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PREPARATORY COMMITTEE FOR THE INTERNATIONAL
CONFERENCE ON POPULATION, 1984
23-27 January 1984

RECOMMENDATIONS OF THE EXPERT GROUP ON FERTILITY AND FAMILY

Report of the Secretary-General

SUMMARY

In response to resolution 1981/87 of the Economic and Social Council, the Expert Group on Fertility and Family was convened at New Delhi from 7 to 11 January 1983 as part of the preparations for the International Conference on Population to be held at Mexico City from 6 to 13 August 1984. The findings of the Expert Group are succinctly presented in this document for consideration in the review and appraisal of the World Population Plan of Action by the Population Commission acting as the Preparatory Committee for the Conference.

The Expert Group appraised the conditions of fertility and family and examined individual and societal factors that influence these phenomena and their relationships to each other. The discussions involved modernization and the costs and value of children, family structure, choice with respect to childbearing, the conditions of women, and goals, policies and technical co-operation. The deliberations had as an essential perspective the goals of the World Population Plan of Action and specific policy measures that would enable achievement of those goals. The recommendations covered population policy; family planning; the conditions of women; adolescent fertility; information, communication and education; management and training; international co-operation; and research.

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INTRODUCTION

1. The Economic and Social Council, in its resolution 1981/87 of 25 November 1981, decided to convene an international conference on population under the auspices of the United Nations to be devoted to the discussion of selected issues of the highest priority, giving full recognition to the relationships between population and social and economic development, with the aim of contributing to the process of review and appraisal of the World Population Plan of Action and to its further implementation. 1/ The Council also authorized the Secretary-General to convene four expert groups as part of the preparatory work.

2. Pursuant to that resolution the Secretary-General convened the Expert Group on Fertility and Family from 5 to 11 January 1983. At the invitation of the Government of India, the meeting was held at New Delhi, and facilities were provided at Parliament House Annexe. The participants included ten experts, invited by the Secretary-General in their individual capacity, representing a broad range of scientific disciplines and geographic regions; representatives of four regional commissions, the Economic Commission for Europe (ECE), the Economic and Social Commission for Asia and the Pacific (ESCAP), the Economic Commission for Latin America (ECLA), and the Economic Commission for Western Asia (ECWA); the World Health Organization (WHO); the International Labour Organisation (ILO); the United Nations Educational, Scientific and Cultural Organization (UNESCO); the Food and Agriculture Organization (FAO); and five non-governmental organizations. The latter were the International Planned Parenthood Federation, the International Statistical Institute/World Fertility Survey, the Population Council, the Population Institute and the International Committee on Management of Population Programmes. The Organisation for Economic Co-operation and Development (OECD) was also represented. There were three observers.

3. As bases for discussion, five consultants were commissioned to prepare papers corresponding to the substantive items of the agenda as follows:

- (a) Fertility response to modernization;
- (b) Family structure and fertility;
- (c) Choice with respect to childbearing;
- (d) Reproductive and economic activity of women;
- (e) Demographic goals and policies.

4. The Department of International Economic and Social Affairs, prepared, in addition to other background papers, the background document for the meeting; "Fertility and family: highlights of the issues in the context of the World Population Plan of Action", which provided an overview of the topics to be discussed. Other background papers were provided by the Department of Technical Co-operation for Development, and the United Nations Fund for Population Activities (UNFPA), the regional commissions, several specialized agencies, the International Planned Parenthood Federation, the International Statistical Institute and the Population Council.

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5. The meeting was opened by Rafael M. Salas, Secretary-General of the International Conference on Population, 1984, and Executive Director of the United Nations Fund for Population Activities. Mr. Salas expressed the appreciation of the United Nations to the Government of India for its collaboration in hosting the Expert Group meeting. He also drew attention, among other things, to the fact that the questions before the Expert Group represented issues highlighted in the World Population Plan of Action. Léon Tabah, Deputy Secretary-General of the International Conference and Director of the Population Division of the Department of International Economic and Social Affairs of the United Nations, associated himself with Mr. Salas' remarks and outlined the substantive questions which the participants were to address.

6. The central task of the Expert Group meeting was to examine critical, high priority issues relevant to fertility and family and, on that basis, to make recommendations for action by Governments and international and non-governmental agencies that would enhance effectiveness of and compliance with the World Population Plan of Action. (The views expressed by the experts at the meeting were made in their individual capacities and did not represent the views of the Governments of their countries.)

I. FERTILITY RESPONSE TO MODERNIZATION

7. The first item on the agenda dealt with ways in which modernization elements in the socio-cultural and economic patterns and institutions of societies alter reproduction. It was observed that fertility was determined by, among other things, the physiological capacity to reproduce, individual preferences, the cost of fertility regulation, marriage laws and customs and social controls. In the discussions, the Expert Group stressed that modernization, or movements towards higher levels of development, can influence fertility through changes in: (a) the labour value of children; (b) children's value as old-age support and risk insurance; (c) the economic costs of children; (d) infant and child mortality; (e) age at marriage and proportion of population never married; (f) infecundity due to breastfeeding, malnutrition, and disease; (g) postpartum sexual abstinence; (h) widowhood; (i) the physical, psychic and monetary costs of fertility regulation; (j) familial relationships; and (k) conditions of women. It was recognized, however, that the full nature of the relationship with modernization for some of these variables is less completely understood than others.

8. Within the framework of the eleven sets of variables mentioned above, the first four were seen to influence the demand for children and, in the course of modernization, changes in these variables to exert a negative impact upon fertility. Evidence was cited of the positive correlation between measures of children's work activity and birth rates; the labour value of children was known to decline with modernization. While the direct and indirect costs of children increased, their value as old age support and risk insurance was seen to decline in the process of modernization. The introduction of alternative social support systems and the opening to women of educational and extra-familial job opportunities could accelerate this process. However, child labour laws and compulsory education were viewed as unlikely to reduce the labour value of children

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unless other conditions were favourable. A lowering of infant and child mortality as a consequence of modernization could also contribute to the process of fertility decline.

9. Among the factors affecting the supply of children (age at marriage and the proportion never married; infecundity due to breastfeeding, malnutrition and disease; postpartum sexual abstinence and widowhood), the response of some to modernization could produce an increase in fertility, at least in the short run. For example, improvements in nutrition have been known to have a positive, although slight, effect on fecundity. Furthermore, declines in the prevalence of some diseases tend to decrease infecundity. Of these factors, the Expert Group concentrated the most attention on breastfeeding.

10. The negative relationship between natural fertility and incidence and duration of breastfeeding was well-established in the literature. The practice of breastfeeding postpones the resumption of ovulation, and therefore, lengthens the interval between births in the absence of contraceptive use. Various aspects of the modernization process had been linked with a decline in the duration of breastfeeding, including urbanization, the education of women and their employment in economic activities outside the home environment. However, in a comparative context, the countries that were more developed and which had the lowest fertility were also those with a lower incidence and average duration of breastfeeding.

11. The Expert Group viewed declining breastfeeding trends in many developing countries with concern primarily because, if the trends should continue in the absence of improved sanitation and education, infant mortality was likely to rise. Concern was also expressed that the resulting increase in natural fertility would require increased family planning activities just to maintain the actual level of fertility. Nonetheless, even if current levels of breastfeeding were sustained, the recommended earlier adoption of supplementary feeding would quicken the resumption of ovulation and thus increase natural fertility. There was a question as to the extent to which current trends in breastfeeding patterns were reversible, but despite a lack of evidence on this point, it was generally agreed that it was important to encourage breastfeeding in the first few months. It was the consensus of the meeting that family planning programmes should encourage contraceptive use among nursing mothers, once supplementary feeding was introduced, and should provide them with suitable methods.

12. In addition to the demand and supply factors influencing fertility, the cost of fertility regulation was seen to have physical and psychic as well as monetary dimensions. Advanced contraceptive technology and, of late, the introduction of organized national family planning programmes and simplified sterilization procedures, had contributed toward a reduction in the costs of fertility regulation. The existence of actual and perceived side effects of presently available modern contraceptive techniques was viewed as an important obstacle to their use, particularly in developing countries. Nonetheless, it was concluded that, even with available contraceptive technology, there was scope in almost all contexts for increasing the efficacy of family planning programmes. The effect of the final two factors on fertility - familial relationships and conditions of women - are discussed below in sections II and IV respectively.

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13. In the view of the Group, fertility decline had not always awaited the achievement of critical thresholds in all the aspects of the complex process of modernization. Furthermore, the introduction of family planning programmes in certain contexts could, in the opinion of some, be viewed as an aspect of the modernization process. The Group discussed the extent to which modernization could be induced or altered through policy implementation. In this connection, divergent views were voiced about the efficacy of government exhortation of small family norms as a means of transforming traditional values in the absence of underlying economic and social development. It was generally agreed, however, that well-executed information, education and communication programmes could accelerate, if not serve as a catalyst for, this transformation of values and adoption of the small family norm. Information, education and communication programmes might also be utilized in lowering the non-monetary costs of fertility regulation.

II. FAMILY STRUCTURE AND FERTILITY

14. The second topic of discussion was the relationship between family structure and fertility. The reproductive behaviour of individuals and couples was conditioned, as were other facets of life, by the institutions that made up the individuals' socio-cultural frame of reference. As societies became increasingly modern, institutions emerged or were strengthened which became competitive with the kinship system (mainly the family) for control over or influence upon individual behaviour. As other institutions gained in influence, the family might also undergo certain changes, relinquishing some of its roles, and altering its functions, if not its structure; and the roles of family members were also modified.

15. There were differences of opinion in the Expert Group as to whether a change in family structure necessarily accompanied or preceded a decline in fertility. The importance of the debate lay not only in the theoretical relevance of the question, but in the need to determine the elements that influenced change in the interrelationships between family structure and fertility and which were amenable to policy. The topic of relevance, then, was how social change transformed the family, given that fertility decline was a part of that transformation.

16. The Expert Group held that family structure could be influenced by a variety of factors that would have implications for fertility. Among these factors, the following were susceptible of policy intervention: (a) improvement in education; (b) delayed age at marriage; (c) delayed entry into parenthood; (d) reduction of mortality; (e) elimination of social insecurity; and (f) community involvement.

17. The Expert Group noted that a change in age-at-marriage patterns might be effected more readily if reasons for early age at marriage were ascertained and, to the extent possible, policies implemented to eliminate them. After all, age at marriage was determined by cultural norms, beliefs and religious prescriptions. Thus, change would require intensive government effort in the areas of information, communication and community education.

18. Delay of entry into parenthood was posed as a policy option because, in many societies, marriage did not signal the beginning of sexual relations. Pregnancy

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and childbearing in early adolescence, whether within or outside marital unions was viewed as creating significant health problems for both mothers and their children and impaired the right of young people, particularly women, to have access to education and employment opportunities. Further, premarital pregnancies could have social consequences and could occasion early marriage; such pregnancies frequently consigned a woman to less than desirable circumstances for the remainder of her life.

19. There was general agreement that the elevation of women's status would have consequences for the family as an institution. Indeed, there was some question whether it was possible to achieve a highly desirable goal, such as low fertility, without losing some of society's traditional values. Some participants emphasized that the achievement of lower fertility was likely to carry certain non-monetary costs to society, costs that may include irreversible changes in culture and valued social institutions. However, in support of a divergent view, the example was given of Taiwan, Province of China, which had experienced a rapid fall in fertility without abandonment of traditional family type and structure, although alterations of family function had been observed.

20. The Expert Group considered that community involvement to minimize unfavourable consequences of change while enhancing fertility decline was an option that was insufficiently employed. Indeed, community involvement could have an invaluable impact as, for example, in broadening the scope of social security for all members of the society as changes in the family occur, and at the same time, in reshaping the norms about family size values and customs.

III. CHOICE WITH RESPECT TO CHILDBEARING

21. The deliberations on factors influencing choice with respect to childbearing focused upon the complexity of decision-making in matters of reproduction. It was noted that there were differences among cultures and family types in the identity of the decision maker(s) with respect to fertility. Enhancement of the woman's status was seen as a means of ensuring her greater voice in matters relating to childbearing. The Group also expressed concern that there was frequently an absence of conscious choice for many individuals and couples, particularly those residing outside of metropolitan areas of developing countries. An understanding of how and in what phases of the life cycle fertility decisions were made was seen to be an important ingredient in the design of successful family planning programmes, both with respect to their education and information components and in terms of community participation and the demographic characteristics of the target groups.

22. The Expert Group took into account that the World Population Plan of Action recognized the basic human right of individuals and couples to decide freely and responsibly the number and spacing of their children and that the Plan also recommended that all countries should respect and ensure this right, regardless of their demographic goals. The Group noted, however, that the sum of individual choices might not automatically or inevitably coincide with official policy goals. Where Governments considered that action to influence fertility was called for, the

role of the Government was to make every effort to inform the population of its national goals and priorities as well as their rationale. Such actions might include family planning programmes, measures concerning social and economic development, incentives and disincentives and laws concerning family formation and reproduction; such measures should conform to internationally recognized human rights and prevailing cultural values of the society.

23. The Group recognized that there was a need to begin to consider the social, cultural and ethical aspects of the implications of new developments in medical sciences, genetics and sex determination of children.

24. The Expert Group devoted much attention to the efficacy and the ethics of incentives and disincentives, in view of their possible infringement upon the right of individuals and couples freely and responsibly to choose the number and spacing of their children. The Group agreed that, while it was in the nature of government activity to design incentives that influenced individuals to behave in a manner supportive of social goals, such measures should not further differentiate social classes nor infringe upon individual rights. If Governments attempt to alter individual preferences through the use of coercive measures, the individual right to choose with respect to childbearing, as articulated in the World Population Plan of Action, would be undermined. The Group noted that some countries had implemented incentive and disincentive programmes at the community level. Whether or not these types of measures were ethically more acceptable than individual incentives and disincentives was debated.

IV. REPRODUCTIVE AND ECONOMIC ACTIVITY OF WOMEN

25. The participants emphasized the need for women to utilize the amount of reproductive lifetime available to them for productive pursuits other than childbearing; the importance of introducing social support programmes, income generating opportunities and other measures to increase women's opportunities; and the importance of acknowledging domestic duties and responsibilities of men and of enabling men as well as women to assume these responsibilities.

26. The consensus was that Governments should encourage realistic options for women at potential turning points in their life cycle and educate women to realize that as mothers they continue to have options. In the areas of education and training, alternative policies outside the formal educational structure might be directed towards adult women not reached by the formal system, imparting practical marketable skills tailored to the needs of the local economy. In the employment and income generating areas, new options should be developed that do not rely entirely on the formal sector of the economy where job openings are limited.

27. Family planning programmes in many developing countries offered women the technology to limit the portion of their lives devoted to childbearing, but even when they could take advantage of the programmes, there were few alternatives for them that would encourage cessation of childbearing. However, it was observed that family planning programmes themselves could and did play a role in providing options for women through improvements in their health and the spacing of their

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births and through information and education about the benefits of smaller families and reduced time devoted to childbearing.

28. Access to personal improvement and development oriented projects, particularly educational and employment programmes, should be accorded to all groups of women; in particular, the programmes should include all young women, regardless of marital status. Work opportunities for women that involve cash remuneration should be encouraged wherever possible because of the importance of women's control over money in increasing their decision-making role within the family. The Group noted that it was not sufficient to enact legislation supporting women's employment, and in particular employment of mothers, and strong action was required to implement income-generating programmes at the local and community levels. Community participation could be an important option for women in addition to their economic and maternal roles.

29. There was some concern that the encouragement of women's economic roles was problematic in societies that currently suffered from high rates of male unemployment. However, the policies that were being recommended by the Expert Group focused on the development of income-generating projects rather than the competition for traditional jobs. It was emphasized that, in the competition for scarce jobs, many women had financial responsibility for the support of their families and were, therefore, no less deserving than male breadwinners.

30. The view was widely shared that any new recommendations dealing with the condition of women should not focus exclusively on women's roles but should broaden concern to the sexual division of labour with accompanying recommendations regarding men's domestic duties and responsibilities. The Group felt that more attention should be given to the importance of the sexual division of labour in family structure and fertility decision-making.

V. GOALS, POLICIES AND TECHNICAL CO-OPERATION

31. There was agreement about the desirability that every Government should articulate a population policy in the light of national circumstances and goals and that Governments had an obligation to take both short- and long-term measures to alleviate the interrelated problems of population growth and structure on the one hand, and on the other, conditions of development. It was the Group's consensus that even adoption of a non-intervention policy should be a conscious decision. The Group agreed that countries implementing family planning programmes should establish quantitative programmatic targets at the operational level. The establishment of such programmatic targets at the regional and/or global levels was also considered.

32. It was acknowledged that population policies had generally been articulated within the context of development planning and policy-making. Family planning programmes, for instance, were usually seen as aids to social and economic development; and in this respect they could be seen as an integral part of the process of development planning.

33. The Expert Group reviewed demographic goals and policies relative to fertility and family from the perspective of the policy options open to planners and policy makers. The options considered were family planning programmes, along with social and economic development, incentives and disincentives, and laws concerning family formation and reproduction as mentioned above. It noted that while the national family planning programme had emerged as the principal policy instrument that Governments apply to attain lower fertility, the programmes differed widely in quality, coverage, administration and logistics. The following elements were considered to characterize the more effective ones: a good delivery system; a wide variety of methods; high quality service; reasonable anonymity for clients where necessary; accessible service and low-cost service and supplies; information as to the advantages and disadvantages of methods; the availability of a medical referral system; and a re-supply system. These, plus the extent of government commitment and support, effectiveness of information, education and communication (IEC) strategies, and degree of community involvement were among the characteristics that determined the success of the programmes.

34. The Expert Group took the position that, although family planning programmes had served as policy instruments for over three decades, there remained many unresolved problems and issues. Programmes did not make the best use of existing methods, nor did they enable a choice among all acceptable methods of family planning, including natural methods such as rhythm and abstinence. Further, progress was too slow in the development of newer and safer methods. The international community should mount a concerted effort to accelerate the pace of improvement in contraceptive technology. There was consensus that it was incumbent upon the international community to address the ethical, social and legal implications of new contraceptive technologies.

35. Another issue related to appropriate administrative settings for family planning programmes. It was affirmed that family planning programmes had often been integrated within broader health care activities, but some recent experiences had shown that they could also be integrated with a variety of other development activities, such as rural development schemes, women's co-operatives, labour unions etc.

36. In some countries, community participation had greatly aided the effectiveness of family planning programmes. The question arose as to the means by which the desired involvement could be achieved. No single formula for active community participation in family planning programmes was applicable to all countries or communities within a country; and, it might be necessary to determine the approach on a country by country basis.

37. The local-level institutional setting was seen to be an extremely important ingredient in determining fertility change and in governing policy effectiveness. Therefore, Governments, in implementing population policy, should endeavour to mobilize local institutions to achieve policy goals, to the extent this could be done without adverse impact on human rights.

38. The Expert Group considered in some depth the issue of how various other social institutions, in addition to the family, impinged upon fertility behaviour.

Examples of such institutions included, most notably, the local community, but also others, such as mutual assistance societies, labour organizations, men's and women's co-operatives, production groups and other voluntary organizations and primary groups. Both the question of how such institutions influenced the behaviour of individuals, and of how such institutions might be influenced by government policies were raised. The Expert Group concluded that these institutions could, in appropriate circumstances, make a valuable contribution to a Government's efforts to meet fertility goals. It was also fully recognized by the Group that the nature of such institutions varied enormously from one country to the next, and no one universal model of how such institutions might most effectively be engaged could be proposed.

39. Participants took note with appreciation of technical co-operation activities in support of developing countries carried on by member organizations of the United Nations system. While recognizing that national Governments carried the major responsibility for action in the area of population policy, the need for continuing support, through both bilateral and multilateral, public and private institutions, was underscored by the Group. It was also noted that technical co-operation among developing countries could make a significant contribution. Among the means whereby Governments might realize greater benefit from technical co-operation were better co-ordination of assistance from all sources and improvements in the institutional structure of developing countries for receiving assistance.

40. In the view of the Expert Group, among the major priorities for 1984 was the operationalization and implementation of the principles and objectives of the World Population Plan of Action. Despite the fact that some Governments had passed legislation and adopted measures in the population policy sphere, these actions had not always been effectively implemented, and much work was needed before such actions could become operational. Governments should enlist strong social support in order to make these actions meaningful.

VI. RECOMMENDATIONS

41. The Expert Group reiterated the full validity of the principles and objectives of the World Population Plan of Action and, in particular, the principle that "all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so; the responsibility of couples and individuals in the exercise of this right takes into account the needs of their living and future children, and their responsibilities towards the community".

42. Following intensive discussions of the state of knowledge about fertility and family, their interrelatedness with the well being of individuals and of societies, and the changes that had occurred over the past decade, the Expert Group recommended a variety of actions that, in its view, would lead toward the achievement of the objectives specified in the Plan of Action.

43. The sequence of subheadings used in the presentation of the following recommendations is not intended to suggest any order of priority.

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A. Population policy

(1) All Governments should, on the basis of fullest possible knowledge about the national demographic situation and its economic and social consequences, establish population policies within the context of their national priorities and goals. Policies of non-intervention should be arrived at as a conscious decision.

(2) In particular, all Governments are urged to set their own quantitative targets with respect to fertility levels. The establishment of indicative targets at the regional and global levels may prove useful and should be considered, taking into account that they should not interfere with the sovereignty of the Government.

(3) Changes in the level, trends and characteristics of the population should be taken into account in the formulation and implementation not only of population policy but of social and economic development planning as well.

(4) The information, education and means necessary for people to exercise freely and responsibly their right to the number and spacing of their children should not be withheld for demographic or other reasons. Government policies to influence fertility trends and patterns and the measures to support these policies, including incentives, disincentives and other inducements, should be consistent with the principles of human rights.

(5) Governments should clearly specify the political and operational steps to be taken in achieving national policy goals and should inform their inhabitants of these goals and of their responsibilities towards the achievement of these goals.

(6) Governments desiring to influence fertility should identify a wide range of factors susceptible to policy intervention that have a direct or indirect effect upon fertility and should formulate policies relevant to these factors that are likely to meet with early success and which use resources wisely.

(7) To the extent that the economic contribution of children is viewed as a factor contributing to the maintenance of high fertility in many countries, conditions should be created which allow the implementation of child labour legislation and compulsory schooling laws.

(8) There are no populations in which low fertility is combined with sustained high mortality. While reducing mortality is desirable for its own sake, an even greater effort should be made by national Governments and international organizations, particularly in the countries where fertility remains high, to promote a decline of general mortality, with special attention to infants and children.

(9) Wherever necessary, institutional changes should be initiated which would provide substitutes for children as the principal source of old-age support and risk insurance. To this end, Governments should, inter alia, promote mechanisms for and support structures through which communities can assist in the care, comfort and security of the aged, orphans and other vulnerable groups, where family structure and relationships are not sufficient to provide for these needs.

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B. Family planning

(10) Governments should make possible the distribution of all effective, safe and legal methods of family planning for both the limiting and/or spacing of births to ensure that individuals have freedom of choice and to increase acceptability, utilizing, where appropriate, private and commercial sources of supply. Among other things, the coverage and quality of family planning programmes should be improved, particularly in rural areas. Appropriate forms of contraception should be provided to women who are breastfeeding.

(11) Community participation in programmes aimed at altering fertility or changing the social, economic and cultural values and institutions that influence it should be fostered. Voluntary organizations and local formal and informal groups should be actively involved in the planning and implementation of family planning and other development programmes. Popular participation should be encouraged and supported.

(12) Some family planning programmes have been effective even when not integrated with other development programmes. However, Governments are invited to consider integrating their family planning programmes into development programmes in order to increase their efficiency.

(13) Countries implementing family planning programmes should establish programmatic quantitative targets at the operational level.

(14) Administrators of family planning programmes should consider integrating local communities in their planning, management, policy making and implementation. In this integration effort, both women and men should participate fully and as equals.

(15) The safety and effectiveness of fertility regulation methods should be continually monitored so as to prevent negative side effects. Measures should be taken to increase the capacity of developing countries to monitor the safety and acceptability of fertility regulation methods in accordance with individual as well as national needs and conditions.

(16) In implementing family planning programmes, Governments should assure that appropriate attention is given to the protection of the safety of all family planning acceptors, including provision of appropriate follow-up services.

C. The conditions of women

(17) The complete integration of women and men into the development process, by means of equal access to formal and non-formal education and equal opportunity to participate in the social, economic, cultural and political life of the community, should be a national goal. Its achievement can influence fertility decline, among other desirable changes.

(18) In countries in which women marry at very early ages, it is recommended that Governments should enact (a) social measures which would have the effect of raising the age at first marriage for females by increasing the opportunities for young women to further their education and to obtain subsequent employment, and by providing them with access to means of fertility regulation; and (b) legislation against child marriage, which should be enforced.

(19) Governments should enact policies to give women access to viable employment and income earning opportunities as a means of strengthening their roles and activities outside the household while, at the same time, improving their standard of living. This might be achieved, for example, by enacting appropriate labour legislation to ensure women's right to work; offering specialized training in occupational skills that are in demand, facilitating women's access to credit and providing support systems to permit both men and women to combine parental roles with economic activities.

(20) To strengthen women's roles outside the home, Governments should also implement specific support programmes that take into account the different needs of women of different marital statuses and at different stages of the life cycle, with due regard for parity and family responsibility. In particular, women of low parity and below age 30, regardless of marital status, should be given priority attention. Programmes should encourage young women to delay the start of childbearing, provide mothers with alternatives to continued childbearing and provide widows and divorcees with opportunities for fulfilment in non-familial roles. In situations of high unemployment, special steps should be taken to ensure that the participation of women in the labour force will not be compromised, as many are heads of families.

(21) Governments should remedy the effects of male out-migration upon families left in the sending areas, by providing income-generating opportunities for women.

(22) In countries with high fertility, Governments should undertake special activities aimed at making their populations aware of the high proportion of women's lives that are spent in bearing and rearing children.

D. Adolescent fertility

(23) Over the past decade, adolescents in many countries have become increasingly sexually active. They should, therefore, be given adequate education, including family life and sex education, to enable them to understand fully the consequences to themselves and any future offspring of their own sexuality and possible premature parenthood. Contraceptive services should be made available to adolescents in conformity with their basic human rights as individuals, with due consideration for prevailing cultural values. In selecting contraceptives for adolescents, special attention should be given to the particular needs of different age groups among married and unmarried adolescents.

(24) In both developed and developing countries, there should be community programmes in support of education and fertility regulating services for adolescents. Such efforts should include counselling and encouragement for adolescents who wish to abstain from sex.

E. Information, education and communication (IEC)

(25) Information, education and communication activities should be undertaken in support of population policy. They should be based upon empirical research, and should reflect conditions in local areas. The collection of baseline data is essential for the monitoring of these activities. To ensure effective IEC programmes, training of IEC personnel in management, evaluation, media techniques, community organization, and methods of interpersonal communication should be promoted.

(26) Innovative information, education and communication activities and community involvement strategies are needed to reach an increasing proportion of the one billion adult illiterates estimated by the end of the century in developing countries through population programmes.

F. Management and training

(27) Governments, international agencies and non-governmental organizations should promote and give financial and other support to the training of demographers and specialists in allied fields to ensure the full utilization of demographic data and studies and their appropriate interpretation for planning and policy making in matters dealing with fertility and family.

(28) Quality of management is considered to be a significant variable in the performance of family planning programmes. Therefore, priority should be given to adequate allocations for management improvement and training in that part of national budgets devoted to population activities. Similarly, support for management improvement and training should receive priority support from the United Nations, other international agencies and non-governmental organizations.

(29) As a national policy, there should be long-term planning and the establishment of realistic priorities in aid of effective community level participation in family planning programme management.

(30) Improvement of the quality of officials charged with policy management should be a national goal. Developing countries should be given multilateral and bilateral assistance in the improvement of the calibre of middle level workers in family planning programmes and in other projects relating to fertility and the family.

G. International co-operation

(31) Developing countries have benefited greatly from the contributions of bilateral and multilateral and public and private organizations to the development of national capabilities for data collection and research, as well as to action programmes in the area of fertility and family planning. Governments should strengthen collaboration and co-ordination of activities with organizations at all levels in programme implementation and support for population policy initiatives, harmonizing assistance from all sources so as to derive the greatest possible benefits.

(32) The donor community, jointly with the Governments of developing countries, should establish a set of priorities in the light of the principles and objectives of the World Population Plan of Action, taking into account the need for flexibility in relation to varying conditions in the implementation of technical co-operation.

(33) Governments should increase their contribution to international population assistance, making long-term commitments.

(34) Governments of developing countries should, when necessary and upon request, be given assistance in implementing the World Population Plan of Action in operational terms, with elements of monitoring, evaluation and feedback being built into individual projects.

(35) In order to improve the formulation and implementation of population policies, technical co-operation should be provided, among other things, for strengthening institutions in respect of data collection, processing and dissemination, programme evaluation and analysis.

H. Research

Demographic data

(36) Highest priority should be given to improving the supply and quality of statistics on the size and characteristics of national populations, and on fertility and mortality patterns as obtained in population censuses, household surveys and vital registration systems. The decennial censuses should be followed by post-census surveys that allow for more intensive interviewing on a broad range of topics.

(37) Over the past decade, the World Fertility Survey has made an important contribution to knowledge of reproductive behaviour and fertility regulation. Future work in this area should give more emphasis to developing national capabilities in the field of data collection and survey taking. In those countries where survey capabilities are already strong second round WFS type surveys should be encouraged to follow up on the valuable investment already made, and means should be sought to support these endeavours.

(38) Countries should determine the data to be collected in population censuses and demographic surveys, in light of their needs for policy formulation and implementation. This should be done prior to the development of questionnaires so as to ensure that the necessary data will become available.

Determinants of fertility

(39) More research on institutional and cultural determinants of fertility should be encouraged because it may offer important opportunities for population policy intervention.

(40) Studies should be carried out to determine how and in what phases of the family life cycle fertility decisions are made, whether and how family size desires change with progression through the life cycle, and whether the identity of the decision-maker may also change with the phase of the life cycle.

(41) Although it has received substantial attention over the past decade, research is still required on the mechanisms through which socio-economic factors such as education and income influence fertility behaviour.

(42) The tendency of modernization to first elevate and then reduce fertility should be further investigated.

(43) The societal implications of long-term low fertility and the consequent aging of population should be studied and the design of appropriate policies for such situations should be explored.

Operational research

(44) Studies should be made of the comparative effectiveness and demographic impact of family planning programmes under alternative organizational structures: programmes that are integrated administratively and operationally with other development sectors versus non-integrated programmes; centralized programmes versus decentralized ones and public sector dominated programmes versus programmes relying on private voluntary organization or commercial distribution.

(45) Research should be undertaken to determine how culture impedes or enhances acceptance of family planning and what measures are likely to lessen any conflict between family planning programme efforts and cultural beliefs and institutions. Further, cross-cultural studies should be made to determine the impact of various kinds of incentives and disincentives on fertility behaviour, as well as the implication of such measures for human rights.

(46) Emphasis should be given to the development of improved methodologies for assessing the impact of direct and indirect policy measures on fertility.

Bio-medical research

(47) Governments and funding agencies should support existing contraceptive research, encourage the development of new contraceptives, particularly male ones.

Analyses should be made of the effects of the different methods on the health of women and men who use them. Appropriate methods should also be developed which meet the specific needs of adolescents and which may be utilized safely and effectively.

(48) Biomedical research in contraceptive technology should be sensitive to the varying acceptability of specific methods in different cultures.

(49) Highest priority should be given to scientific studies of fertility and subfecundity.

Notes

1/ Report of the United Nations World Population Conferences, Bucharest, 19-30 August 1974 (United Nations publication, Sales No. E.75.XIII.3), chap. I.
