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POPULATION AND DEVELOPMENT CONSIDERATIONS
IN THE CONTEXT OF FAMILY PLANNING

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POPULATION AND DEVELOPMENT CONSIDERATIONS
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by

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Introduction

Population growth and its consequences have been of interest to social scientists since the exposition of Malthus (1798) introducing the notion of a system in which aggregate economic and demographic change were tied together by behavior at the family level.

In the Caribbean, governments'¹ concern for population issues emerged after the World War II following the unprecedented declines in mortality due to improved health technology and the resultant growth rates. Nevertheless, although references to overpopulation and the limited capacity of governments for its accommodation are to be found in several reports², during most of this period, the planning process tended to treat population growth components and economic factors in isolation.

This was partly due to the fact that, prior to 1970, development planning was primarily concerned with ways of enhancing socio-economic development with output growth representing the dominant target. The basic assumption underlying the planning was that the benefits of economic growth would "trickle-down" to alleviate social problems such as poverty and unemployment. Despite the later change of emphasis expanding the scope of planning to deal with improvements in the standard of living and quality of life, population did not become one of the central variables in the planning exercise.

Thus, during this period, evidence of attempts at population influencing programmes was illustrated mainly in the institution of family planning programmes (both private and public sector) to help curb what was considered to be excessively rapid population growth rates. Indeed, the terms family planning and population policy were almost synonymous during that period.

However, family planning programmes did not turn out to exert as much impact on population growth in the developing world as was originally expected. This view was partly at the source of the official recognition, during the 1974 United Nations World Population Conference in Bucharest, that the solutions to population problems were to be found within the context of broad-based social and economic development and that "population measures and programmes should be integrated into comprehensive social and economic plans and programmes and this integration should be reflected in the goals, instrumentalities and organisations for planning within the countries³ ." This approach was reiterated, a decade later, at the 1984 UN World Population Conference in Mexico at which the statements from Caribbean leaders seemed to lend support to this approach.

Evidence that fertility reduction is part of a broader system of social and economic change has been cited in many research findings which indicate that a decline in fertility is often associated with a complex variety of factors including an improvement in the roles and status of women as well as in education levels, decreases in the need for child labour, reductions in child and infant mortality, the incidence of poverty, and inequality of income distribution.

It has therefore been argued that the expansion of family planning programmes without acknowledging the factors responsible for fertility changes might very well turn out to be self-defeating. Consequently, the design and implementation of family planning programmes may be greatly strengthened by an awareness of the context in which fertility and contraception decisions are taken.

It is within ~~this context~~ that this paper attempts to present a brief overview of some of the background issues to be considered by family planners when devising schemes.

In view of the impact of social, economic and cultural factors on people's preferences for family size and decision making with respect to fertility, an understanding of how and in what phases of the life cycle fertility decisions are made should be considered an important ingredient in the design of successful family planning programmes, both with respect to their education and information components, in terms of community participation and with regard to the socio-economic and demographic characteristics of the target groups.

Analytical Framework

Since family planning programmes are implemented within an environment in which other social and economic factors are operating to achieve similar goals, their effects should coincide with those of other influences on contraceptive use and fertility. Given this setting, it is important to conceptualise the ways in which family planning programmes might affect prevalence and fertility within this context.

The approach adopted uses the framework elaborated by Mauldin and Lapham (1985)⁴ which depicts social, cultural and economic factors affecting fertility through the influence of demand for and supply of children on the motivation to accept and use fertility regulations. Furthermore, these cultural, social and economic conditions also affect family planning programme activities which can be divided into three broad groups⁵ :

(a) policy and stage-setting activities - conducted to effect the organisation and implementation of a family planning programme such as setting policies, budget support for provision of services, and involvement of other agencies in promotion of population concerns;

(b) service and service-related activities - including clinic-based service-delivery systems, IEC activities, training and community-based distribution programmes; and

(c) record keeping and evaluation.

These three groups termed "within programme activities" make possible the availability and accessibility of effective means of fertility control which in turn lead to the acceptance and use of fertility regulation. Fertility is directly affected by contraceptive use, as well as by other proximate determinants of fertility such as breastfeeding, age at entry into union status, proportion in type of union and, where accepted, abortion. A number of feedback effects also occur from fertility to the socio-economic programmes and their interrelations with proximate determinants.

It follows therefore that, since decisions for use of contraceptives are made in an environment created by both public and private sector programmes and policies (socio-economic as well as family planning), the chain of events linking to the final decision should be understood more clearly by family planners.

Fertility trends and mechanisms of decline

The complexity of the process of fertility decline is illustrated in an analysis of past trends in the Caribbean. As is well known, most countries are well along the demographic transition from a level of high fertility and high mortality to one of low fertility and low mortality. On the other hand, despite similarities in historical experiences, a review of trends would reveal marked variations in the pattern of decline among countries. Moreover, some countries such as Barbados, Bahamas, Antigua and Montserrat seem to have had lower crude birth rates than other countries. Furthermore, it does not seem as if these countries experienced the sharp increases during the 1960s noted for other countries.⁶

These variations in fertility evolution are further delineated in estimates of the total fertility rate for the past three decades. The latter, ranging between 4 and 6 children per woman, generally increased in the 1950s, peaked in the 1960s at about 6 children per woman, and then decreased. In part, the increases can be explained by the effect of modernisation in reducing the impact of factors that traditionally limit natural fertility such as (a) improvement in the health situation of the

region resulting in declines in the incidence of sterility and other fertility impairments and (b) decreases in breastfeeding leading to a reduction in birth intervals and a resultant rise in the total fertility rate ⁷.

Nevertheless, on the whole it is clear that the magnitude and pace of fertility changes varied markedly from one country to another. Great differentials also existed with respect to the sharpness and timing of the peaks. Moreover, in some countries, it has been observed that the decline started before the introduction of family planning programmes.

These inconsistent findings clearly indicate the need for deeper understanding of the mechanisms accounting for the demographic transition in the Caribbean. While it can be argued that family planning has undoubtedly played an important role in accelerating the rate of decline, the marked variations observed in the fertility transition indicate that the latter changes cannot be attributed solely to family planning programmes. Perhaps variations in choices of paths of development or other complex socio-economic and behavioral factors are interacting to produce these outcomes.

Contraceptive use and socio-economic associations

Evidence of links between contraceptive use, fertility levels and socio-economic factors is well documented in reports from both the WFS and CPS surveys. The following are some findings on these relationships extracted from the CPS for Jamaica ⁸.

Age at first union

Thus, for example, the mean age at first union shows a positive relationship with education. The higher the level of education the later a woman enters a union. Furthermore, working women tend to delay initial union slightly later than their unemployed counterparts. On the other hand, recent findings indicate that the median age of entry into union status has been declining (in contrast to the pattern for other developing countries). Given the possibility that earlier entry extends the reproductive span thereby increasing the exposure to risk of pregnancy, it is in the interest of family planners to endorse and design programmes aimed at delaying age at entry into unions.

Attitudes and knowledge of contraception

Education is found to exert a marked influence on awareness of contraceptive methods: women with secondary level and higher education demonstrate more awareness than those with primary level.

Women with higher education are also more approving of family planning than those with lower levels of education. The proportion who approve are also higher for working than non-working women.

Use by type of method

The pill and condom are more popular the higher the level of education. In contrast, women with primary education are the main users of the depro provera. On the other hand, the pattern

for use of the IUD is U-shaped with women at both primary and university levels emerging as the prime users. With regard to residence, persons living in rural areas have been found to prefer the depro provera while those in the urban areas select the pill as first choice. Also, clinical studies show drop-outs to be higher among the lower socio-economic status groups.

Limiters and spacers

Among spacers, there is a gradual increase in user rates with increasing education. But for limiters, the pattern by education is not as clear-cut, although women with the highest user rate have the highest level of education.

Unmet need

The unmet need is higher for women 15-34 than for those of older ages, higher for women with 0-2 parities, higher for those with primary to secondary education and for women in visiting unions.

A distinction between limiters and spacers show that there is greater unmet need among spacers, with the need being greatest for women over 35 years old, with 5 or more children, with primary education, and either married or in visiting unions.

With regard to limiters, unmet need is more concentrated among those age 15-24, who have had under 3 children, with primary or secondary education and in visiting unions.

These findings are useful for identifying target groups towards whom strategies to fill unmet needs can be directed.

Use by occupation

Characteristics of work patterns are also linked to fertility and contraceptive use: employment before birth tends to act as a depressing influence on the level of fertility; fertility is highest among the agricultural and unskilled workers and lowest among the professional and clerical; little difference exists among non-farm workers as to whether women work at home or away from home; no significant difference exists among workers and non-workers in their desire for children but there is a strong relationship between current employment and demand for contraception .

Environmental effects

In addition to personal attributes cited above, environmental conditions matter. Families do not live in isolation from their environment. They will be influenced by the nature of the community in which they live, and by the norms and expectations of their neighbours. Their economic circumstances - market prices, work opportunities, incomes - will depend upon the patterns of production and distribution associated with the economy as a whole. Finally, the political system will also influence the latter relationships.

Studies have found that even after controlling for the influence of individual characteristics, there is a statistically significant effect of community on fertility.

Thus, in designing projects with an experimental design, family planners should be continually aware that the extent of the programme intervention could itself be determined by the

prevailing socio-economic conditions. Whatever the approach, there is a perceived need to strengthen efforts in integrating programme intervention with findings from studies indicating the fertility-socio-economic nexus.

Family Planning Programmes within the socio-economic environment

In the last decade, a prolonged debate existed among policy-makers and planners concerning the relative importance to fertility decline of the supply of family planning services versus the "demand" factors such as education and income increases, or lower infant mortality.

The difficulty in unraveling the differing effects can be seen for example, in the Caribbean, where organised efforts to provide family planning supplies and services were paralleled by national efforts at development through industrialisation and expansion of education facilities (among other developmental strategies). But at the same time, declines in fertility were observed for some countries long before the introduction of the family planning programme (for example, Barbados). On the other hand, in other countries where programmes were also established in the 1960s, fertility appeared to be changing little during that period.

Attempts to disentangle these relative effects have not met with much success, however partly because of the inadequacy of information required. The distinction of the specific impact of a programme requires the elimination of all other possible causes of fertility decline in order to estimate how fertility would

have changed in its absence. As cited in the case of Barbados at an earlier regional family planning seminar in Jamaica, "It would be unrealistic to attribute the success achieved in fertility decline in Barbados to family planning in its narrow sense. It is virtually impossible to isolate the effects of trends in population growth from other factors affecting the status of women, for the various social, political and economic processes are closely interlinked with each other, with population growth and the status of women. Probably improvements in the status of women may have had more to do with the decline in fertility than the provision of birth control per se"¹⁰.

By now, however, the consensus of the debate has been that the reduction of birth rates requires both socio-economic change and the provision of family planning services, with emphasis on providing services where they would be most cost-effective, that is, where social and economic conditions have improved enough to suggest that a demand for family planning exists.

The logic of this view is supported by findings in a recent cross-country study using a family planning index (updated in 1982 based on 30 criteria to measure programme effort which includes availability of methods; inclusion of fertility reduction in government policy; adequacy of family planning administrative structure; use of mass media and field workers) along with socio-economic indicators such as GNP per capita, life expectancy, literacy rates and proportion of population in non-agriculture."¹¹

Probably the most salient finding is the fact that the combination of increased programme effort and improved socio-

economic conditions results in the largest increase in use of contraception and the fastest rate of fertility decline. Declines in the birth rate were found to be only modest in countries where improved family planning efforts operated with stronger efforts than socio-economic factors or, where the latter was the dominant influence in an environment with weak family planning.

On the other hand, from a cost effectiveness viewpoint, it is often believed that spending on family planning services turns out to be more cost effective (that is, it leads to the same fertility reduction at lower cost) than does spending on education, health or other programmes. Of course, such a comparison does not take into account that both strategies have other objectives and benefits in their own right independent of effects on fertility. Moreover, the different approaches should not really be viewed as alternatives but complements reinforcing each other, since, for example, the effectiveness of the amount spent on family planning depends on the demand for the service and the level of development of the country.

In general, given the fact that family planning can often be more successful where demand for contraception already exists, and since demand is a by-product of development, there is clearly a need for equal emphasis on the expansion of both processes for achievement of a fertility reduction.

Population Policy

The concept of this seminar emerged from the recognition that population issues should be viewed in a broader context. The practice of family planning and the reduction of fertility rates are, after all, only the means to an end - the enhancement of human welfare - and they cannot be isolated from other aspects of social and economic development.

The national population policies of Jamaica and Saint Lucia as well as the recently formulated first drafts of population policies for eight other Caribbean countries (Antigua and Barbuda, Belize, Barbados, Dominica, Grenada, Montserrat, Saint Christopher/Nevis and Saint Vincent) represent an admirable example of the way in which these two complementary strategies - increasing family planning programme efforts and improving socio-economic conditions - are brought together to achieve the same general goal of improving the quality of life of the population.

Each population policy contains four basic components: A review of the past and future demographic situation is first presented with a discussion of implications for social and economic planning. Then, having acknowledged the interactions between population and development, the policy proceeds to identify some general goals (demographic and socio-economic) considered essential for improving the population's welfare. A number of strategies (including family planning and socio-economic programmes) are then proposed to achieve these goals while the final section puts forward suggestions concerning the type of organisational structure considered appropriate for the implementation of the policy .

In this approach, therefore, family planning is viewed as one element in the package of development programmes and as an instrument of national development. There is, however, a great deal more room for the establishment of horizontal linkages among the strategies recommended in the policies, especially with respect to family planning and other socio-economic programmes.

Population influencing versus Population accommodating policies

Policies can be either population accommodating (designed merely to accommodate population growth resulting in the need for increases in school enrolment, hospital beds, job creation) or population influencing (with specific aim to change population trends). In this context, family planning programmes can either aim at merely accommodating requests for services or influence demand.

The recent economic and demographic experience of Mexico provides a lesson for us concerning the kinds of unintended consequences that can occur when development programmes place undue emphasis on population accommodating programmes and do not support development strategies with a population policy incorporating a strong family planning programme.

During the 40 years prior to 1980, Mexico achieved a high level of economic advancement, high rates of per capita income, rapid urbanisation and impressive gains in health and education. However, despite these accomplishments, fertility seemed remarkably resistant to changes in these indicators of modernisation while the population doubled as a result of sustained high birth rate. In fact, development policies not

only resulted in increased fertility but also seemed impervious to population growth, for a time ¹³ .

The reason for this puzzling interaction lay in part, with the particular policy initiatives that defined the style of development during that period. Government development policies (agrarian reform, agricultural policies, industrial and social policies) were mainly accommodating, designed to absorb the accelerating population growth. Thus, although they gave rise to important social and economic transformations, these policies did not produce environments in which high fertility posed a serious problem for most families ¹⁴ .

It is only towards the end of the 1970s, with the realisation that the multiple absorption mechanisms of the economic policies were exhausted, that the government's General Law of Population, which was expansionist and pronatalist, was revised. Heavy emphasis was then placed on family planning programmes which achieved dramatic fertility declines, within a short period, moreso among the poor and uneducated, thus reflecting the effect of the family planning programme rather than the purely accumulated effect of earlier development strategies.

Caution should therefore be exercised in ensuring harmonisation among population and development policy strategies in order to avoid unintended consequences. The experience of Belize in encouraging an expansionist policy for developing their hinterland reflects the outcome of an oversight in acknowledging the population-related links. As a consequence, there has been an influx of immigrants, largely from neighbouring territories,

exhibiting patterns of fertility behaviour and mortality very different from their national counterparts. The higher levels of fertility for these immigrants and the higher incidence of disease factors will have long term consequences for population planning in the country. Moreover, unless an effective population policy is put in place, the gains in economic development may be offset by the burden placed on the government to provide the requisite services in order to maintain an acceptable standard of living for the population.

But the successful implementation of a family planning programme requires a deeper understanding of the socio-economic-cultural forces determining demand for fertility reduction measures. An example of the ways in which a country can utilise research findings on population-development relationships to improve demand for contraception is illustrated in the case of Bangladesh.

Here, programmes to improve the family planning service delivery system was expected to increase contraceptive prevalence by 50 percent over the development plan period. However, when attainment of these rates fell far short of the goals, government realised that a breakthrough to higher prevalence rates was contingent on measures to stimulate and sustain demand for means of fertility reduction ¹⁵.

In order to formulate appropriate policies, government first utilised research findings to assist in understanding the reasons for the persistently high fertility prevailing. Against the background of the risk hypothesis framework which draws attention to the economic value of children, especially their value as

insurance against economic risk, the conclusion was drawn that policies with the greatest potential impact on reproductive behavior would either significantly alter the environment of risk or introduce effective alternative means for adjusting to risk. Hence, among the elements of the Five Year Plan, it was decided that the policy that held the greatest potential for substantial fertility impact was a policy of guaranteed rural public-works employment which offered an attractive means of providing insurance against various contingencies in rural Bangladesh ¹⁶ .

Strengthening programme links

Once the wider perspective of family planning is accepted, the major question needed to be addressed is how do such broader issues become involved in the activities of family planning programmes. Furthermore, in devising strategies for strengthening links between family planning and socio-economic programmes, there is also need to consider the kinds of organisational requirements. As yet, little knowledge exist on the kinds of programmes most appropriate, how they can be achieved and the methods for evaluating the effectiveness.

Nevertheless, an understanding of the interrelations between socio-economic forces and fertility represents a useful first step for programme formulation, as earlier illustrated. The current Family Life Education programmes, responsible for presenting the broader perspective of population in schools, constitutes another type of project. But from a more action-oriented approach, many family planning programmes in other

developing countries have started with integration with rural development programmes.

For example, the Bangladesh Rural Development Board has been sponsoring credit co-operatives for rural women as a component of a population project. By providing training and income-earning opportunities, the programme seeks to reduce women's dependence on childbearing for their security. Each co-operative sends individual members on weekly training courses in various areas such as poultry raising, horticulture, loan policy, co-operative law and health and family planning. As a result women have taken loans for opening up a variety of small businesses ¹⁷.

These co-operatives are also used to transmit information about family planning, which is put on the agenda of co-operatives' weekly meetings and issues such as available methods, side effects, how to obtain medical attention are discussed. An evaluation study has found that these co-operatives provide a social setting that encourage acceptance and continued use of contraception. Moreover, co-operative members have been found to demonstrate greater knowledge and higher contraceptive use than non-members.

Several countries have begun to introduce projects combining work for women and family planning and many private family planning associations are sponsoring pilot projects that promote planned parenthood alongside development programmes for woman ¹⁸. Employment programmes for men, however, parallel to programmes inculcating social responsibility, should not be overlooked in the Caribbean. A similar pattern of operation can be adopted in the institution of Youth Centres.

In addition to the promotion of education and employment programmes, involvement in the data collection process and the identification and utilisation of needed research in socio-economic-demographic interrelations should form part of the activities of the family planning programme. Moreover, family planners should be able to participate on all high-level decision-making committees concerned with socio-economic planning for the welfare of the population.

The policy implications are therefore obvious:

(a) There is a need for social and economic development policy-makers to consider the best ways of initiating or improving family planning delivery systems as an integral part of any development strategy. But the reverse is also true - Family Planners should be involved in the implementation of other socio-economic programmes to ensure the desired outcomes of the country's national population policy.

(b) If a country wishes to increase its contraceptive prevalence rates, it should seek to encourage a high level of socio-economic development in addition to implementing a substantial family planning programme.

In other words, making socio-economic plans and programmes work is as much the business of family planners as it is of development planners and policy-makers.

Conclusion

Programmes to support family planning deserve a central role in the social and economic strategies of governments since the benefits of family planning are not only demographic in nature.

For one thing, family planning improves the health of mothers and children - both infant and maternal mortality could be substantially reduced with better birth spacing and reduced pregnancies among teenagers and women over forty. Family planning also expands the choices available to people and allows parents to have the number of children for whom they can provide adequate food, health-care and education - a central aim of economic and social development.

The increasing interest on the part of policy-makers in strengthening links between family planning programmes and other socio-economic development activities is partly due to the acknowledgement of the multifaceted nature of fertility regulation and the growing awareness, as exemplified in the World Population Plan of Action, that effective fertility regulation must be accompanied by the improvement of socio-economic conditions for the population¹⁹.

In this seminar, family planning is being viewed in a larger sense, with attention being devoted to a wide variety of family welfare and development issues. The latter can include the status of women; socio-economic uplift of the community; population factors in national planning; or making family planning a part of the thinking of all public and private sector agencies.

The overall rapid rate of fertility decline in the past is beginning to show signs of slowing down somewhat. Indeed, family planners in some countries are now finding it much harder to achieve further declines. It seems as if a threshold has been

reached and the effects of programmes on early adoptors have been saturated.

The multifaceted nature of motivation for fertility regulations is clearly reflected in the observed gap between knowledge and use as well as the large proportion of unmet need²⁰. For some countries the latter could be partly due to lack of access or availability but, more probably, behavioral factors associated with the socio-economic environment.

Thus, the major issue that is now to be addressed is how can the IEC activities of family planners acknowledge and incorporate these additional factors. How can family planning assist national planning in adjusting the environment to affect decision making and achieve desired outcomes. How do such broader issues become involved in the activities of family planning programmes.

It is believed that an understanding of the interrelations between other socio-economic forces, fertility and the broader environment in which family planning operates can assist in providing the basic information needed for programme formulation of this nature.

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NOTES

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