, to believe, as many women in traditional settings do, that the number of children they bear is "up to God."
- The more educated a woman is, the less likely she is to think that her only value comes from having children, and the less likely she is to believe that having boys confers more prestige than having girls. In societies with strong preferences for male children, women tend to have children until at least one son is born, which, in turn, elevates fertility levels.
- Better-educated women probably have higher expectations for their children and so plan to have fewer children and to invest more in each child's food, shelter, health care and education.
- In very poor families (those in which women are likely to have little schooling), each new child represents an addi-
tional potential worker, and the more hands the better. But educated women who can hope to educate their children are likely to perceive that having a few skilled, well-schooled children will better serve the family's interests than having many unskilled and unschooled ones.

- In addition, more educated women with better earning potential are likely to value their time more highly and to appreciate what economists call the "opportunity costs" of having a large family.

**Marriage:** Women with little schooling tend to marry earlier and start having children sooner than women with more education. The younger a woman is when she marries and has her first child, the more years of exposure to pregnancy she has ahead of her, and the more likely she is to have a large number of children before her reproductive years are over.

There are various hypothetical routes through which increased education can lead a woman to marry at a later age:

- Education empowers women to develop as individuals, not just as appendices to a husband or as low-ranking members of an extended family. It gives them the confidence and the practical basis to believe that marriage at a young age to obtain the support and protection of a husband is not their only option in life.

- In parts of the world in which arranged marriages are customary, the choice of a spouse is considered an important indication of social class or caste. Because a girl without much education will be unable to make a good marriage, parents with ambitions for their daughters to marry well have a strong incentive to keep them in school.

- Educated daughters probably have a greater say about arranged marriages in general, and about whom and when they will marry. They are more likely to insist on a certain basic level of compatibility with a prospective husband. And with the rapid spread of western values to many developing societies, there is an increasing tendency for educated women to prefer "love" marriages. Meeting these more stringent standards can take time.

- In settings requiring the bride's family to pay a dowry, adverse economic conditions have made it increasingly difficult for the parents of well educated daughters to meet
the high dowries demanded by the parents of comparably well educated sons. The longer a daughter works and lives at home, the greater her contribution can be to that dowry.

- Girls who understand that staying in school will improve their life prospects are less likely to want their educational careers to be interrupted, or their broader life opportunities derailed, by marriage.
- Girls whose education helps them obtain work once they leave school are likely—as are their parents—to find the prospect of earning their own money more attractive than the prospect of early marriage.

**Infertility:** There is little solid information about how a woman’s educational level might affect her ability to have children. But it is certain that because of their higher social class, more educated women can be expected to be better housed, healthier, better nourished and to receive better medical care for treatment of the kinds of diseases and gynecologic and obstetric conditions known to impair a woman’s prospect of conceiving and giving birth to a child. On the other hand, in some parts of the world, taboos against premarital sexual relationships are becoming more fluid or fast eroding, and more educated women marry later and so spend a longer period of their lives single. If these conditions lead to more sexual experimentation and more sexual partners before marriage, women’s exposure to sexually transmitted diseases—a major cause of infertility in some areas of the world—is possibly greater.

**Breastfeeding and Postpartum Abstinence:** Some of the well established fertility-reducing effects of education might be offset by the fact that more educated women are less likely to breastfeed or to practice postpartum abstinence—behavior that results in more widely spaced pregnancies and, as a consequence, fewer births overall.

Educated women are more likely to live in urban areas and to hold jobs, which might make prolonged breastfeeding difficult. Women with more schooling are also more likely to know about breast-milk substitutes and might come to believe that bottle-feeding is part of a more desirable, more modern life-style. Postpartum abstinence is more common in traditional settings and in societies in which men have more than one wife. However, educated women are both more likely to live in cities, where traditional birth-spacing practices are fast eroding, and less likely to be in polygamous relationships. Furthermore, women who can read are more likely to be exposed to the mass media
and to modern value systems that favor marital intimacy over traditional birth-spacing practices. But the persistently inverse relationship between female education and family size found in most parts of the world suggests that the possible fertility-enhancing effect of reduced reliance on breastfeeding or postpartum abstinence is minor compared with the fertility-reducing effect of the increased contraceptive use that is associated with improved female education.

Contraception: The more education a woman has, the more likely she is to use modern contraceptive methods and to use them correctly. This link between a woman's educational level and her contraceptive use is strong and makes intuitively good sense. Women who can read easily are more likely to be influenced by mass media campaigns promoting small families, more likely to know where family planning services can be obtained, and more likely to be able to understand and follow instructions for the correct use of contraceptive methods.

In addition, education makes women less passive, more well informed about the outside world and about changing life-styles, more able to express themselves and more able to question traditional beliefs and practices. It also gives women a sense of wider options and possibilities in their lives, and helps them to appreciate that these more ambitious life goals might be undermined by frequent and multiple pregnancies. Education also gives women the skill to weigh the potential benefits and disadvantages of the various contraceptive methods, make informed decisions, and talk about birth control with their partners, and it fosters the self-confidence needed to negotiate contraceptive use.

Women's Education and Child Mortality
Many of the same factors that influence the number of children a woman has also determine whether those children live or die, and this is particularly true of her educational level. In addition, high birth rates and high child mortality rates are closely connected phenomena. Women living in countries where large numbers of babies routinely die in infancy are often believed to want a lot of children to ensure that a least a few will survive. The perception that infants have only a fragile hold on life (even if, as child survival rates rapidly improve, this perception is mistaken or outmoded) deters some women from practicing birth control. In this way, prevailing infant mortality rates, or expectations of the likelihood of death in the first months or years of a baby's life, can indirectly influence people's views about what constitutes an ideal family size. In addition, women who begin having children at a
very young age, who do not space their pregnancies and who have frequent pregnancies are more likely to have low birthweight or sickly babies. Such babies are at high risk of dying in their first year of life. For these reasons, high infant mortality levels are often both a conditioning factor and a consequence of high fertility.

Not surprisingly, the more years of schooling a woman has, the less likely she is to experience the death of a child. In fact, one researcher has wryly characterized this “pervasive and persistent” relationship between a mother’s longer schooling and her child’s lessened risk of dying as “boringly inverse.” A commonly cited study has found that each additional year of schooling a woman has results in a 7–9 percent decline in infant and child mortality. Which specific correlates of longer schooling account for its consistent relationship with improved child survival?

- Because more educated women start childbearing at a later age, space their pregnancies more widely apart and have fewer children, their children are less likely to die than the children of less well educated women.
- Moderately educated women are more aware than uneducated women of ways to improve family health and hygiene, household sanitation, the treatment and prevention of illness, and are aware of the importance of correct infant feeding. They are also less likely to accept illness as the will of the supernatural, and more likely to do something about it.
- More educated women are able to take more responsibility for decisions regarding the health of their children. Their greater self-assertiveness and confidence in dealing with the outside world and their greater chance of having an outside income that they can spend on their families also contribute to the improved health and survival of children.
- The more education a woman has, the more likely she is to be able to identify appropriate sources of medical care for a sick child, and to persist in obtaining accurate diagnoses and treatment.
- In every region of the world, better educated women are considerably more likely than less educated women to use modern preventive and curative health services, to do so early enough for these to take effect, to demand a higher quality of medical care, and to continue treatment correctly and with greater persistence.
Because better educated women tend to be better off economically and probably have smaller families, they can spend more money and more time caring for each child.

Despite the large number of intuitively plausible hypotheses suggested, researchers have not yet been able to pinpoint the precise aspects of female education, or of the educational process in general, that account for its strong association with lower child mortality. Is it the content of primary and early secondary schooling? Literacy and its empowering effects? Or the expectations underlying all education in its broadest sense that individuals should be encouraged to think and act logically and independently? And can the same results be achieved from non-formal education programs for women?

Summary. It appears that more educated women in every country and region of the world usually marry later, marry more educated men, are more likely to practice family planning and have greater access to and understanding of the value of health care treatments and services than less educated women. For these and other more broadly economic reasons, they have smaller families and experience fewer infant and child deaths.

However, these relationships are conditional not just on a woman's educational level but also on whether she lives in a rich or a poor country, an urban or a rural area, a traditional or a rapidly modernizing society. Thus, the relationships between levels of female education, age at marriage and levels of childbearing observed in one country or region of the developing world may not necessarily be found in another. For example, in societies with a very low level of economic development and where women have little autonomy, it will probably require many more years of schooling than are needed in more advanced and more egalitarian setting for the inverse association between education and fertility to become apparent.

Women's Employment and Childbearing

Even though most poor women in developing countries have always been responsible for growing food for the family, fetching water and firewood, cooking, cleaning, caring for children and for the old, and working in the fields and rice paddies, they rarely received any monetary compensation for their efforts. Until the early 1960s, women's likelihood of being in the labor market or working for pay was typically quite limited. However, with increasing urbanization, industrializa-
tion and modernization, and in response to growing economic hardship in many parts of the world, women in developing regions are joining the ranks of the employed in ever-increasing numbers.

Many millions of women throughout Latin America, Asia and Sub-Saharan Africa are now formally employed or self-employed, although they often work for very low levels of pay, and often under difficult and oppressive conditions. And in some societies, women have paying work but little control over the money they bring home. Nevertheless, a woman who earns a small amount each week is no longer totally dependent for survival on her parents, on a man, or on marriage. This can mean that the old rules of submission to senior members of the family, or sexual favors given in exchange for economic support, start to change or cease to apply. Even some small degree of financial autonomy means that women can begin to make decisions about sexual intercourse, marriage and childbearing on emotional and personal rather than familial, cultural or economic grounds.

Thus, through its potentially empowering impact, paying work is another aspect of women’s status believed to have important implications for the number of children they want and have. There are two major hypotheses to explain why women who earn an income from their work might be expected to have fewer children than those who do not.

♦ Although most women want children at some point in their lives, because their incomes decline when they give up or reduce paid work to bear and raise children, and because it is difficult for a woman to combine child-rearing with work outside the home, to reduce this incompatibility between the two roles women will often choose to have fewer children. Economists refer to this trade-off, familiar to many women, as being based on a realistic calculation of the “opportunity costs” of having children.

♦ Women who earn their own money acquire both the financial means and the increased personal confidence to be able to decide for themselves both when to marry and have children and whether to practice family planning.

It is not always easy to test the validity of these hypotheses. Women’s labor force participation is seriously under-reported in most developing countries. Many women working in agriculture and in the informal economic sector (street peddlers, home-based workers, the self-employed) are not counted in government statistics, and most fer-
tility surveys do not do a good job collecting this kind of information. Even so, few of the studies that have been carried out in developing regions find a strong or consistent negative relationship between labor force participation and family size; that is, they do not find that women who work outside the home for pay invariably have smaller families than those who do not. In fact, some studies find that the relationship is positive, not negative, and in the reverse direction: the more children a woman has, the more likely she is to be employed. A number of factors might explain this unexpected finding:

- Sheer economic necessity drives women with a lot of mouths to feed into the labor market.
- Women with large families are more likely to work outside the home because they are more able to depend on older children to take care of the younger ones.
- If both parents work, they might decide that their combined income is large enough to allow them to have a lot of children.
- In settings in which men derive high social status from having wives who do not need to work, it is poor and less educated women—with less access to family planning services and larger families—who are more likely to be employed.

Furthermore, the thesis that women's work is basically incompatible with child-rearing may not be as relevant in many parts of the developing world as it is in the industrialized world:

- Women working in the fields, market women, or women selling chewing gum or cigarettes at the road side can often carry their babies on their backs or continue to keep a watchful eye on small children.
- In countries with few job opportunities for women, even a woman working for relatively little pay can usually find an even poorer woman to take care of her children.
- In regions of the world where the extended family is still the rule—with grandparents, unmarried adult children, aunts and cousins all living under the same roof or in the same family compound—a woman with young children who goes out to work does not face nearly the same problems finding a mother surrogate as a western woman living in an isolated nuclear family.
And finally, many poor women in developing countries do not have the luxury of being able to weigh the gratification or benefit of staying at home with their children against that of entering or staying in the labor market. They have no choice but to work. This is especially true in regions with high levels of marital break-up, or in areas where men must often migrate to find work.

In addition, the potentially empowering effects of women’s employment are sometimes dubious:

- In many cases, women are so poorly paid that their contribution to the family’s income and any related increase in their sense of self-worth are both likely to be insubstantial. Such women are likely to continue to believe that motherhood is still their best hope of acquiring social prestige or economic security.
- The predominance of low wages and dead-end jobs for women means that women’s chances of attaining real economic self-sufficiency are minimal. This situation would tend to reinforce the view of many women that they must have a lot of children—particularly boys—to ensure that there will be someone to take care of them in their old age, particularly since the kinds of pension, health and retirement systems found in most western countries simply do not exist in most developing countries.

Women-in-Development Programs

Employment in the formal labor force is probably the major but by no means the only way for women to attempt to move out of conditions of entrenched poverty and powerlessness. Yet it is widely acknowledged that most women in developing countries do not have the same access as men to other important pathways toward the alleviation of poverty: the ownership of land and other natural resources; credit; or the economic opportunities resulting from new technologies and new modes of production.

In an attempt to redress this situation, agencies and institutions in many parts of the developing world have initiated special women’s development projects. The aim of such programs is to help poor women become more economically self-sufficient by providing them with the facilities and resources they need to set up home-based
income-generating mini-enterprises: cash, credit, seeds, sewing machines, for example, and some training in the accounting and marketing skills required to make their businesses profitable and sustainable. Other special projects involve women in activities to conserve energy and natural resources or to improve sanitation and water supplies. Typically, all these projects are small-scale and based in the informal rather than the modern sector. A few women's development projects also offer family planning information and services. Have such programs had any measurable impact on women's status or on their childbearing levels?

Evaluating the effect of women-in-development projects is complicated because the women who become involved in them are likely to be more ambitious, more entrepreneurial and more open to innovation in the first place and therefore not necessarily typical of most women in a given society. One large-scale international assessment concluded that the majority of women-in-development projects had been of little lasting economic benefit to the participants. The projects were often inadequately funded, too short-term, badly managed and unable or unwilling to gain the support of government and community leaders. Other reviews have revealed the failure of most women-in-development programs to address and combat women's fundamental exclusion from the major sources of economic power. In some cases women's development projects serve only to reinforce existing gender inequities by focusing on traditional and traditionally unprofitable "female" activities, such as embroidery, handicrafts and animal husbandry. And some critics claim that such projects simply impose additional burdens on the lives of already overworked women.

More recent women's development initiatives emphasize a broader approach. They try to view women as agents of change rather than passive recipients of development assistance. They stress female literacy, job-training, political enfranchisement, and more equitable access to land and other natural resources. For obvious reasons, these more aggressive approaches to redressing economic inequities have not always been welcomed by the usually male-dominated power structures. In one documented case, women trained in traditionally male occupations were physically attacked by male workers when they obtained jobs alongside the men.

Although women-in-development projects have frequently proved to be less successful in improving women's status than had been hoped, they may have helped create better conditions for families. Some studies show that women involved in credit schemes spend most of the
income they earn in ways that benefit their children and family, while men are likely to spend a large part of their earnings on themselves.

Despite the criticism leveled at many women-in-development projects, some carefully designed credit programs appear to be having greater success. In Bangladesh, three non-governmental organizations—The Grameen Bank, the Bangladesh Rural Advancement Committee and the Bangladesh Rural Development Board Development—have been implementing women's development projects for over two decades. The Grameen Bank alone, which is locally developed and funded, has projects in half of all Bangladesh villages and involves as many as two million participants. The program is based on weekly group meetings and training sessions for its participants and the provision of both small, group-based loans and information about contraception. One of the assumptions of the program is that if it improves women's economic power, autonomy and decision-making authority, fertility regulation will become a more relevant, more acceptable and less controversial part of women's lives.

One major study suggests that women who participate in the Grameen Bank programs do in fact gain increased respect from their husbands, become more independent, have more say in family decisions (including health and childbearing decisions) and end up being more motivated to use contraceptive methods. The study concludes that the Grameen Bank projects influence the contraceptive use of members through their effectiveness in strengthening women's economic roles, by enhancing women's standing within the family and community, by bringing women out of the physical isolation imposed by traditional rules of purdah, and by actively promoting family planning through regimented group activities that stress the importance of small families and adequate birth spacing.

Evidence suggests that the lives of non-participants may also be affected by the Grameen Bank credit schemes. Women not in the programs are likely to talk about the number of children to have or family planning methods with neighbors who have benefited from the project's income-generating activities. One-on-one contacts of this nature can help foster the kind of spontaneous consciousness-raising that is believed to have played a major role in spreading new reproductive attitudes, values and practices in other regions of the developing world.
The Impact of Family Planning Programs on Demographic Change, Reproductive Health and Women's Empowerment

Most developing countries offer some type of health services to assist women during pregnancy and childbirth and to protect the health of children under five. Increasingly, since the 1960s, many governments have added family planning services to these traditional maternal and child health programs. In some countries in which the integration of maternal and child health and family planning services has not occurred, private or non-governmental organizations offer contraceptive advice, education and services in free-standing clinics, or through community-based systems that distribute or sell contraceptive supplies at subsidized prices. What is the precise role of governmental and non-governmental family planning programs in contributing to demographic change, to improved reproductive health conditions and to the empowerment of women?

Demographic Change: Over the past 30 years or so, both fertility and child mortality have declined in many parts of the developing world. Average family size has dropped from approximately 6-7 children to about 3-4, and infant and child death rates have also declined dramatically, partly as a result of successful worldwide campaigns to strengthen child immunisation and vaccination programs in developing countries. At the same time, the use of contraceptives—particularly, methods like the pill, the intrauterine device and female sterilization—has become widespread. By the early 1990s, about half of all married women of reproductive age in most developing countries were practicing family planning, the vast majority, through the use of these so-called "modern" methods. And almost all developing countries with contraceptive prevalence levels of this magnitude have an official government-supported family planning program whose major goals are the improvement of maternal and child health conditions and a reduction in population growth rates.

It is hypothesized that government-sponsored family planning programs influence fertility levels in a variety of ways:

- By offering contraceptive services that help reduce births over and above the number of children couples ideally want (unwanted or excess fertility);
- through the endorsement of small families by influential leaders and the cultural legitimization of contraceptive use; and
through powerful public advocacy and information campaigns, often using advertising techniques and the mass media.

It is generally accepted that as a result of activities of this type, government family planning programs have contributed to the remarkable decline of birth rates in many developing countries, even though the success of these programs is often linked to or dependent upon the concurrent effects of economic and cultural modernization, which helps to change people's views about the desirability of large families. Developing countries that have enjoyed both effective family planning programs and far-reaching economic achievements show larger increases in contraceptive prevalence and larger declines in fertility than countries with only a strong family planning program, or in which economic progress benefits only a limited and privileged élite. Moreover, the amount of change in fertility that can be attributed to the existence of a national family planning program depends not only on a country's current socioeconomic level but also on the stage it has reached in its demographic transition. At a certain point in the demographic transition, it is suggested, family planning programs may cease to have any fertility-reducing effect.

**Women's Health:** In the most general terms, the practice of birth control reduces the maternal mortality rate among women of childbearing age by reducing the overall number of pregnancies they have, particularly high-risk and unplanned pregnancies. However, once a woman is pregnant, her possible risk of dying from that condition is unrelated to the availability or absence of family planning services. In this sense, family planning programs cannot be expected to improve the maternal mortality ratio, which measures pregnancy-related deaths against the number of live births occurring in any given year. On the other hand, the impact of contraceptive use on the health, as distinct from the survival, of women of reproductive age is expected to be considerable.

Yet how safe are the modern methods of contraception offered in all family planning programs? Epidemiologists engaged in risk-benefit calculations tend to compare the remote risk of dying from contraceptive use with the more common risk of death from pregnancy—the condition that contraception is intended to prevent. Most such studies conclude, not surprisingly, that in developing countries—where 98% of the estimated half a million maternal deaths a year occur—the level of mortality associated with the use of modern contraceptive methods is far lower than that associated with pregnancy.
This purely statistical risk-benefit approach has been strongly criticized by some women's health advocates. When the small but known health risks of certain contraceptive methods are minimized because they are lower than the risks of childbirth or unsafe abortion, the comparison is considered misguided, because it fails to ask why the risks of childbearing or abortion are so high in the first place. Moreover, women's perspectives on the relative risks of pregnancy, abortion, and contraception may differ widely from those of medical experts. Other critics have argued that comparing the risk of pregnancy to the risk of contraceptive use penalizes poor women for being poor, since it is largely poverty that determines a woman's risk of dying in pregnancy or childbirth.

To measure the effects of modern contraceptives on women's health, scientists tend to examine such considerations as whether a method has a long-term carcinogenic effect, or whether it alters physiological functioning in any serious way. In some cases the risks of morbidity and mortality associated with contraceptive use are weighed against the non-contraceptive benefits. Depending on the method, such benefits can include the prevention of some sexually transmitted diseases, some types of cancers and ectopic pregnancy. Women's advocates, on the other hand, insist that such problems as changes in sexual interest, physical stamina and emotional well-being should also be considered possible adverse side-effects from contraceptive use. Symptoms that the biomedical community often refers to as a minor (backache, weight gain, swollen breasts or mid-cycle spotting) can be quite unacceptable to women themselves. In fact, these are the reasons often mentioned by women for their giving up the use of some modern contraceptive methods.

The health of women using contraceptive methods depends not only on the intrinsic characteristics of the technology but also on the skills of the professionals providing the service and the specific population policies guiding the design and delivery of a family planning program. A growing volume of research demonstrates that some family planning programs are not always beneficial for women. When Norplant® was introduced into Indonesia's national family planning program, the technical quality of the service was inferior, and many women were not given proper counseling about removal or follow-up care. In Brazil, where female sterilization is very popular but where, for legal reasons, the procedure can only be carried out after a caesarean section, women unnecessarily forced to agree to this delivery method are subjected to excessive health risk. In China, under the one-child policy, women are forced to have late-term abortions and have limited
access to contraceptive methods other than those that require invasive medical procedures (sterilization, abortion, or IUD insertion). The one-child policy has also increased resort to female infanticide and to sex-selective abortions.

**Women's Empowerment:** Although the proposition is not often so baldly stated, it is generally accepted that good health—and for women, particularly their reproductive health—is a prerequisite for personal autonomy. Accordingly, women who can freely decide when and with whom to have sexual intercourse and, because of the availability of family planning services, to have only the number of children they really want, will experience fewer child deaths and be in better health than women denied those choices. Such women will, it is assumed, be able to take full advantage of the broader life opportunities available to them as they move beyond their roles as wives and mothers.

Reiterating earlier themes of this report, because the practice of birth control leads to fewer unwanted pregnancies, fewer high-risk pregnancies (those among very young women and women over 40, particularly), and because it enables women to space their births, it results not only in smaller families, but also in lower rates of maternal mortality and morbidity, fewer dangerous clandestine abortions, and lower levels of infant mortality. But are these outcomes necessarily associated with greater equality between men and women. And is the small family a necessary condition of women's autonomy?

The question of whether maternal and child health and family planning programs improve the status of women is rarely addressed, mainly because is it difficult, if not impossible, to measure or track changes in female autonomy resulting from their use of such programs. Some advocates assert that empirical demonstration of the beneficial impact of these programs is superfluous because control over pregnancy and childbirth is an essential precondition of women's empowerment. They maintain that only after gaining control over the number and the timing of births can women become empowered in other areas of their life.

Is there in fact any evidence that organized family planning programs have had a direct impact not only on the health but also on the status of women? Proponents of a much-studied family planning program—the Matlab project—in Bangladesh, where purdah rules require most poor rural women to live in physical confinement, believe that this particular initiative has helped improve the status of the women it serves. They argue that by training community peers to visit women in their homes to discuss the benefits and deliver the means of fertility
regulation, the program has succeeded in increasing the autonomy of both project workers and their clients. The program has increased the use of birth control in the community by influencing women's ideas about desired family size and by making it possible for an otherwise disempowered group to negotiate contraceptive use with their husbands. It has also helped the trained community volunteers to gain increased respect from their families and the community. And in much the same way that women-in-development projects can have a spillover effect on non-participants, in the Matlab experiment it is argued that close interaction with better informed and empowered program volunteers has also helped raise the broader social awareness of all women living in the villages served by the project.

On the other hand, some critics have suggested that after achieving its initial success, the Matlab project should be reoriented to focus on more positive aspects of women's empowerment in Bangladesh. It should do this by moving away from its traditionally narrow emphasis on women as child bearers and mothers and by reshaping the program to encourage women living in purdah to gain experience of the larger world by going to outside clinics to obtain the prenatal, maternity and child health services they need. In fact, these critics go further and argue that the Matlab project, by serving women in the seclusion of their homes, serves to perpetuate and reinforce women's isolation and lack of autonomy.

In the broader context of women's development, some policy analysts assert that a single-minded emphasis on family planning services is misguided and often inappropriate. They maintain that improvements in maternal morbidity and mortality, better rates of child survival and more tolerable and equitable conditions for women are just as likely to occur with the implementation of high-quality and accessible prenatal and maternity services, and as a result of overall improvements in schools, roads, transportation, public health programs, sanitation, and water supply and quality. They argue that family planning programs should not be introduced simply to slow down population growth rates but because they are a basic part of women's right to reproductive health and self-determination. And they insist that women's status must be improved on the grounds of human equity and justice, not simply because this would improve child survival rates.
Policy Implications

There appears to be no single or direct cause-and-effect relationship between the empowerment of women and the number of children they want and have, or between smaller family size and improvements in the status of women. A woman's reproductive behavior is as much a function of prevailing community conditions—and all that these represent in terms of dominant religious and cultural values, family-size norms, general health standards, access to schooling, health and family planning services, and labor force conditions—as of her own status in society.

Yet of all the relationships discussed here, the links between increased female education, better health and smaller family size seem the strongest and least ambiguous. This is largely because more educated women marry at a later age, are more likely to practice modern methods of birth control, and are less influenced by the high levels of child mortality that tend to bolster the continuing desire for large families in some countries. The links between female education, reproductive health and reproductive behavior are probably strongest in relatively more developed and less patriarchal settings, which suggests the continuing importance in the equation of other major aspects of the development process.

However, women's lack of equal educational opportunity is not simply of concern because it is women who bear the greatest responsibility for the size, health and well-being of families. It is first and foremost a profound violation of women's basic human rights. In addition, preventing women from achieving their full potential severely limits any country's prospects for economic and social progress.

Whether or not increased employment outside the home will encourage women in developing countries to have fewer children and improve the health of small children is still not known. In settings in which women's employment does not necessarily increase the opportunity costs of children, changes in family-size values, child care practices and levels of contraceptive use may be the result of more indirect influences related to women's improved income levels and their increased exposure to and participation in the modern world.

Finally, maternal and child health and family planning programs that protect the health of mothers and babies and make it possible for women to delay and space their pregnancies are clearly important—if not necessary—components of demographic change. But most people would agree that good health programs are a basic human right, not simply a means of bringing about slower rates of population growth.
And in the long term, if fertility is to reach population-replacement levels, it is likely that increased equality between women and men will be a more necessary condition than the existence of government family planning programs.

Because inequitable gender systems and economic and political underdevelopment often co-exist, it is no simple matter to address the multiple and intersecting links between women's condition in society and prospects for demographic change. In the west in the 1960s, robust economic growth, the massive influx of women into the labor market, the rise of the women's movement and the introduction of the pill all went hand in hand. Many similar developments are now occurring or have occurred in parts of the Third World. In some other regions, however, economic and social development has stagnated or declined, poverty is deepening, women are still mainly valued as wives and child bearers and most have not attained anything remotely resembling equality with men. In regions in which women have little or no say in the most basic aspects of their lives—whether they can go to school; whom and when to marry, when and whether to have sexual relations—prospects for demographic change are slight. Denying women the right to participate fully in decisions of this kind does not simply undermine their health and deprive them of dignity and self-respect, it also seriously limits their ability to exercise full control over their childbearing.

Improvements in women's status will probably be slow in coming in many parts of the world. In the final analysis, however, if a country were able only to bring about reforms in a single area, improved educational opportunities for girls might be the one policy direction that could lead to the greatest benefit for the largest numbers. There is now compelling evidence to suggest that the education of girls sets the stage for a series of further improvements in women's status that are not just desirable in terms of basic human rights and demographic change, but also good for children, good for families and good for the world.
Additional Reading


Design
Piper Renée Kaufman
New York City

Cover Photo
Robert Bailey
New York City

Printing
Guaranteed Printing
New York City