SD/SWAFP/8

Regional Workshop on Social Welfare Aspects of Family Planning

12-21 December 1974
Bangkok



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I. ORGANIZATION OF THE WORKSHOP

(a) Reasons for holding the Workshop

Study of the family planning programme in the ESCAP region, through the various country missions, case studies and available population statistics, shows that there has been a decline in the number of accepters in the family planning programmes. While Africa and Latin America registered increases in the use of contraceptives from 1971 to 1972, Asia showed a decline from 146.8 to 133.1 per thousand.[1/] The performance of the heavily populated countries of Bangladesh, India, Indonesia, Pakistan, the Philippines and Thailand was less than 25 per cent for women between the ages of 15 and 44 in 1972/73. Decreasing rates were mainly observed in city States like Hong Kong and Singapore, and countries of smaller size such as the Republic of Korea and Sri Lanka. The expected rate of annual growth is 2.3 per cent and the number of inhabitants of the ESCAP region in the year 2000 will almost equal the total for the world in 1970.[2/] One of the main conclusions drawn is that those countries which showed socio-economic development in the past decade also registered fertility declines. Secondly, while the clinics have been able to register accepters, who were either willing or somewhat ambivalent, they are unable to reach out to the many who still have not accepted the practice of planning for the family. Therefore, some other approach becomes indicated, and the involvement of social welfare in the formulation of population policy and implementation of family planning programmes needs to be recognized. This awareness found its expression in 1968 in the recommendations of the International Conference of Ministers responsible for Social Welfare.

> In countries which have engaged in active population policies, social welfare services have an important role to play in family planning programmes, which may have, themselves, far-reaching implications for the countries' economic and social development.[3/]

/(b)

1/ Dorothy Nortman, Population and Family Planning Programmes: A Fact book, Reports on Population/Family Planning (New York, Population Council, 1973), p.2.

2/ Population Aspects of Social Development: Report of a Regional Seminar and Selected Papers (United Nations, 1972), Asian Population Studies Series No. 11, p. 23.

3/ International Conference of Ministers Responsible for Social Welfare (United Nations, 1968).

(b) Objectives of the Workshop

The major objectives of the Workshop were:

1. To identify the philosophical underpinnings for relating social welfare to family planning;

2. To identify the socio-cultural factors which affect the adoption of the small family norm;

3. To identify social welfare strategies and programmes in support of family planning;

4. To identify the nature of training and research in social welfare which is supportive of family planning;

5. To prepare guidelines for action at the national, regional and international levels.

(c) Sponsorship

The Workshop was financed by the United Nations Fund for Population Activities (UNFPA) and was organized jointly by the Social Development and Population Divisions of ESCAP.

(d) Participants

Among the member countries of ESCAP, there was participation from Bangladesh, Fiji, India, Indonesia, Iran, Laos, Malaysia, Nepal, Pakistan, New Guinea, the Philippines, the Republic of Korea, the Republic of Viet-Nam, Singapore, Sri Lanka and Thailand. In addition, three regional non-official social welfare organizations participated: the International Association of Schools of Social Work (IASSW), the International Federation of Social Workers (IFSW) and the International Council of Social Welfare; one regional non-official family planning organization, the regional office of the International Planned Parenthood Federation, also took part. Representatives of United Nations specialized agencies: ILO, UNESCO, UNICEF and WHO also participated. Two participants were deputed by the United Nations Centre for Social Development and Humanitarian Affairs. In all, 43 persons participated in the Workshop.

(e) Officers and key speakers

Four resource persons and one consultant were appointed for the Workshop. These resource persons presented a paper each on a specific topic of the Workshop while the consultant presented the major paper encompassing

/the entire

the entire Workshop theme. The resource persons were Dr. Mely Tan (socio-cultural aspects), Miss Teresita L. Silva (community intervention), Mrs. Esther C. Viloria and Miss D.K. Vaithilingam (training) and Dr. T.I. Mathew (social security). Dr. Armaity S. Desai served as consultant (social welfare) and also as Chief Rapporteur.

On the opening day of the Workshop, one Chairman and two Vice-Chairmen were elected. They were Mr. R.D.K. Jayawardena of Sri Lanka, Dr. Ataollah Amini of Iran and Miss Soejatni of Indonesia respectively.

The Workshop was opened by a message from Mr. J.B.P. Maramis, Executive Secretary, ESCAP, read out by Mr. Rudy Gontha, Special Assistant to the Executive Secretary. The keynote address was given by the eminent population expert, Professor Philip M. Hauser of the University of Chicago.

The "Friends of the Rapporteur" for plenary and working group sessions were Mr. A.F.M. Nooral Islam (Bangladesh), Mr. N.G. Nag (India), Mrs. E. Viloria (IASSW), Miss T.L. Silva (IFSW), Mr. M. Ahsan Reaz (Pakistan), Miss C.P. Manalang and Mr. R.D. Eduarte (Philippines), Miss D.K. Vaithilingam (Singapore) and representatives of United Nations Headquarters and UNICEF.

The chairmen of working groups were Professor S.N. Ranade (India), Miss Soejatni (Indonesia), Mrs. F. Ghadiri and Dr. Kevyan Zahir (Iran), Dr. M. Subbiah (Malaysia) and Miss D.K. Vaithilingam (Singapore).

Maximum involvement of participants in the day-to-day management of the Workshop was encouraged. The participants were from the fields of social welfare, social sciences and health, and they were administrators, educators, planners, people's representatives and professionals supervising services. A unique contribution to the Workshop was made by the joint thinking of this multidisciplinary group of persons. The official language was English. Statements on the social welfare aspects of family planning, in their individual countries, were made by the country participants, and such content in their activities was identified by those persons deputed by the United Nations agencies.

/(f)

(f) Agenda and plan for the Workshop

The agenda was as follows:

1. Opening address
2. Election of officers
3. Adoption of the agenda
4. Review of country statements by delegations on prevailing trends in relating social welfare to family planning in their respective countries
5. Presentation of papers (five) on the Workshop theme: socio-cultural aspects, areas of intervention for social welfare in family planning, training and research
6. Formulation of guidelines for action at the national, regional and international levels

The study of each of the papers was followed by a general discussion and the raising of issues for further discussion in working groups. There were two working groups for socio-cultural aspects and formulation of guidelines (one for national and the other for regional and international guidelines) and four working groups for discussing the areas of intervention in:

1. Policy, planning, legislation and administrative structures;
2. Community participation;
3. Supportive services to the family and utilization of institutional structures in such areas as medical, educational and social welfare,
4. Social work education and training.

Each group identified the problem or the current situation, the suggested strategies, the research required and the guidelines for action. The philosophical underpinnings emerged through these discussions.

(g) Special addresses

Opening message, Mr. J.B.P. Maramis, Executive Secretary, ESCAP

In his message, Mr. Maramis, Executive Secretary, emphasized the need to strengthen the family unit, the need for appropriate legislation to protect and enhance family life and to improve the status of women and involve them in development. "Family planning tends to emerge more as a problem of socio-economic development, and of changing the attitudes and values of the people."

/With the

With the involvement of the community, a new social climate needed to be created for family planning to become accepted as an integral part of the approved life-style. Population was an inexhaustible source of energy and creativity, and a major factor for progress and development. In adverse circumstances, it could be a limiting factor in social development.

Keynote address, Professor P.M. Hauser

Professor Hauser stated that the family planning movement was one of the most significant undertakings in the history of mankind, and a possible matter of life and death. Infinite growth was impossible in a finite space. In criticism of the present programmes, he stated that they were too clinical and medical in their orientation, when, in fact, it was not as much a medical problem as one of behaviour. They were too exclusively aimed at women though the programmes were administered by men and based on the faulty premise that human reproductive behaviour was rational. He suggested that family planning required a holistic approach and that programmes must be viewed on a continuum consisting of MCH centres, general clinics, comprehensive health programmes, family counselling services, community development, education, social policy (incentives and disincentives), and social and economic planning. The continuum went all the way from the clinic to activities bringing about social change. He stressed the need for socio-economic inputs and the need for experimentation to determine the combination of factors which might effect change in reproductive behaviour in a specific culture. He stressed the fact that fertility rates had never been lowered where social indicators showed poverty, illiteracy, poor health, etc. An equitable distribution of income, heavy inputs for the "critical mass" (those at the bottom of the economic ladder), differential resource allocation with reference to critical variables and an integrated approach were stressed.

(h) Framework of the report

While the agenda was followed by the Workshop, this report will centre on the major conceptual elements as they emerged in the Workshop. These were:

A. Philosophical and value underpinnings for relating social welfare to family planning;

B. The social context of family planning with relevance to the role of social welfare;

/C. Supportive

C. Supportive policy and legislation for achieving social welfare goals of family planning;

D. Planning and administrative structures for more effective promotion of family planning;

E. Community participation mobilized through social welfare intervention;

F. Social welfare expertise, roles, fields and target groups in delivery of family planning services;

G. Social welfare manpower and training;

H. Social welfare and family planning resource allocations;

I. Research recommended on social welfare aspects of family planning;

J. Some aspects for future consideration;

K. Guidelines for relating social welfare to family planning-action recommendations;

L. Priority recommendations.

(i) A global perspective of the Regional Workshop

Both representatives of United Nations Headquarters pointed out that the Regional Workshop was one in a series of global efforts to emphasize the need for social welfare to make an effective contribution to family planning. The following events preceded the present Workshop:

1. The First Expert Group Meeting on Social Welfare and Family Planning, United Nations, 1971;

2. Ten in-depth country studies on social welfare and family planning, of which three studies were undertaken in Asia - India, Indonesia, and Iran, 1973-1974;

3. The Second Expert Group Meeting on Social Welfare and Family Planning, United Nations, 1974;

4. In addition to those three events reported by the United Nations Headquarters staff participants, there had been a Regional Consultation on the Integration of Women into Development with Special Reference to Population Factors. The Consultation had been sponsored jointly by ESCAP and the United Nations Centre for Social Development and Humanitarian Affairs and financed by UNFPA.

/One outcome

One outcome of those United Nations meetings had been the establishment of positions for interregional and regional advisers on social welfare aspects of family planning attached to the social development divisions of Headquarters and the regional commission, respectively, and funded by UNFPA. They provided the needed technical support and consultations in the regions assigned to them. Those posts were established in Asia, Africa and the Middle East. The present Regional Workshop was the first to be convened in the ESCAP region by the Social Development and Population Divisions and under the stewardship of the Regional Adviser on Social Welfare and Family Planning. Since previous United Nations expert group meetings had been of a global nature, the regional Workshop, it was felt, would address itself more specifically to regional concerns on population, characterized by high density and increasing growth rates as well as some cultural similarities.

II. PRIORITY RECOMMENDATIONS FOR RELATING SOCIAL WELFARE TO FAMILY PLANNING

A. National Governments

Recognizing that each country Government would decide its own priorities, the Workshop made the following recommendations:

1. Philosophical orientation

The values and philosophical assumptions of social welfare should infuse policies, plans and programmes of family planning and population control.

2. Approaches

(a) Governments must endeavour to integrate population and family planning policies into over-all socio-economic development policies in their countries.

Fertility reduction could be promoted through national development policies that provided education and fuller employment, adequate measures of health, nutrition, social security and welfare, improved status of women, extensive participation of people in development, and egalitarian societies with adequate standards of living, consequently inducing people to desire smaller families.

/(b)

(b) All approaches to family planning must include the demographic, economic and social aspects of development.

(c) Family planning programmes must be community-oriented, involving local leadership and citizen participation.

(d) A co-ordinated and multidisciplinary approach was considered essential to more effective formulation and promotion of family planning programmes. Governments should set up a population and family planning co-ordinating body at the national level to be composed of representatives of ministries of health, welfare and education and economic affairs, other supportive ministries, and voluntary organizations and people's insitutions to formulate national policies and co-ordinate the programmes of the participating units. Such a co-ordinating organization should have its counterparts at all levels of administration up to the local community.

3. Policies and legislation

(a) Policies and legislation should be formulated which would be incentives for the evolution of the small family norm.

(b) Policies should take into consideration local variations in socio-economic development factors and socio-cultural factors for setting targets, establishing programmes and deploying human and material resources.

(c) Legislation should not have punitive consequences on the health, education or welfare of the child or the family.

(d) Legislation should preferably consist of measures related to prevention of births.

(e) Legislation and sectoral policies which adversely affected the small family norm must be constantly reviewed and modified.

4. Involvement of social welfare in family planning

(a) Positive measures should be undertaken to involve social welfare personnel in the formulation of socio-economic development policies in general and the planning and administration of population and family planning programmes in particular.

/(b) Social

(b) Social welfare personnel could make a positive contribution to family planning at policy, administrative and service delivery levels because of the nature of their training and experience in dealing with individuals, groups and communities.

(c) Investment in financial resources and manpower for interpersonal work at individual, family, group and community levels was recommended as evidence pointed to its high efficiency in carrying the message of the small family norm to people.

5. Resource allocation

Governments needed to review their policies for allocating resources to various development programmes, including family planning, and provide more adequate resources for social welfare services to develop the necessary infrastructure for the effective promotion of the small family norm.

B. Regional

1. The responsibilities and functions of the Regional Adviser on Social Welfare Aspects of Family Planning should be continually supported so that more emphasis could be placed on country and regional programmes on the contribution of social welfare to family planning.

2. The Social Development Division of ESCAP, in collaboration with the Population Division, should take the lead in establishing within member countries demonstration-research projects for promoting community approaches to family planning, and undertake increasingly cross-national research programmes in the field of family planning and social welfare.

3. There should be more co-ordination among various United Nations agencies at the regional and national levels, so that a co-ordinated and interdisciplinary approach to social development, social welfare and family planning was ensured.

4. The UNDP country plans and programmes should place much more emphasis on social components, including family planning and social welfare.

C. International

1. The availability of services of regional advisers on social welfare and family planning in the different regions should be ensured.

2. Research of the types outlined in the report should be promoted.

3. The efforts of NGOs and United Nations agencies should be co-ordinated.

III. REPORT ON THE WORKSHOP DELIBERATIONS

A. Philosophical and value underpinnings for relating social welfare to famil planning

The involvement of social welfare in family planning was based on the same values and philosophical assumptions as those of the social work profession and the field of social welfare. Man's individual behaviour was an active coping within the framework of the social ethos and within the socio-economic environment, not only for survival, but also for the development of mastery over that environment. It followed that the national ethos, goals and policies, and the strategies and programmes emanating from them, would influence the direction of that coping. The humanistic ethos, as described above, required the development of national plans, strategies and programmes, which lead to the goals of a good quality of life for the community as well as the family, in which liberalization and humanization were encouraged through self-direction. They made man the cause, the effector, and encouraged self-discipline and recognition of the rights of others. Social welfare, therefore, had much to contribute from its philosophical base. Thus, as the value base of social welfare emphasized the humanitarian ethos, including the dignity and work of people, the right to participation and decision-making, the right to equal opportunity, the capacity for growth and change through utilizing the available opportunities, social justice and equity, it should infuse policies, plans and programmes of family planning and population control. Such a focus on people as simultaneously the subjects, agents and goal of their own development would have a liberalizing and humanizing influence on the entire programme of family planning.

Specifically in family planning, with reference to availability of contraceptives, it was recognized that people had a right to have knowledge of and access to them, as well as knowledge of the possible side effects. Such knowledge and information were a fundamental right in planning the size of the family and in spacing children. It was also recognized that people had a right to options in selecting the method of birth limitation most acceptable to them in relation to convenience as well as emotional satisfaction.

/While

While recognizing that availability of measures for family limitation was a human right and enhanced family welfare through utilization of the knowledge of family planning, social welfare in Asia was also responsible for population control, which affected community welfare. To promote one in the interest of the other, and to inform social welfare actions with a humanistic ethos, became a matter for repeated discussion.

In that regard, the whole issue of ethical values involved in instituting incentives and disincentives was discussed - whether they were immediate or delayed, and supported by social policy or legislation. Incentives should, for instance, precede conception. They should be so designed as to avoid penalizing the family, the woman or the child who was born. For instance, curtailment of maternity benefits might be accompanied by making contributory cash payments possible until the woman had completed her childbearing age. Those were made available to her if she conceived, but constituted her savings, with an equal amount from the employer, if she did not conceive. Such an experiment was being tried out in the tea gardens of India. It assured help in case there was a pregnancy but also provided for a delayed benefit for avoiding one. It placed the responsibility for additional children more on the family but strengthened its capacity to meet it.

Incentives also gave scope for misreporting and misrepresentation, which conflicted with the value base of social welfare with emphasis on ethical considerations. Adequate methods of record keeping, proper selection of motivators with a good reputation in the community, adequate screening of accepters for sterilization and paying an incentive only after a birth-free period when conventional contraceptives were used would avoid problems of exploitation, victimization and falsification. When delayed incentives were provided, usually on the basis of birth-free years or months, care must be taken to ensure that record-keeping was such as to provide or withhold incentives only as appropriate and that there was no exploitation of the accepter or the one responsible for the payment of incentives. They should not exploit the financial or educational condition of the accepter and should not diminish the opportunity of each person to make an informed choice.

/The issue

The issue of incentives placed social welfare on the horns of a dilemma when the two might be in conflict - societal welfare and the individual's options. Hauser contended that the cost might have to be borne by the present generation if thousands of future generations were not to face a worse fate. Social welfare had often been placed in a position of working with persons whose freedom was to some extent curtailed by society, e.g., child abuse cases, juvenile delinquents, drug addicts. In all those cases, it was not only that the individual freedom to act was curtailed, but, in some way, it was seen as a threat to society's welfare. Was family planning similar? What had been learnt in working with those groups whose freedom was restricted which could be transferred to population control and family planning activities? Those were issues which had yet to be resolved, by social welfare in general and the profession of social work in particular. They were closely embedded in the professional and personal values of social workers.

What were the personal values which persons engaged in social welfare nurtured? Were those values related to life as "good"? The paper by Ann Wee and Vaithilingam raised that issue. Lastly, was it certain that the small family was a happy family? Those were philosophical and value issues that remained unresolved.

B. The social context of family planning with relevance to the role of social welfare

1. Socio-cultural factors and their psychological implications: factors affecting fertility behaviour

Societal variables were identified as affecting fertility behaviour and producing a psychological climate which militated against change, customs, traditions, norms and socio-economic levels of living, as well as the political conditions obtaining in the country, which together determined the attitudes and behaviour of the people, and, in turn, affected their fertility behaviour. There was an interrelationship of numerous variables, and at present there appeared to be no real agreement as to the most significant factors that affected family planning within a country, or cross-culturally in the region. Experimental and comparison studies were needed in which variables might be controlled or held constant. However, some common social variables in the region, and their relative significance, as revealed by research, were identified. It was felt that studies were required to control rigorously for variables if the degree of impact made by those variables in shaping fertility behaviour was to be appreciated. The variables identified were:

/(a)

(a) Family system: size, type, norms;

(b) Age at marriage, period of reproduction and multiplicity of marriages;

(c) Preference for sex of child, value of children, sex roles and child-rearing practices;

(d) Religion;

(e) Status of women and education;

(f) Minority groups;

(g) Socio-economic variables (urban-rural differentials, social mobility, existence of social indicators of development - health, education, welfare and economic development - equitable distribution of goods and services, and communication (transport and mass media).

(a) Family system

While urban areas might tend to have nuclear families and rural areas joint families, there were few data available to support any differences in the number of children related to family type, if controlled on the urban-rural differential. That area needed investigation as to the relative effects of type of family and rural-urban differentials on family size. The preference for large families appeared to be linked at least with the existence of poverty and the absence of social and economic development. It might also be linked to the presence of in-laws in the family maintaining and perpetuating a traditionalistic outlook in which decisions on family size were not consciously made by the couple.

(b) Age at marriage, period of reproduction and multiplicity of marriages

The legal age at marriage in the ESCAP region varied from 16 to 18 for women and from 18 to 21 for men. However, the actual average age at marriage varied with the socio-economic level of development, with Singapore having the highest - 24 for women and 28 for men. While all the countries had laws governing marriage, there were difficulties in enforcing them. Young people might be influenced to delay marriage or first pregnancy, through population and family life education as well as the provision of access to educational and economic opportunities which would delay marriage.

/The earlier

The earlier the marriage, the longer the period of reproduction. It might be that there was relatively less fecundity in the early years before age 19, and, therefore, it was not raising the age at marriage, but possibly postponing the first pregnancy, which would have the greatest impact. However, it was noted that even a marginal decrease in population, caused by raising the age at marriage of girls above the present limits of 16 and 18, would have an impact on births averted. Tan states in her paper that "the threshold level at which a significant decline can be expected, is age 20 and over. Furthermore, it has been shown that where modern fertility reduction methods are widely practised, age at marriage does not have a significant effect on fertility level. On the other hand, where these methods are not widely practised, raising the legal age at marriage, will also not have much effect, as long as the incidence of marriage and the desired number of children remain high." Therefore, legal age at marriage needed to be linked to many other factors, such as education, use of measures for family limitation, and number of children desired.

There was some doubt as to the relative impact of polygamy on population. It was recognized that there was not enough research evidence to arrive at conclusions. However, it was noted that some countries, such as Iran, had social policies such as enforcing court permission for divorce and polygamy. That favoured limitation of such serial or polygamous marriages.

(c) Preference for sex of child, value of children, sex roles and child-rearing practices

Seemingly, the difference between the desired and actual family size, or more particularly, number of children, was caused by the parents' preference for the sex of the child. Linked to it was the fear of losing especially the child of the preferred sex, through a high rate of infant mortality. Most Asian societies tended to be male-dominated and males were preferred mainly because they provided economic security to parents in old age, but also because the family name had to be perpetuated, death rites performed for parents, the right to own land retained, property rights claimed, and a dowry obtained from the girl on marriage. It was recognized that a few matrilineal societies did exist and showed an opposite preference for females. In several societies, it was the bride price and not dowry which prevailed. That custom placed less of a burden on parents for having female children, and they were therefore

/not as

not as unwelcome as where the dowry system prevailed. In the latter case, they had little utility as the dowry had to be found and they were economically useful only to the family of marriage. However, it was recognized that even in societies with male preference the families wanted at least one girl. Having all children of one sex, even if they were all males, was not psychologically satisfying. That was the emotional value of children. The mother had a psychological need for an extension of herself in her daughter, someone in her own image, and, hence, at least one girl was desired. In terms of the economic value of children, it was recognized that the cost of rearing children was only felt in a cash economy, and also when additional help such as in-laws was not available to assist in child-rearing functions. When the emotional, social and economic costs of bringing up the child went up, the economic value went down. In Asian, predominantly rural societies, the child was perceived less in terms of costs and more in terms of his economic contribution to the family. The level of socio-economic development thus affected sex roles and preferences and the value of children. The paper on social security by Mathew brought out the findings of KAP and "value of children" studies to support some of the above opinions of the participants.

(d) Religion

The influence of religion tended to be linked with traditional societies. It was recognized that modernization and a rationalistic outlook modified religious influences on family role, significance of birth, status of women, age at marriage and laws of inheritance. Furthermore, Tan's paper pointed out that, while "the religious factor is often viewed as the factor that inhibits the acceptance of modern contraceptives, it may not be the factor of religion as such but the attitudes of the leaders as manifested in the way they interpret the religions teachings. Therefore, the religious factor may turn out to be basically a matter of authority and power relations." Religion appeared to be a marginal factor in influencing fertility behaviour and to be linked to the operation of other variables.

(e) Status of women and education

The status of women varied with the type of society - rural, transitional or urban. Women in traditional Asian societies played a limited decision-making role with regard to their marriage, number of children, education or

/occupation.

occupation. Education was recognized as the single most powerful variable in modifying fertility behaviour. Ensuring that girls got at least middle school or secondary levels of education had a considerable impact on fertility behaviour, including the postponement of marriage and first pregnancy, and the number of children. Special incentives and supportive services such as day care for younger children would favour their continuance in the educational system. Concomitantly, it was recognized that education of men, and their entry into the professions, upgraded the education of the women who were sought not only as life partners but also as companions. An example was cited of a very orthodox community in India where men had moved out of business into the professions and demanded better-educated wives. Raising of the status of women was linked to both education and the earning capacity of the women, of which education might be the more powerful variable.

Population and family life education, as components of educational curricula, could bring about changes in perception and attitudes to family size. Youth could thus bring about pressures for change in family mores relative to age at marriage, attitudes to women, changing sex roles and family living patterns. Text books should be reviewed so that their statements did not glorify motherhood to the total exclusion of other possible female roles; they might be portrayed in other than traditional professional roles of nursing and teaching; they must project a new image of the roles of parents and children in the modern context, especially by emphasizing spouse communication and planning the family's future. Family life education should become an integral part of the education for children and youth in school and out of school.

(f) Minority groups

It was observed that the fertility rate was affected by the political conditions obtaining in a society, such as when a minority group was threatened, or where more people were needed to effect a population balance for political control, if the differences in proportion between groups were marginal. Tan had stated that ethnic minorities were afraid of being overwhelmed by larger groups and that that resistance could be aggravated when ethnicity was identified with a certain religion.

2. Socio-economic variables

Urbanization might seemingly affect family size but, if mortality rates continued to be high in urban areas, and poverty was perpetuated, fertility levels would remain high. On the other hand, urbanization, if it provided social and economic opportunities, lead to a trend toward nuclear families and also affected the size of the family because of a lack of household help, increasing cost of child-rearing and education, and effort to look after the general welfare of the child. Therefore, there would be acceptance of the small family norm. Social mobility provided by an industrializing and urbanizing society created the necessary condition for limiting family size.

The existence of such social indicators as a positive level of health, freedom from communicable diseases, nutrition, low mortality and educational opportunities linked to occupational opportunities had an impact on fertility behaviour. Occupational opportunities for women outside the home were known to contribute to lowering fertility, especially where the nature of the occupation was sufficiently inimical to bearing and rearing several children. They might also result in postponement of marriage. The green revolution in Haryana, a state in northern India, had resulted in increased pressure to utilize all available help. It was said to have resulted in postponing the marriage of the daughter as her services were required in the family.

Other significant economic variables were an equitable distribution of incomes, goods and services. The Desai paper dealt with the socio-economic variables mentioned in the present report and discussed at the Workshop. It was not the increase in general welfare, but the raising of the lowest economic groups, and a removal of their poverty, which lead to fertility decline. Economic policies which decreased social disparities were a necessity for supporting the development of the small family norm, which also implied increasing the capacity to work and earn. Secondly, an equitable distribution of services included an efficient delivery of health and welfare services which decreased infant mortality and improved the social quality of life, as well as a quality of education, which provided for

/continuance

continuance at least to middle school, to make an impact on change in social behaviour, including fertility behaviour. The very development of social services was the means of sharing the benefits of development with the lower economic groups, thereby affecting fertility.

Further, communications had a significant role to play. Mass media had an impact on changing perceptions and attitudes. Transport provided for social mobility. Both affected fertility behaviour.

Recommended strategies for changing fertility behaviour in the direction of the small family norm

1. Directly intervening to modify the societal variables

(a) Appropriate social legislation. Such legislation did not immediately modify behaviour but created a climate for eventual acceptance, e.g., abortion legislation, inheritance laws, raising the age at marriage, compulsory education and child labour laws. Social welfare must compaign for such legislation.

(b) Approaches through the mass media, folk arts and through educational content and process. The foregoing involved changes in preference for family size, sex of the child and male-female roles and status. Social welfare must make education and communication experts conscious of the possibilities for change through those media and identify the elements and strategies for change. Because of their understanding of the community and the family in a particular socio-cultural context, and the messages most likely to affect them, social welfare field-related personnel could assist the technical experts handling the mass media. A multidisciplinary approach was thus advocated.

(c) Community process. Community attitudes should be affected through influencing the community by utilizing community approaches in family planning. That was where the clinical model could not make an impact and social welfare had a vital role to play.

(d) Community incentives might have the effect of changing social values as pressure was brought to bear on the community as a whole through increasing their motivation by offering a reward such as building a community meeting place.

/(e)

(e) Population and family life education, provided not only through the regular educational system, but in non-formal groups, such as community leaders and influencers, and out-of-school youth, would make considerable impact.

(f) With minority groups, the problem was frequently one of raising their socio-economic status so that they did not seek to obtain power through numbers.

(g) Court procedures must be instituted for all divorces and polygamous marriages as they appeared to have some inhibiting effect.

(h) As in Indonesia, a religious cell should be associated at the governmental level to give direction to the programme and to influence the people.

(i) There should be a greater emphasis on utilizing traditional methods of birth limitations and spacing, and the use of traditional midwives in those situations where they had greater influence and contact with the people. The trend towards the latter had already begun and should be further supported. With regard to the traditional methods of birth limitation and spacing, much more research was required in the form of anthropological types of studies and medical research. That area had received very little attention.

2. Indirectly influencing fertility behaviour through socio-economic changes

(a) It was well known that socio-economic development everywhere had led to decreasing fertility as well as mortality. It required socio-economic inputs. Unless people were moved beyond the subsistence level, there could be little motivation towards accepting family planning.

(b) The health of the community must be improved. Even son preference would not lead to large families, if there was less infant mortality as one or at best two, sons would be found to be adequate. Social welfare had a vital role to play in nutrition education and provision of nutritional services as well as educational programmes related to family health. Social workers were important members in teams providing community health services.

/(c)

(c) To raise the status of women, functional education was important to train for vocations which helped them to become economic contributors to the family. For instance, the Desai paper referred to the possibility of providing employment at the crucial age when her earnings would provide an incentive to push up the marriage age such as designing an education-cum-employment scheme under social welfare auspices for girls aged 14-20. Such a scheme limited the population target to a size which was economically feasible. It could be a package service with adult education, family life education and an employment period which was time-bound, providing for a turnover and thus increasing the power of absorption of that age group of women. It might also be designed to give them skills for self-employment after marriage, thus promoting the economic capacity of the young couple with beneficial effects of increased income. A premium should be placed on recruiting and keeping only the unmarried girl under the scheme. Voluntary women's organizations must play a role in organizing mothers' clubs to train women not only in mothercraft, but also to provide social opportunities, and to mobilize them for development. Such opportunities created a new image of the woman in a developing society, and raised the status of women.

(d) A differential approach was required in terms of programme strategy as well as deployment of manpower and resources based on socio-economic levels of living, population density and communications (mass media and transport). The Desai paper brought out the need for that approach and it had been supported by Hauser, who had referred to it as the "critical mass". Both emphasized the need to focus on the bottom socio-economic levels, Desai pegging it at the bottom 40 per cent.

(e) Social security for old age and invalidity needed to be introduced to reduce dependence on male children as such dependence affected the size of the family. This recommendation will be dealt with in the next section.

/Conclusion

Conclusion

Whether a country diversified its family planning programme by taking into account the socio-cultural factors operating within the country, or deliberately ignored the factors and attempts to modify directly the fertility pattern, would depend on the social, cultural, economic and political situation of the country. It must be noted that it was not diverting resources that was necessary, but a more effective use of resources, to bring about change in the socio-cultural factors. Tan had stated: "We agree with Berelson that we should focus on both strengthening the programme and creating a favourable institutional setting and that we should guard against the 'unqualified either/or: that family planning is either impossible in the absence of modernization or unnecessary in its presence'." Both programme measures and institutional change must be attempted simultaneously.

C. Supportive policies and legislation for achieving social welfare goals of family planning

First, and foremost, the need for a strong political will to achieve the goals of development and family planning was strongly emphasized. It should be agreed to by all political parties, and population policy should not be made a political issue. Without a total political commitment, the goals to be achieved by effecting a balance between population and resources would never be fully realized.

The Workshop stressed that population and family planning policies should be included in the general social and economic development policies. Family planning could not be treated separately in an ad hoc manner.

1. Legislation

(a) The Workshop recognized the impact of social security on reducing fertility, as stated in the foregoing section on the social aspects of fertility behaviour. Consequently, much discussion was centred round that area with a view to proposing alternative models. Mathew's paper recognized that the present models did not meet the needs of the situation in rural Asia. The current coverage was limited to wage-earning urban workers. The problem was related to the availability of resources which could substantially subsidize the contributions from beneficiaries.

/In that

in that matter, he had proposed an exercise in "area planning" by which the relationship of the cost of providing the services for social development, and that incurred on social security, could be compared. The Desai paper suggested that, at present, such security programmes should be limited to those families with three or fewer children and for single persons. That provided options to parents in seeking economic security through the support of their grown sons or the social security programme. It was a delayed incentive and might prove effective in achieving the small family norm. As such a scheme insured all persons in that category, it might not be necessarily linked to contributions by the beneficiaries but through indirect means of raising the resources required. It might be the beginning of a progressively growing security system, commensurate to the resources in the region, and temporarily limited in scope but closely linked with policies effecting population control.

Another model proposed was security provided through the local community. As that idea had not been discussed, it could not be elaborated. Other substitutes to security were discussed, such as programmes for women and children, but since they had no statutory base, they depended on the whims of the planners and the quantum of resources available at any point in time.

Other legislation, which might encourage larger families, such as allowances, transfer payments, exemptions, material assistance or subsidies, should be examined and modified. In all such modifications cognizance must be taken of their effects on the health and welfare of families and they must be designed appropriately. In the previous section on values, the ways in which maternity benefits might be curtailed were described. While ILO did not support the curtailment of such benefits, imaginative methods needed to be designed as the legislation appropriate to one stage in economic development might not be appropriate to another, and what was appropriate to one part of the world might not be applicable to another.

/(b)

(b) Couple registration

Legislation should require that married couples be registered and that couples be married, to be readily identified for providing services. Legislation should also provide for the collection of vital statistics relating to health, such as mortality and wastage, in order to design a package of services and strategies to identify the group most in need of help, and to relate these to manpower needs and resource mobilization and allocation.

(c) Contraception

Legislation should permit the ready availability of contraceptives. That included the development of a delivery system which was practical but at the same time assured medical supervision. Non-clinical contraceptives could be distributed by non-clinical personnel. The International Planned Parenthood Federation had accepted the principle that all contraceptives, except IUD and sterilizations, should be entrusted to non-medical personnel. Even IUDs were inserted by nurses in some countries. If there was such diversification of the delivery system to include general practitioners, traditional medicine-men, traditional midwives, community leaders, shopkeepers, accepter couples, teachers and other types of volunteers, the problems of transport, time involved and the alienness of a clinic and personnel in a distant location might be obviated. While the clinics should be geared to primarily the medical aspects, the decentralized services should be well supervised. If such non-medical personnel were carefully trained, well equipped, supervised and licensed, side effects could be minimized. Scarce medical resources in the Asian region could thus be released for more specific medical work. The involvement of community leaders and voluntary organizations in distribution of non-medical contraceptives was highly recommended.

/(d)

(d) Abortion legislation

It should be made available when continued pregnancy or the birth of the child would be socially, mentally or physically detrimental to either the mother or the child. When disincentives to pregnancy were introduced by legislation, it was necessary that abortion be legally available to avoid the negative consequences of an accidental, unwanted pregnancy. In view of the high incidence of illegally induced abortions which ended up as hospital cases in many countries, liberalization of abortion was considered a necessity.

(e) Compulsory education and child labour legislation

Compulsory education, effectively enforced, and providing supports such as free meals, clothing and educational equipment to the vulnerable sections, was essential, as education was a major variable affecting fertility behaviour. Conversely, child labour must be prohibited, a minimum age set for employment, and the educational system modified to suit those children who must ultimately go to work at the minimum age for employment.

(f) Political

Legislation pertaining to voting should not be based on population size, as it affected political attitudes to population growth.

(g) Insurance for IUD use and sterilization accepters

Legislation which automatically insured the users of IUDs and sterilization accepters was necessary. In any large-scale programme, especially where medical and surgical procedures were required, minimum risks might occur for instance through tetanus. In countries of Asia, where survivor insurance, and alternative, institutionalized child care services did not exist, casualties had become the victims of the family planning programmes.

2. Policies

(a) Economic policies

There should be policies to promote the equitable distribution of economic benefits, and promote social justice.

(b) Sectoral policies

There was need for continuous revision of sectoral policies which negatively affected population policies. Such a review should be done by research organizations, besides that done by the Government, to ensure greater objectivity. The sectoral policies should not jeopardize national development, because they affected population growth, which, in turn, affected development.

(c) Incentives

Incentives to adopt family planning might be provided in a form which would result in the attainment of both family planning and social welfare objectives. In a previous section reference has already been made to the matter of incentives.

(d) Population and family life education

Because of the importance of population and family life education in developing new attitudes, such programmes, including sex education, should be included at all stages of education beginning with the primary level where feasible and appropriate. If there was provision for non-formal education, such content might be integrated easily. UNESCO's activities showed special concern for those outside the formal school system. The out-of-school children and youth were a sizable population and very often the first of their age group to begin childbearing. Strategies to reach them would depend on the policies evolved by the national Governments. That group deserved special attention for population and family life education. The programme of Population Awareness and Sex Education (PASE) initiated in the Philippines, utilizing social work methods for implementation, deserved attention.

/(e)

(e) Taxation

The issue was raised as to the method by which the local community could mobilize and allocate resources according to its priorities and thus learn to control the balancing of its local population and resources. That would require wide-ranging changes in fiscal policies, if local generation of income and spending and the repercussion of population on resources were to be realized. It also raised some questions of management between resources raised in more affluent communities and those in more backward areas, as well as how a community could generate and keep its developmental benefits as an incentive to development. Owing to the lack of economic expertise in the group, those issues raised by the Desai paper were not discussed. They might be pursued at a meeting of economists and at the level of the national Governments.

D. Planning and administrative structures for more effective promotion of family planning programmes

It was noted in the statements made by country delegations that, by and large, the family planning programmes of the various countries in the ESCAP region were still clinically oriented, though attempts had already been initiated to bring in the social welfare component. That type of orientation was considered to have been useful at a time when contraceptive technology was in its initial stages and the health system was probably the first to develop in any country. However, the need for family planning activities had now gone beyond the natural orbit of the health system. From the discussions, it clearly emerged that the interdisciplinary group of participants wanted the programmes to become community and family-oriented, as well as multi-discipline-oriented, providing for co-ordination between sectors and between the Government, non-governmental organizations and people's institutions. There must be representatives of the ministries of health, welfare, education and economic affairs, other concerned ministries supportive of family planning programmes and voluntary organizations and people's institutions. Unless such structures were provided, there would always be a communication gap between planners, implementors and the people. Planners needed to see the objectives from a micro-level and mechanisms devised to provide for planning,

/strategies

strategies and programmes to reflect local needs. Planning and co-ordination boards should be set up at different levels of administration from the local unit (province/district) to the central level. They should be designed to provide vertical as well as horizontal communication. They would ensure that all sectors related their policies, plans and programmes to the problem of population - impact of the population on the sector and vice versa. Such techniques also ensured input and feedback of policies and programmes.

The failure, so far, to achieve such co-ordination and co-operation was identified as resulting, not so much from structural short-comings, as from a lack of commitment on the part of the separate units in the co-ordinating body, interdepartmental jealousies, rivalry and competition, power and control conflicts, and self-interest (personal or organizational), which enfeebled even the best conceived structures.

Social welfare personnel must play a role in developing such structures because of their unique position in governmental and non-governmental organizations, as well as people's institutions which were embraced in the broad field of social welfare. The community council might be a co-ordinating body at the local community level. In so far as possible, existing organizational structures should be utilized rather than creating new ones. Such a pattern increased governmental (sectoral) and non-governmental organizations' accountability for policy, targets, programmes and resource allocations to local institutions, improved their performance, reflected local needs in the patterns of services offered, and built in local controls.

Family planning policies should provide for a differential approach in the selection of strategies and the utilization of resources, based on local needs, i.e., the extent to which social indicators of development existed as well as communications (geography and terrain, availability of transport, and existence of mass media), and the socio-cultural operating variables in the community. Furthermore, the differential approach in setting targets should take into account the above variables as well as the methods required for achieving stable accepters.

/E.

E. Community participation mobilized through social welfare intervention

One of the major factors in achieving national development goals was the participation and support of the community. A new way of life and new practices must first be accepted through local support. A group climate for acceptance had to be created or else the new idea and the new practices would be rejected as alien and not in keeping with the life-style of the community. Community participation might be emphasized as a major means of developing motivation, local responsibility and integration of programmes because the community could create a social climate, provide supportive action, increasing thereby the capacity of individuals to make the decision in favour of the small family norm. It also utilized local persons to provide an easily available and acceptable distribution system.

At the local level, the community residents should provide the means for co-ordination. The channel for achieving that could be a community council composed of sectoral representatives, non-governmental organizations and local representatives. A point of entry to achieve co-ordination would be to establish areas of common interest such as:

(a) Co-operation between health services handling clinical aspects of family planning with support of social workers and other disciplines and auxiliary workers, who provided services to create the necessary motivation and capacity in the people to utilize the opportunities provided by clinics;

(b) Extended outreach, for example, through agricultural extension workers reaching men, particularly the small farmers, organizations and their families;

(c) Activities by social welfare personnel such as mothers' clubs, leadership training for adults and youth, vocational programmes, and day-care services reaching especially the young mothers;

(d) Mass communication experts to create the supportive climate, especially through traditional media.

Communities should have every opportunity to define priorities of programmes and resources. Existing programmes lacked flexibility to meet the felt needs, or priorities, as they were perceived and experienced by the

community. The felt needs became the point of departure in reaching family planning and over-all developmental objectives. They developed the community's capacities in decision-making, accepting change and planning for the future.

The community should not be utilized only as a tool for implementation, with policy, planning, target setting and resource allocation decided at higher levels. Community participation involved setting of local priorities, targets to be achieved, as well as resource mobilization and allocation. Through the instrument of the aforesaid community councils, accountability would be to the people and to people's institutions rather than only vertically within the administrative structure. Thus, it would provide a mechanism for local control of the programme. Such a strategy would lead to effectiveness and responsiveness of governmental and non-governmental services to the community's needs and priorities. However, it must be recognized that different communities would have different capacities for participation based on such factors as their previous experiences of joint effort, quality of leadership, integrative or disintegrative processes already present in the community, past experience with outside agents. Establishing a community council did not mean that co-ordination would occur. It required a social worker, using skills in community intervention, assisting the community residents, as well as the various sectoral interests and groups, to work in a co-ordinated and multidisciplinary team.

The skills the community worker brought to that process had been identified by Silva in her paper. They included study and assessment of the community; identification of existing organizations, or the organization of new groups and structures; setting of priorities; identification and development of formal and informal leaders and their training; maximizing participation in programme planning and implementation; resource mobilization; evaluation and feedback.

If such an approach was followed, there could not be a blueprint for family planning programmes. There would be a variation in targets, methods, programme and resource inputs based on local considerations of felt needs, socio-economic indicators, socio-cultural variables, geography, transport and mass media communication. Such flexibility could make a programme more meaningfully related to the local persons and situations, and enhance the acceptability of the programme.

/F.

F. Social welfare expertise, roles, fields and target groups for delivery of family planning services

Family planning and social welfare provided the means and services by which the development of individuals, families, groups and communities was achieved. Both were instrumental in achieving social development. The role of social welfare in family planning was to contribute from its expertise, which might be in the three areas of knowledge, skills and attitudes; through its roles in policy, legislation, planning, administration, co-ordination and supervision as well as direct services to the individual and the family, the group and the community; through its activities, which ranged from the developmental to the remedial; and through various fields of social service including welfare, health, education and housing. These will be further elaborated.

1. Expertise

(a) Knowledge

Social welfare took a holistic view of man as a bio-psycho-social entity. Therefore, its knowledge base was necessarily derived from the biological and psychological sciences, societal processes and socio-cultural factors from the social sciences, as well as knowledge gained from social welfare practice and research. The focus of eliciting the relevant knowledge was to understand man's functioning in his efforts to cope with current realities, his needs and problems, his coping behaviour and the solutions he sought, in order to develop strategies to aid and enhance his coping capacities, develop motivations for and seek opportunities afforded by his environment for self-development and mastery over his environment. The focus was also on the social context and the modifications required to enhance the quality of life.

(b) Skills

The skills were related to utilizing interpersonal communication through work with individuals, groups and communities in order to promote effective coping with persons and situations in his environment. The skills also related to the methods of problem-solving such as study of facts, their analysis and assessment (by aiding people to describe, to ventilate what really hurt, to

/explore how

explore how and where it hurt, to reflect on its meaning and consequences). It involved helping people to use such study and analysis of facts to identify the problem for work by establishing priorities and making a contract for work (engagement). It enabled people to select the available means by which problem-solving work could be undertaken, to evaluate their efforts, and, in the light of their evaluation, to make further necessary efforts for modification and change.

Those basic skills could be utilized whether they related to the individual seeking help, a family with a situational or interpersonal problem, a group or a community identifying its needs and seeking solutions, resulting in the modification of behaviour and social structures or creating new opportunities. The Desai paper elaborated on those skills as those which assisted him in his work to promote family planning with a person in the clinic or a leader in the community. Group skills aided him when he dealt with the family or its subgroup such as the husband and wife, the mother-in-law and daughter-in-law, or a group of men or women or other social groups discussing family planning with a worker, or a committee of the people's representatives in a community. The group worker required such group skills as creating a bond before a group decision could be imposed on all its members, which was a form of group control. He must understand community processes, such as the type of leadership that a particular community could most accept for decision-making. He must know the type of community to know which type of appeal would have the greatest meaning for the family planning message to succeed. As he studied the community, he became better equipped to deal with the individual. An interrelated group of interpersonal skills and knowledge of community resources, as well as of ways of creating new resources, aided the social worker in his tasks.

(c) Attitudes

Social welfare personnel brought to their task a social and humanitarian ethos as mentioned in the previous section. They were governed by value considerations which emphasized the worth and dignity of the person, the right to participate in decision-making, the capacity for growth and change, and the right to equal opportunity, social justice and equity. Those were the liberalizing and humanizing influences in work related to development, including family planning.

/Conclusion

Conclusion

Those three broad areas of social welfare expertise contributed to family planning for they aided in assessing the behavioural and societal factors operating in a given situation, provided the skills required to modify behaviour and situations and infused a humanism into the selection of means and goals to achieve a better quality of life so that they tempered the methods utilized for promoting change.

2. Roles

The roles of social welfare were policy and planning; administration, co-ordination, supervision; and direct services to the individual and family, the group and the community through means of interpersonal, group and community processes and development of services. In fact, policy, planning, administration - individual, group and community - were entry points for the intervention of social welfare in family planning, with social work education playing a supportive role to increase knowledge and skills in those areas of intervention.

(a) Policy and planning

While policy and planning were not the prerogatives of social welfare, the training of higher levels of social work personnel involved planning, policy and legislation as related to the social aspects primarily dealing with the family and with vulnerable sections such as the child, the woman, labour, or those offending against society such as through crime, delinquency and prostitution. As social welfare sought to develop a holistic view of man, it also examined how policies in other sectors such as economics, health or education affected the social functioning of the individual or society and affected his coping. As instruments of change, policy and planning were utilized by social welfare to modify and change social institutions and organizations.

(b) Administration, co-ordination and supervision

While knowledge and skills related to administration were also not the prerogative of social welfare personnel, the fact that they developed both managerial skills and substantive knowledge of the field in which they functioned - human and societal needs and solutions - made them more effective in

administrative functions related to family planning. They were also equipped with the necessary set of values and attitudes, as described earlier, which would govern the ethos of the programme. Social welfare often acted as the linkage between health, education and housing. Its function was often to co-ordinate, to emphasize the social components in the social services and to function in a multidisciplinary team. Social welfare took a holistic view of man. Social workers could fit easily into providing social welfare as a supportive service in other social services such as health, education, housing and environmental improvement, and family planning. As social work training involved both integration of specific skills and attitudes (besides knowledge), the art of educational supervision had been developed far beyond that in any other professional education. Integrated with administrative supervision, social workers could become programme supervisors for ongoing administrative activity as well as for staff development. Thus, social welfare personnel made excellent administrators and supervisors of non-medical personnel and co-ordinators in family planning teams.

(c) Direct service

(i) Family-oriented

At the direct service level, social welfare contributed to family planning by dealing with all aspects of family life as they might affect social functioning and interfere with planning the family. As pointed out by Wee and Vaithilingam, problems of nutrition, unattended health problems, problems of income, emotional and physical depletion interfered with family planning. Poverty, tensions, conflicts in family life and acting out behaviour all affected the coping of the family, and, in fact, gave family planning a secondary place in the scheme of selection of priorities and problem-solving. When the present demanded so much of a person, the future took a secondary place. That was where social welfare personnel at direct service levels had a special contribution to make. As the Desai paper pointed out, they utilized skills involving description, ventilation, reflection and making connexions between causes and effects, which assisted people in changing the course of their coping behaviour. They utilized methods of providing education and information to fill knowledge gaps. They created and sustained motivation;

/increased capacities

increased capacities for coping (capacities included knowledge - physical and psychological - and resources in the self and interpersonal network); provided essential opportunities for problem-solving through provision of resources (human and material) and through the nature of the skills they brought in the helping process. It was that triad of motivation, capacity and opportunity variables which were major to the problem-solving task. Family planning had erred because of its initial emphasis on opportunity, and later on motivation, and little recognition had been given to capacity. In fact, all three must be present for effective problem-solving work.

It was those above-mentioned components which were best utilized in family planning work such as that covered under the rubric of motivation, information, education, counselling (personal, as well as population and family life education), follow-up and services to ease the problems of the family or modify behaviour. They might be directed to the individual, the family, the group or the community as units of work. Counselling, guidance, handling doubts, clarifying misconceptions, providing knowledge, handling resistance and following up on cases were important aspects of family planning work with families whether through the clinic or a community-based service, and through home-visits. The Desai paper pointed to studies which showed such individual, interpersonal communication to stand highest on a continuum of strategies. The Pakistani participant cited the experiment in Sialkot known as the Continuous Motivation System. "The C.M.S. envisages the registration of all households and contacts with the eligible couples for continuous motivation and service by a team which includes a trained social worker." The acceptance level in that programme had jumped to three times the national average.

The social worker was particularly suited because he viewed family planning as one of the several areas of competing needs in family life and was equipped to deal with them simultaneously, or by helping the family to set its priorities for work. Thus, as Wee and Vaithilingam pointed out, it might require intervention in a multiproblem family situation, marital counselling, abortion counselling, child protection, or placing a child in adoption in a home that did not have a male or female child or in families where sterility was a problem. Family planning was not a priority, especially in the harder-to-reach cases, and such an integrated approach to problem-solving was required.

/(ii)

(ii) Group-oriented

Through already existing groups, or by organizing new groups, the social worker approached potential accepters or followed up on new accepters. Such adult groups might be in various settings such as the hospital, clinic, community, labour union, farmer's club or mother's group. Work in groups could also be done with youth, either in schools and colleges, or with out-of-school youth. Those activities included population and family life education (including sex education) and family planning. The Singapore participant, in the country statement, pointed out the possibilities of premarital counselling as the Department of Social Welfare dealt with those whose parents objected to their marriage, or whose legal age was below 18, in which case their special marriage license had to be processed by the Department. The Bangladesh participant pointed out the possibility for such activities through vocational training programmes. The Philippine participant described the organization of satisfied accepters' clubs in areas identified as having a low acceptance rate and male accepters' club to get more involvement and participation from the husbands and sustain their acceptance of a family planning method. As pointed out in an earlier section, the group worker brought special skills for promoting group participation and decision-making which were over and above the educational skills traditionally utilized with groups. They dealt, not only with the cognitive, but also with the accompanying affect, which was of major consequence in family planning work.

(iii) Community-oriented

It involved, as said in a previous section, the setting up of co-ordinating councils, mobilizing citizen participation, setting priorities, developing plans and programmes, and mobilizing human and material resources, and training of leaders for family planning work as well as volunteers and accepter couples. It also included population and family life education and family planning including use of mass media. Since a previous section has dealt with this aspect in more detail, it will not be elaborated on here.

3. Fields and target groups

From the foregoing material, it was self-evident that family planning activity could be carried out by social welfare in all social service fields, listed as follows:

/(a)

(a) Fields

(i) Village community, urban neighbourhoods, housing projects;

(ii) Agro-industrial rural based organizations, co-operatives, labour unions, vocational training centres;

(iii) Health and nutrition - through clinics, hospitals, MCH, as well as community-based programmes;

(iv) Education - through work in sustaining children in school and preventing dropouts and population as well as family life education programmes;

(v) Social welfare - through its various departmental and remedial services. It included work in community development.

(b) Target groups

(i) Economically vulnerable groups - Family planning, as one component, in an integrated approach, should be focused on the groups at the bottom of the economic ladder - perhaps the bottom 40 per cent. Scarce manpower and resource utilization should be focused on that group. That was stressed in the Desai paper and also brought out by Hauser, who had referred to it in his keynote address as the "critical mass", drawing an analogy from the physical sciences. All trends in fertility change had so far shown that it was eliminating poverty, raising the levels of income and making goods and services available to that population lower down the scale which had led to fertility declines, and not a general increase in income, goods and services, which went to benefit the upper crust, resulting in an inequitable distribution of development benefits;

(ii) Men - It was pointed out several times in the discussion that that group required a major focus. In Asia, men tended to be the decision-makers. The focus, predominantly on women, appeared to be a carryover from the West, where the birth-control movement had emerged at the same time as the suffragist movement, and from the mistaken assumption that, because she carried the baby, she could be influenced more than the husband;

/(iii)

(iii) Women - They could be reached through mothers' clubs, parents of children in day care and schools, and in social welfare programmes.

(iv) Youth - As out-of-school youth were a major group in Asia, and as they were the first to be the parents of the immediate future, they formed a very important group. Some of them might be served by social welfare programmes;

(v) Children - Primarily, they should be reached through schools and vocational programmes. As yet very little was known about the formation of attitudes to size of the family in the growing-up years, preference for sex of child, etc. Understanding the development of attitudes, and where modification was required in the early childhood years, was important;

(vi) Social defence - The present heading involved persons who had come into conflict with society. Frequently, they showed that they were members of disordered families. Poverty and large families prevailed among them. Therefore, they needed family planning programmes;

(vii) Physically handicapped - Many of those individuals were known to social welfare institutions and in the health or assistance programmes. They could benefit by family planning education. Their earning capacities tended to be limited.

G. Social welfare manpower education and training

In their paper, Viloria and Almanzor stated, in reference to an article by Nann and Maas, "Viewed broadly, social work education, at any level, prepares students in acquiring, developing and applying knowledge, values and skills for the improvement/prevention of individual and social problems and, ultimately, the enhancement of individual and social well-being. Either individuals, groups, communities or resources may be the initial focus for social work intervention, but more humanly satisfying articulation between societal resources and persons is always social work's objective,

/so that

so that social and personal capacities are optimized." If that statement was accepted as the purpose of social work education, its relevance to family planning as eventually a more humanly satisfying articulation between societal resources and persons, through focusing on individuals, groups and communities, became very clear.

However, owing to the lack of a cohesive manpower policy in social development and of carefully worked-out job descriptions, three major limitations, in training of personnel, had emerged:

(a) It had not always been possible for schools of social work and training institutions for social welfare personnel to gear their training to manpower requirements;

(b) It had not been possible to provide for training which made possible the ready transferability of skills and job mobility through multiskilled development personnel. Family planning could most benefit by such a pattern of training since the core skills could be utilized by agricultural extension workers and health educators. It would thus diversify the types of personnel who would carry the family planning message; and, when jobs were redundant in one field, it could allow for a transfer to another without more than a minimum retooling. Therefore, the training would qualify for a multifunctional role and a multidisciplinary approach, both of which were stressed at the workshop;

(c) Owing to the lack of a manpower policy, there was less emphasis on adequate inputs in the training and development of personnel. Yet, as pointed out by the Desai paper, in fact, personnel and their motivation and capacities were a major variable in successful programme implementation.

1. Training of social welfare personnel

The following types of personnel were identified as contributing to family planning activity, aside from medical practitioners:

(a) Professionally qualified social workers and students of social work, working or wishing to work in family planning settings;

/(b)

(b) Professionally qualified social workers or students of social work in non-family planning settings including family planning as one component of their activity;

(c) Non-professional workers in social welfare settings. These would be:

(i) Auxiliary workers/paraprofessionals/parasocial workers, who would be at direct service levels;

(ii) Voluntary workers.

The above two categories could recruit new accepters to family planning and they themselves had to have small families.

2. Training of medical and paramedical personnel

In addition to these social welfare personnel, social welfare could also contribute to the training of other personnel such as medical and paramedical workers in social welfare aspects including social, cultural and emotional factors and skills in working with people. They could have a humanizing effect on the programme. Secondly, they could also be utilized in training teachers in population and family life education by utilizing group techniques to impart such knowledge, to do some first-aid type of counselling where it was required, and become aware of services to which individuals might be referred. They might train agricultural and co-operative extension workers and trade union leaders, and organize seminars and workshops for policy-makers, legislators, and bureaucrats. They should train community leaders and officers of organizations.

3. Schools of social work

The training in schools of social work must become development-oriented to provide a logical base for the inclusion of family planning services and to be relevant to the needs of the ESCAP region, for family planning was only one element of social development strategy for social change. The content should cover demographic structure and trends, socio-cultural aspects of family planning, family planning activities, including contraceptive technology, the utilization of social work skills and working in an interdisciplinary team. The degree of knowledge imparted would vary with the levels of training.

/Training of

Training of social welfare personnel should aim at removing the erroneous impression that family planning was the sole responsibility of the family planning worker. Training in social welfare should complement and supplement the work of family planning workers. Training should aim at improving communication skills of social welfare personnel at the individual, family and small group levels as well as the community and mass levels. Lastly, the training should be learner-centred as much as subject-centred. Development workers were themselves products of their own culture. Unless their own attitudes and perceptions were modified during the period of training, they would not be able to modify the attitudes and perceptions of those with whom they worked for social change. Too frequently, development programmes had floundered as a result of a lack of attention to that factor. The paper by Wee and Vaithilingam also stressed the need for the educator to become aware of his own attitudes as the issues were as much personal, especially as they related to life as "good", to the meaning invested in fertility and birth, and to family size.

An illustration of what could be done in the training of social workers in schools of social work could be found in the paper of Viloria and Almanzor, which described an interesting global project undertaken by the International Association of Schools of Social Work (IASSW) with the major work under way in Asia since 1971, and in its beginning phases in Latin America and Africa. The project on social work training and manpower involved 20 pilot schools in 11 Asian countries. Its impact had been to stimulate total curriculum study, to make curricula more developmentally oriented, to innovate new types of field placements with family planning as a part of a multifaceted approach to social development, to move towards making social work indigenous, to develop faculty through in-country and intercountry seminars and workshops, and to develop cross-cultural teaching materials in family planning. The field settings for practice teaching included community-based programmes, non-structured setting (absence of an established agency and no attempt to institutionalize service but using a local ad hoc committee as "anchor" group for family planning

/services),

services), agro-industrial and occupational settings, community schools, multipurpose centres and social welfare agencies (institutions, hospitals, courts and police, schools, trade unions and recreational groups). The project had opened up possibilities for the training of auxiliaries and paraprofessionals in social work, and offering courses in population dynamics and family planning to students in other departments of the university. It had also encouraged research by students on the social welfare aspects of family planning.

4. Supervision, pre-service and in-service training

The formal training of personnel needed to be accompanied by on-the-job supervision to assist workers in achieving an optimum level of performance. Pre-service training should be a requirement for employment. Such pre-service training should be linked to educational institutions and not be ad hoc in nature. In pre-service and in-service training, schools of social work might assist organizations, governmental and non-governmental, employing family planning workers. Similarly, schools of social work might utilize personnel of such organizations for their pre-service and in-service programmes.

H. Social welfare and family planning resource allocation

After discussion at some length, it was generally agreed that Governments needed to review their policies for allocating resources to the various developmental programmes, including family planning, and provide more adequate resources for social welfare to develop the necessary infrastructures for the effective promotion of the small family norm. In his keynote address, Mr. Hauser, agreeing with that integrated approach, stated that, while developmental inputs existed everywhere in developing countries, they were so diluted that they did not reach the "critical mass". So many ministries made the disbursements; and, with little existing by way of scientific research, the allocations were made without reference to the most critical variables. Hence, scarce resources were not being maximally utilized.

I. Research

Some guiding principles

1. A great deal of research having a bearing on social welfare and family planning had already been done in many countries of the ESCAP region. The findings of those research studies needed to be put together to extrapolate knowledge which had a bearing on the social welfare aspects of family planning. Much of that secondary data could be utilized.

2. Research-cum-action projects, to assess the effectiveness of social welfare approaches, might be undertaken. Such projects should be carefully designed so that their replicability could be ensured. Government and family planning research organizations as well as the national and regional associations of schools of social work might sponsor such projects. Experimental projects were most required if the crucial variables for programme effectiveness were to be identified and scarce resources used productively in the development of national programmes.

3. Research needed to be standardized so as to ensure comparability of findings.

4. KAP studies should be so planned as to take account of the socio-cultural dimensions.

5. Research findings should be made available to policy-makers, planners, administrators and field-level workers. Mechanisms for feedback of results into practice were woefully lacking. Expenditure on research could hardly be justified if it did not feed into the programmes.

6. Planning of research programmes should be a collaborative endeavour. Research and subject specialists, welfare workers and others engaged in family planning programmes should work together in order to formulate questions to which the proposed research should provide an answer. That was particularly recommended in view of the interdisciplinary nature of family planning.

7. Evaluative studies, both short-term and long-term, were necessary. Arrangements for monitoring family planning programmes should exist in each country and in the region, and a mechanism for feedback from policy to direct practice levels needed to be worked out.

/8. Emphasis

8. Emphasis needed to be given to research related to social welfare aspects of family planning.

9. There was a need to develop standard research instruments for cross-cultural studies in the ESCAP region.

10. There was a need to set up structures by which there was some co-ordination of research activities at the national level and within the ESCAP region to set up priorities, to identify gaps in knowledge and to feed the results back to planners, policy-makers, administrators and programme implementors. Such boards might be composed of eminent researchers as well as a multidisciplinary team of persons engaged in social welfare family planning work, both at the governmental and non-governmental levels. The Social Development Division of ESCAP should set up such a committee to stimulate cross-cultural research in the region emphasizing the social welfare aspects of family planning.

The types of studies which were suggested included:

1. Socio-cultural aspects of family planning;

2. Psychological aspects of family planning;

3. Managerial and administrative studies;

4. Programme inputs and effectiveness of outcome.

A suggested list of topics is given in the annex to this report.

J. Some aspects for future consideration

Every workshop, seminar or conference ended with some unfinished business. If one needed to build where others had left off, it would be useful to point out some areas of concern.

1. The psychological aspects which had implication for fertility behaviour for social welfare needed exploration. While a previous ESCAP workshop had dealt with the research studies required, it was necessary that social welfare identify the psycho-social meanings of fertility behaviour which had programme implications.

/2. Social

2. Social welfare might also wish to give greater consideration to the dilemma of values, related to curtailment of individual freedom when population control became necessary, if population was not to aggravate other social problems. Its philosophical stance had yet to be clarified.

3. Models of social security required discussion which would be applicable to rural Asia since social security, especially health, survivor and old age benefits, had some effects on fertility behaviour.

4. Roles of social welfare at each level of practice needed careful consideration with reference to family planning work.

A Concluding Note

In conclusion, it was recognized that social welfare could considerably enhance the programme of reducing fertility through its understanding of the social context of man's behaviour and coping (the psycho-social and cultural aspects) and social welfare approaches and strategies, provided that family planning also included at least some of the factors identified in the present report as crucial to family planning, although the state of present knowledge and research did not indicate which mix of those variables could constitute the minimum inputs for effective outcome. Social welfare could succeed when there was a holistic approach which included socio-economic development, social policies conducive to the small family norm, trends towards modernization, social equity and justice, raising the status of women, a supportive social climate through local participation and planning and programme development, adequately trained manpower and a judicious deployment of manpower and resources, as well as policies and strategies which reflected local needs, and multidisciplinary, co-ordinated team work. Social welfare could associate itself in promoting all those through its various roles and expertise, or it could specifically relate to family planning activities. Its role in areas other than family planning could be supportive of achieving the small family norm if it was so oriented.

/IV.

IV. GUIDELINES FOR RELATING SOCIAL WELFARE TO FAMILY PLANNING - ACTION RECOMMENDATIONS

A. National Governments

1. Philosophical orientation

(a) It was recognized by the Workshop that the involvement of social welfare in family planning was predicated on the same values and philosophical assumptions as social welfare. The humanitarian ethos of social welfare was based on respect for the dignity and worth of people, the right to participation and decision-making in matters that affected their lives, the right to equal opportunity, the capacity for growth and change through utilizing available opportunities and creating new opportunities, social justice and equity. The latter must infuse policies, plans and programmes of family planning and population control. They made persons not only the beneficiaries of change but actively involved them in producing, directing and managing change. Such a focus on people as simultaneously the subjects, agents and goal of their own development had a liberalizing and humanizing influence on the entire programme. Social welfare personnel should influence national programmes in that direction.

(b) It was fully agreed that, for any significant impact to be made on fertility behaviour, a strong political will was required. Population control should not be an area for exploitation to gain political goals. Total national commitment was necessary to achieve the objective of a good quality of life for all people in the member countries of the region.

2. Approaches

(a) It was strongly recommended that Governments endeavour to integrate population and family planning policies into over-all socio-economic development policies. Fertility reduction could be promoted through national development policies that provided education and fuller employment, improved the status of women, extensively drew on popular participation and created egalitarian societies with adequate standards of living, consequently inducing people to desire smaller families.

(b) All approaches to family planning must include the demographic, economic and social aspects of development.

/(c)

(c) The limitations of the clinical approach, after the initial accepters had already been reached, were recognized, and it was recommended that family planning programmes become community-oriented, involving local leadership and citizen participation. The emphasis should shift from medical, extension education and mass communication approaches to interpersonal approaches at individual, family, group and community levels as utilized in the social work method.

(d) The seeming inconsistency of the national population and family planning targets, with the needs and priorities of the local communities, were noted. It was observed that local communities were often not given the opportunity fully to participate and control their affairs. That was notable, by and large, in the system of planning, where the local communities were not directly involved. Population and family planning must take into account differential community needs and goals in setting the national targets, support services to develop local organizations to take up activities related to family planning, and suitable machinery and resources should be provided for such participation. The approach utilized should be an integrated one, assisting the community in the several areas of its concerns, to which family planning might belong. It might also happen that family planning would be more readily accepted were some other immediate concerns directly dealt with first in the community.

(e) A differential approach to planning and the setting of targets at the local level should take into consideration such variables as socio-cultural attitudes and practices, existing social indicators of development, and the degree of accessibility and communications (geography/terrain, availability of transport and mass media). Manpower and resources should be deployed, and policy, priorities, targets and programme strategies determined, in the light of such an assessment. The populations at the lower socio-economic levels should get primary consideration.

(f) A co-ordinated and multidisciplinary approach was considered essential to more effective programme delivery. For that purpose, it was recommended that Governments set up a population and family planning co-ordinating body at the national level to be composed of representatives of ministries of health, welfare, education and economic affairs and other concerned ministries supportive of family planning programmes, as well as

representatives from voluntary organizations and people's institutions, to formulate national policies and co-ordinate the programmes of the participating units. Such a co-ordinating organization should have its counterparts at all levels of administration up to the local community, where such bodies, as community councils, could be the policy, planning and programme implementation bodies. Such a pattern increased governmental (sectoral) accountability for policy, targets, programmes and resource allocations to local institutions, improved their performance, reflected local needs in the pattern of services offered and built in local controls.

(g) It was recommended that any problem-solving activity, including family planning, take account of all three variables of motivation (of individuals, groups and communities in terms of their present level of discomfort with the situation and the relative degree of hope that things could change for them); capacity (in terms of the personal and situational factors which made for receptivity to family planning, such as education or socio-economic level of development); and opportunity (in terms of social mobility and the delivery of services, including family planning). The family planning programme had erred in placing initial emphasis on programme and, subsequently, on motivation. Only belatedly, it was recognizing the need to increase the capacities of people to accept the family planning message.

3. Policies and legislation

(a) It was recommended that policies and legislation be formulated which would be incentives for the evolution of the small family norm. Such policies and legislation should bear in mind the over-all social goals and a humanitarian ethos. They should not have punitive consequences on the health, education or welfare of the child or the family. For instance, when maternity benefits were withdrawn beyond a certain number of children, alternatives should be provided. While placing responsibility on the individual family, policies should not penalize the child to be borne. Such policies and legislation might be related to housing, family allowance, tax deductions and child welfare benefits. Sectoral policies, negatively affecting population policies, should be frequently renewed and revised by Governments and independent research organizations or advisory bodies.

/(b) The impact

(b) The impact of social security on reducing fertility was recognized. Governments were urged to develop alternative models of social security for rural Asia. One suggestion was to begin the programme by limiting such security to adults who had had three children or fewer. That provided options to parents in seeking economic security through the support of their own sons or the social security programmes.

(c) Legislation pertaining to voting should not be based on population size, as it affected political attitudes to population growth.

(d) Policies to promote equitable distribution of economic benefits and social justice must be initiated.

(e) IUD users and sterilization accepters must be insured against risks of infection leading to mortality.

4. Contraception and abortion

(a) Positive steps should be taken by all Governments to abolish all laws which prohibited the distribution of contraceptives and make contraceptives available to all persons through various channels, taking into account the prevailing socio-cultural factors as well as medical opinion in the country. Diversifying the delivery system by using carefully trained, well-equipped, supervised and licensed non-medical personnel, obviated the problems created by transport, the time involved and the alienness of a clinic and personnel in a distant location.

(b) Abortion legislation should be made available when continued pregnancy, or the birth of the child, would be socially, mentally or physically detrimental to either the mother or the child. When disincentives to pregnancy were introduced, by policy or legislation, it was very necessary that abortion be legally available to avoid the negative consequences of an accidental, unwanted pregnancy.

5. Modification of socio-cultural variables

It was suggested that socio-cultural variables could be modified through various direct and indirect approaches:

/(a) Direct

(a) Direct approaches

(i) Appropriate social legislation including inheritance laws, raising the age of marriage, compulsory education and child labour laws, court procedures for all divorces and polygamous marriages. Initially, they created a climate for the eventual acceptance of such legislation. Social welfare must campaign for such legislation;

(ii) Changes in preference with regard to family size, sex of the child, male-female roles and status, through the mass media, with the assistance of social welfare personnel to identify the elements to be changed and the strategies of change;

(iii) Community approaches used by social welfare personnel to effect change in attitudes;

(iv) Community incentives which motivate the community as a whole for change such as offering to build a community meeting place.

(v) Population and family life education for formal and non-formal groups;

(vi) Raising the socio-economic status of minority groups;

(vii) A religious cell associated with the Government to give direction to the programme and to influence the people.

(b) Indirect approaches

(i) Socio-economic development which moved people out of poverty;

(ii) Improvement of the health of the community, especially decreasing infant mortality, and providing the means and knowledge to achieve better nutritional standards;

(iii) Raising the status of women by providing education and employment;

(iv) Providing employment between the crucial ages of 14 and 20 to unmarried women to provide incentives for delaying marriage;

(v) A differential approach in social development strategies and inputs to reach the "critical mass", i.e., those at the lower economic levels;

(vi) Social security for old age and invalidity.

6. Contribution of social welfare to family planning

(a) Social welfare was identified as being able to contribute to family planning through its expertise.

(i) Knowledge base: It provided a holistic view of man as a bio-psychosocial entity focusing mainly on knowledge relevant to understanding man's coping behaviours in relation to his social realities and the solutions he sought, in order to develop strategies to aid and enhance his coping capacities, develop motivations for and seek opportunities afforded by his environment for self-development and mastery over his environment.

(ii) Skills: They were related to utilizing interpersonal communication through work with individuals, groups and communities in order to promote effective coping with persons and situations in his environment utilizing problem-solving techniques which helped people to identify the problem for work and select strategies for problem-solving activity.

(iii) Attitudes: Value considerations which emphasized the worth and dignity of the person, the right to participate in decision-making, the capacity for growth and change and the right to equal opportunity, social justice and equity.

(b) Social welfare could contribute to family planning through its roles:

(i) Policy and planning: Besides the method of policy and planning, social welfare personnel were trained primarily in social aspects of dealing with the family and vulnerable groups such as the child and labour and policies in sectors such as health, education, and economic affairs, which affected man's social existence. As instruments of change, policy and planning were utilized by social welfare to modify social institutions and organizations.

(ii) Administration, co-ordination and supervision: The methods of administration as well as the substantive knowledge in which they functioned - human and societal needs, and solutions.

/(iii)

(iii) Direct service:

(a) Family-oriented: Motivation, information, education, counselling, follow-up.

(b) Group-oriented: Through already existing groups or the organization of new groups, the social worker approached potential accepters or followed up on new accepters. They dealt, not only with the cognitive, but also with the accompanying affect, which was of major consequence in family planning work and, hence, departed from traditional educational and extension approaches.

(c) Community-oriented: Involved setting up co-ordinating councils, mobilizing citizen participation, setting priorities, developing plans and programmes, and mobilizing human and material resources, training community leaders and utilizing mass media when required.

(c) Social welfare could contribute to family planning through the following fields and target groups:

(i) Fields recommended for operating family planning activities through social welfare personnel were:

(a) Village communities, urban neighbourhoods, housing projects;

(b) Agro-industrial rural-based organizations, co-operatives, labour unions, vocational training centres;

(c) Health and nutrition - clinics, hospitals, MCH and community-based health programmes;

(d) Education - sustaining children in school and preventing drop-outs, and population and family life education.

(ii) Target groups for intervention by social welfare personnel which were recommended were:

(a) Economically vulnerable groups;

(b) Men - greater emphasis needed to be placed on them as they were the decision-makers in the typical Asian family;

/(c)

(c) Women - mother's clubs, parents of children in day-care centres, schools and social welfare programmes;

(d) Youth, especially out-of-school youth;

(e) Children reached through schools and vocational programmes;

(f) Social defence - frequently they were disordered families, whose members came in conflict with the law;

(g) Physically handicapped, many of whom were known to social welfare institutions and in health or assistance programmes.

7. Some programme suggestions

(a) To accelerate the attainment of the goals of family planning, the group felt that Governments should take positive action to encourage the registration of married couples and/or couples to be married, as well as collect other vital statistics relating to health, such as mortality and wastage, so that such persons could be readily identified for services, including family planning.

(b) It was recognized that Governments should encourage, through appropriate measures, the integration of family life and population education into the school curriculum at all levels, beginning at the primary levels, as well as for out-of-school youth, community leaders and other adults. Such subject matter should be integrated into the training of social workers and teachers. Community volunteers might also be trained.

(c) It was recommended that there be a shift in emphasis of programmes, from women as major target groups, to men, community leaders and out-of-school youth. In Asia, men tended to be the decision-makers.

8. Social work education and manpower

(a) A reorientation of social work education towards development was recommended. That would involve a reappraisal of the goals, objectives and processes of social work. If social work was to have a meaningful impact in developing societies, social workers must be educated in an interdisciplinary manner so that they understood the complex problems of social development in order to develop a collaborative relationship with other professional groups. The training should include social, cultural, and emotional dimensions of family planning, knowledge of human relationships, leadership and skills of intervention. It should be geared to training three levels of workers: professionally qualified

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workers for working directly in family planning settings; professionally qualified workers who included family planning components in their usual social welfare activities; and non-professional workers (auxiliaries and volunteers).

(b) It was recommended that social welfare personnel be increasingly involved in the formulation of socio-economic development policies and in the administration of population and family planning programmes. They must be increasingly involved in family- and community-oriented services to reach populations not served through clinical services. They should be utilized to train non-social welfare personnel in the social components of family planning work, and teach them to acquire skills in the interpersonal process at the individual, family, group and community levels. Investment of financial resources in trained manpower was recommended as evidence pointed to its highest efficacy in carrying the message of the small family norm.

(c) For the training of manpower, and development of experimental and research approaches, it was recommended that Governments financially support training and research institutions involved in social welfare and family planning. None of the above recommendations were feasible unless such investments were made for the development of social welfare manpower. In that regard, Governments should give special consideration to the promotion of the Asian Centre for Training and Research in Social Welfare and Development, at which social welfare aspects of family planning should be given an important place.

(d) Governments had to have an adequate manpower policy if realistic curricula were to be developed and adequate manpower turned out for social welfare and family planning.

9. Allocation of resources

Governments needed to review their policies in allocating resources for various developmental programmes, including family planning, and provide more adequate resources for social welfare to develop the necessary infrastructure for the effective promotion of the small family norm.

B. Regional

1. The participants acknowledged the initiative taken by the Social Development Division of ESCAP, the efforts of the Regional Adviser on Social Welfare and Family Planning and the Population Division of ESCAP to obtain UNFPA

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funding for the Regional Workshop and to draw attention to the very significant issue being discussed, since social welfare aspects of family planning were interrelated within the framework of social development.

2. The participants also affirmed the importance of establishing the post of Regional Adviser, in view of the importance of the subject, and appreciated the considerable efforts made by the Regional Adviser in his work in the ESCAP region. The responsibilities of the Regional Adviser should be continually strengthened so that more emphasis could be placed on the contribution of social welfare to family planning.

3. Further technical assistance might be provided in the form of country advisers, where they were requested by national Governments on a longer-term basis since the technical assistance provided by the Regional Adviser was of short duration.

4. The Social Development Division of ESCAP, in collaboration with the Population Division, should take the lead in establishing demonstration - research projects on testing community approaches to family planning. Cross-national research might be undertaken. It should also give financial and technical support to the activities of NGOs in that area.

5. Such research findings should form the basis of future workshops and seminars.

6. There should be more co-ordination between the various United Nations agencies, at the regional and national levels, so that a co-ordinated and inter-disciplinary approach to social development, social welfare and family planning was followed. Resources and manpower would then be optimized.

7. The UNDP country plans and programmes should place much more emphasis on social components, including family planning and social welfare.

8. In view of the recommendation that social welfare be oriented towards social development, and incorporated within the social welfare aspects of family planning, the Workshop recognized the urgent need to promote the Asian Centre for Training and Research in Social Welfare and Social Development.

/9. It was

9. It was recommended that, in view of the dearth of data and research in the region on social welfare aspects of family planning, it was necessary to undertake a study to extrapolate the relevant findings from social welfare research and family planning research which had a bearing on the topic. Such material should be documented and circulated within the region as well as outside.

10. The Social Development Division of ESCAP should either undertake the responsibility, or co-ordinate with the Population Division, for an exchange of such documents as pertained to the social welfare aspects of family planning. A real need was recognized for a clearing-house on the social welfare aspects of family planning.

C. International

1. The Workshop appreciated the efforts of the United Nations Centre for Social Development and Humanitarian Affairs in promoting social welfare aspects of family planning through its various activities, including the technical assistance of the Interregional Adviser on Social Welfare and the Regional Adviser at ESCAP through UNFPA funding and the undertaking of a number of studies and research on that vital subject. The Workshop also noted the recommendations of the Expert Group Meetings held in New York in 1971 and 1974 and suggested the following measures:

(a) Continuance of the services of the regional advisers on the subject in the different regions;

(b) Promotion of research projects as outlined in the section on research;

(c) Co-ordination of research projects at the international level;

(d) Co-ordination of NGO efforts in that subject area.

2. The developed countries must halt their rising standards of living in order not to exhaust the non-renewable resources of the world. Emphasis on consumption must be replaced by maintaining the level of quality of life achieved and ensuring equity to all their citizens. They must achieve a zero rate not only of population growth as they had succeeded in doing, but also of economic growth. Unless international equity existed, there would be no opportunity for development and change in the developing countries, just as equity within a country had been seen as an important means of achieving the small family norm.

/Annex

Annex

TYPES OF RESEARCH STUDIES TO BE UNDERTAKEN

A. Socio-cultural aspects of family planning

1. A study of the relative effect of the social variables of income, occupation and education

2. A study of the relative effects of women's education and occupation

3. Impact of urban/rural variables

4. Impact of joint and nuclear families when urban/rural differentials are kept constant

5. Impact of polygamy on fertility

6. Micro-level studies of areas to study social structure, patterns of life, indigenous techniques of fertility control, childrearing patterns and their effects on fertility

7. Status of women projected in the literature. To what extent traditional roles and attitudes are reinforced in school textbooks and popular literature, and what is the direction of change indicated.

B. Psychological aspects of family planning

1. Motivation, capacity and opportunity variables in relation to degree of acceptance of family planning (attitudes, personality and environmental variables and their interaction in relation to fertility behaviour)

2. Communication and decision-making in families, and patterns of autonomy and dominance to determine the major target group and programme suitability

3. Psychological personality and ethnic variables in acceptance of specific techniques of contraception

4. Psychological, personality, and ethnic variables related to resistance to family planning

5. Psychological, personality and ethnic variables related to reactions to use of contraceptives

6. Relative weightage given to psychological and economic factors in desire for children in the ESCAP region, and associated with different socio-economic groups

7. Attitudes of children to family size and roles - to identify ages at which crystallization begins to take place

/C. Managerial

C. Managerial and administrative studies

Very few studies exist on programme management skills, methods of co-ordination and interdisciplinary team work related to family planning. It is recommended that specific studies on programme management be undertaken as they relate to the social welfare aspects of family planning.

D. Programme inputs and effectiveness of outcome

These studies may require an experimental base but could also be conducted on the existing groups as comparative studies. The following programme variables need to be tested in relation to effectiveness of outcome.

1. Home-based delivery of services
2. Community participation - demonstration research project on testing community approaches to family planning
3. Leadership training and involvement of local leaders
4. Involvement of general practitioners, traditional medicine-men and traditional midwives
5. Training and involvement of paraprofessionals
6. Relative impact of various programme strategies: mass media, home visits and personal contacts in clinics; community-oriented strategies; extension approach
7. Effects of social policies and legislation on fertility behaviour
8. Identification of minimal combination of variables required for successful impact on fertility rates
9. Evaluation of economic and social development on the family (size, consumption, relationship, structure, etc.) and on the community (life-style, structure, relationship, problems, etc.)
10. Relative effects of traditionalism and modernity, and programme on effectiveness in lowering fertility
11. Effectiveness of techniques used by teachers and social workers in providing population and family life education
12. Level of prior educational preparation and training inputs for various categories of social welfare personnel utilized in family planning work
13. Effect of premarital counselling on acceptance of the small family norm
14. Relative effects of utilizing incentives and disincentives

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