Social Policy and Fertility Transitions

Thomas W. Merrick
Social Policy and Fertility Transitions

by

Thomas W. Merrick
Thomas W. Merrick is Senior Population Advisor in the Population, Health and Nutrition Department of The World Bank. This paper was originally presented to the Expert Group Meeting on Family Planning, Health and Family Well-being in Bangalore, October 26-30, 1992.
Abstract

The 1990s bring new challenges for international family planning programs. Fertility transitions are now underway in many developing countries. A key question for population policy is whether efforts to expand the supply of contraceptives, which played an important role in getting fertility declines underway, will be sufficient to complete the transition to low fertility, or whether greater attention needs to be given to demand factors as transitions reach an intermediate stage. This paper argues that analytical work should aim to provide programmatically useful information about the synergistic relationships between family planning programs and individual- and community-level "setting" variables that influence both fertility and program performance; this approach emphasizes the interconnections between supply and demand variables rather than supply versus demand. It illustrates how social policy aimed at accelerating the transition to lower fertility has been most effective when informed by understanding of the synergistic relationships between measures to increase access to high-quality family planning services and those broader social and economic conditions that affect both the capacity to provide and the motivation to use such services.
Table of Contents

Introduction ................................................... 1
Understanding Linkages Between Family Planning, Fertility and Social Setting ............. 3
Recent Research and Social Policy ..................................... 8
Illustrative Cases ............................................... 14
Conclusions and Recommendations .................................... 18
Introduction

The 1990s bring new challenges for international family planning programs. Fertility transitions are now underway in many developing countries. Contraceptive prevalence has risen from very low rates to levels that include half or more of married women in reproductive ages. A key question for population policy is whether efforts to expand the supply of contraceptives, which played an important role in getting fertility declines underway, will be sufficient to complete the transition to low fertility, or whether greater attention needs to be given to demand factors as transitions reach an intermediate stage. This question is also relevant for countries at an earlier stage in the fertility transition to the extent that they may want to learn from the experience of countries that have moved from incipient to intermediate stages of the transition.

Debate about the relative importance of "supply" and "demand" for family planning has waxed and waned for over two decades. Where efforts to expand family planning were just getting underway in developing countries during the early 1970s, there was considerable skepticism about whether demand would be sufficient to bring significant change in reproductive behavior. "Development is the best contraceptive" was a catch phrase at the 1974 World Population Conference in Bucharest, with a bottom-line recommendation that fertility would decline faster if spending were to be shifted from family planning programs to changing the underlying social structure that generated demand for large families.¹

Subsequent experience has revealed considerable latent demand for family planning. Potential clients would use contraceptives if high-quality family planning services responded to their needs. However, success in family planning involved more than isolated distribution of contraceptives. Programs that succeeded were those that moved with the social, economic and cultural currents of

the societies in which they were organized. Programs failing to find these currents had less impact, and in some instances, strong countercurrents made movement very difficult. This experience has also shown that the supply-demand dichotomy is too restrictive a framework for addressing linkages between family planning and the socio-economic setting.\(^2\)

Supply-demand issues are again in question for countries that have succeeded in supplying latent demand and are moving into the intermediate stages of their fertility transitions. For example, the World Bank's *Poverty Reduction Handbook* asserts: "The experience of the past twenty years indicates that even in poor countries a process of fertility decline can be initiated by a typical family planning program that focuses on the provision of contraceptive supplies, services, and information. But there is little evidence that such programs can do more than meet the needs of those predisposed to family planning services. Supply-oriented strategies thus need to be complemented by social and economic changes that reduce desired family size and encourage birth spacing."\(^3\) While it is certainly desirable to complement family planning with development efforts which promote smaller families, basing that recommendation on the assumption that all family planning programs can do is supply contraceptives misreads two decades of research and experience which demonstrate that the complementarity between supply and demand for family planning involves a great deal more than promoting social and economic change.

From a policy perspective, the issue is whether analytical work can provide programmatically useful information about the synergistic relationships between family planning programs and

---

\(^2\) As Demeny has noted: "[H]ow family planning programs are organized and how services are delivered have a significant influence on the capacity of these programs to attract clients. Thus, supply influences demand. Conversely, the ability of even the most determined suppliers of contraceptives to sustain an effective family planning program is a function of the level of demand." And he concludes: "supply — 'program effort' — is not an independent variable: it reflects, *inter alia*, demand." See Paul Demeny, "Policies seeking a reduction of high fertility: a case for the demand side," *Population and Development Review*, vol. 18, #2 (June 1992): 321.

individual- and community-level "setting" variables that influence both fertility and program performance. A more useful approach for social policy at intermediate stages of the fertility transition is one that is inclusive of the synergies between socio-economic forces, social sector investments, including family planning and reproductive health, and fertility. The right questions are "what social-sector investments are likely to strengthen the demand for family planning and reproductive health services" and "how can the design of these services be better tailored to the socio-economic structure in which they are expected to be effective?" This paper offers some further reflections on these questions.

Understanding Linkages Between Family Planning, Fertility and Social Setting

Over the past two decades, a substantial literature has evolved on fertility and family planning. It is documented by an equally large volume of data accumulated through projects such as the World Fertility Survey (WFS), Contraceptive Prevalence Surveys (CPS), and the current Demographic and Health Surveys (DHS). An advantage of these inquiries is their reliance on a common set of variables, which has increased international and intertemporal comparability. They also make it possible to obtain timely measurement of fertility rates, contraceptive prevalence, unmet need and other programmatically useful information. Because of the wealth of statistical information, the debate about fertility is better informed than during the 1970s.

---


One caveat is that gains in comparability and timeliness in fertility surveys involve tradeoffs in the precision of information about individual and household characteristics which could shed additional light on supply-demand issues. Other large-scale survey efforts such as the living-standards measurement surveys and periodic household income and employment surveys do present a richer array of social and economic measures, but generally do not provide the information on fertility and family planning that one finds in DHS-type surveys. The lack of data sets which have both social policy variables and information on fertility and family planning makes it difficult to get statistical estimates of the synergies and interactions between programmatic and contextual variables.

Another limitation of household-level inquiries is that they provide little information on how family planning services are obtained, and that the information they do provide depends on how well survey respondents know the characteristics of the service-delivery points they use — for example, whether they are "public" or "private," what range of services they actually provide, and who else uses them. Survey-based information about costs and the structure of service delivery is very limited.\(^6\) Administrative data may shed some light on this but are often distorted to reflect favorably on providers. Operations research projects that focus on process variables such as the quality of client-provider relationships, linkages between program structure and inputs and program performance, are a useful source of additional information, but they are generally limited in geographic scope and cannot be merged with survey data on individuals. This makes it difficult to

---

\(^6\) One strategy that attempts to overcome this limitation is to merge data from surveys with region-level administrative information. Success depends to a large extent on how well location is identified in the survey data and on whether the locations of survey clusters correspond to meaningful geographies in the administrative data.
utilize their findings in studies that require multiple observations based on a single measure.\footnote{For a review of operations research on family planning, see Moira Gallen and Ward Reinhart, "Operations research: lessons for policy and programs," \textit{Population Reports}, Series J, Number 31 (May-June 1986).}

Even with these limitations, research flowing from these new sources of information has done much to clarify the linkages between program effort and socioeconomic variables. Several important lines of inquiry have emerged since the 1974 Population Conference in Bucharest, where the idea first gained prominence that "development" and "family planning" were somehow competing approaches to fertility reduction in developing countries. A lot has been learned since then, with most of the evidence pointing to synergies rather than competition between supply and demand factors. The literature is by now extensive; here we need only recall its main points.

The first of these research developments is based on recognition that the effects of socioeconomic factors on fertility are usually mediated by intermediate or "proximate" determinants of fertility, as elaborated by John Bongaarts.\footnote{John Bongaarts, "A framework for analyzing the proximate determinants of fertility," \textit{Population and Development Review}, vol. 4, no. 3 (March 1978): 105-132.} This perspective shifts the focus of research on socioeconomic determinants of fertility from direct linkages to indirect ones, taking account of physiological and demographic factors that have more immediate effects on reproductive outcomes: (i) use of contraceptives, (ii) intended and involuntary infertility and interruption of pregnancy, and (iii) patterns of marriage and cohabitation. Both socio-economic variables \textit{and} programs affect these proximate variables, and Bongaarts and his followers have urged that research focus on understanding these channels and their interactions in order to inform policy and budgetary decisions.

A second line of inquiry that has helped to clarify understanding of the synergies between broader socio-economic forces and programmatic variables in accelerating fertility decline is the series of cross-national studies carried out by Parker Mauldin in collaboration with his colleagues...
Bernard Berelson, Robert Lapham and John Ross. These studies, which examine the effects on fertility of standard measures of progress in socio-economic development in conjunction with a series of program-effort indicators, show that fertility declines most rapidly in countries with high scores on both sets indicators. While a great deal of care is needed in drawing conclusions from aggregative cross-national measures, the finding that countries can experience fertility declines under less favorable socio-economic conditions or with lower program effort suggests that both sets of variables are important. Moreover, interactions between the variables (which complicates the analytical task of distinguishing between the effects of program inputs and contextual variables) lends further support to the view that it is the synergies between these variables that are important from a programmatic perspective. To find these synergies, we need to focus on specific country experiences.

This is borne out by a third, and very informative line of research that has evolved in the post-Bucharest era: country-level studies of the fertility transitions now occurring in many developing countries, particularly in Asia and Latin America. One example of this kind of work is the growing literature on the fertility transition in Bangladesh. That country was once considered an example a socio-economic setting so unfavorable to fertility decline that it was considered unlikely that family planning programs could have any impact. Indeed, the failure of a number of early efforts to increase contraceptive use by expanding services seemed to confirm this.

Fortunately, Bangladesh was able to draw on lessons from carefully designed experimental programs such as those in the Matlab district, which sought to shape intervention strategies to "on-
the-ground" social, economic and cultural conditions. The subsequent success of this experiment and application of its lessons in other parts of the country suggested, first, that programs had to do more than merely supply contraceptives, and second, that when programs were made more responsive to the actual needs and sensitivities of potential clients, contraceptive use would increase and fertility decline accelerated. A specific example in the Bangladesh case is the selection of outreach workers: initial efforts to expand outreach services using male health workers and even older female midwives met with little success in the villages; these workers could dispense supplies, but they were not credible counselors in dealing with the concerns of potential users, most of whom were reluctant to talk about sexual practices. However, when younger women were recruited from villages and trained in a range of outreach skills, they proved to be very effective change agents.11

The Bangladesh experience also illustrates how program effort can be made more effective by attention to key structural variables. In Bangladesh, as in many countries at early stages of their transitions to lower fertility, there was latent demand for family planning, but the climate of demand was weak because of women’s uncertainties and concerns about change in reproductive behavior which, in turn, increased their psychological cost of controlling fertility even if monetary costs were being reduced through program efforts. It was only when programs became sensitive to costs in this broader sense (through counseling, education and other initiatives) that latent demand was translated into increased contraception and fertility decline. This success led to word-of-mouth communication about the benefits of family planning among villages and helped to expand the demand for services.12


Recent Research and Social Policy

Much of the renewed discussion about the relative importance of supply and demand factors in family planning has focussed on whether investments in female education or funding of family planning programs is the more effective approach to acceleration of fertility decline in developing countries. As Cochrane has demonstrated, the effects of individual education on fertility are likely to work through multiple channels: "Education through literacy gives people access to more sources of information and a wider perspective on their own culture. Education is also a socializing process and inculcates social values. Exposure to these values would depend on the years of schooling. Education is widely believed to provide economic skills, and the level of those skills may depend on the grade level attended. Even if education does not provide such skills, jobs are often rationed on the basis of credentials such as education certificates." Many economists focus on these latter channels and seek to explain the influence of education on fertility by using it as a measure of the opportunity costs of child rearing vis-a-vis increasing family income by working outside the home. Another more immediate channel of influence on fertility behavior is through educational opportunities for children, where parents are believed to choose to have a smaller number of children in order to be able to provide each of them with a better education. Education can also influence fertility through its effect on the delivery of family planning programs by increasing the stock of skilled service providers.

That schooling has a powerful effect on reproductive behavior is undisputed. However the relationship is far from simple one-way causation. In her recent review of findings from research

---

13 See, for example, Lawrence Summers, "The most influential investment," Scientific American, August 1992.

on linkages between education and fertility in developing countries, Jejeebboy found differing patterns at different stages of development. Her report puts greater emphasis on socio-cultural channels of influence than purely economic ones. At early stages of development, the primary effect of education is through fertility-increasing factors such as decreased breastfeeding. Later, the net fertility impact is negative, but works through a variety of channels. The impact of education on fertility is greatest when it offers women more than a limited role in family decisions and access to resources. She raises a policy concern about relying on changes in the distribution of educational attainment to reduce fertility even though some fertility decline can be expected because of change in that distribution. While the proportion of poorly educated women in the developing world is declining, these women still comprise the majority in many countries, and further declines in fertility will depend on their behavior. Thus, she notes, "fertility is unlikely to decline unless programs are established that help to address the unmet need of less educated women."

Given these multiple channels of potential influence, it should not be surprising that educational attainment turns up again and again as the variable which explains the most variance in regression analyses of the number of children reported by women in survey data. Moreover, when education is pitted against imprecise measures of "family planning program input" such as women's perception of the distance to the nearest family planning clinic or community-level measures of the "supply" of services, it would be a surprise if education did not explain most of the variance.

---


16 This point ties into one made by Cleland and Wilson: "A[n] important consequence of the structural modernization of societies, in particular the growth of formal education, is a psychological shift from inter alia, fatalism to a sense of control of destiny, from passivity to the pursuit of achievement, from a religious, tradition-bound, and parochial view of the world to a more secular, rational and cosmopolitan one." See J. Cleland and C. Wilson, "Demand theories of the fertility transition: an iconoclastic view," Population Studies, vol. 41, no. 1 (March 1987), p. 9. They also argue that opinion leaders, social networks, and intr spouses'pousal communications play important roles in changing attitudes and spreading new ideas and technologies.
This is, in fact, what is being found in recent studies purporting to show that most, if not all of the recent fertility declines in developing countries are "demand driven" and that increased access to contraception has had little or no effect on such declines. These studies are based either on international cross-sections with country-level data or country-level cross-sections with household-level data. Both employ measures of fertility, contraceptive use, and educational attainment to test the relative strength of "supply" and "demand" in explaining fertility decline. Most attempt to elucidate the complex structural relationships underlying the linkage between these variables, but revert to the so-called "reduced form" in their statistical tests, with female educational attainment as the operative variable representing demand. Because of the high statistical (and behavioral) association between fertility and contraceptive use, most studies also attempt to "endogenize" contraceptive use by estimating it using exogenous variables that "explain" cross-national or cross-household variation in it. For a variety of reasons, neither household-level nor cross-national studies do very well in explaining contraceptive use in this way.

Cross-national studies have used indices such as the Mauldin-Ross program effort scores,


18 See T. Paul Schultz, "Assessing family planning cost-effectiveness: applicability of individual demand-program supply framework," in Phillips and Ross, Family Planning Programmes and Fertility, pp. 78-105 for discussion on this point. Schultz argues that reduced form estimates provide "the essential information needed for family planning and development policy choices," but notes that this depends on the validity of a number of "working assumptions" about program inputs under actual country conditions. In this respect, it is striking how little attention demand-oriented studies give in their treatment of "supply" to field-level research on quality of care and other issues that have been shown to be much more critical for program impact on fertility than the number of contraceptives being supplied. For example, see Anrudh Jain, Judith Bruce and Sushil Kumar, "Quality of services, programme efforts, and fertility reduction," also in Phillips and Ross, Family Planning Programmes and Fertility, pp. 202-221.
which do correlate well with contraceptive use, but suffer from being highly correlated with demand variables as well.\textsuperscript{19} Other measures such as program expenditures lack cross-country comparability or are weak measures of program input to begin with. Country-level cross sections do not do much better. An example is a recent study of fertility decline in Indonesia during the 1980s which is very careful to control for the endogeneity of program inputs that influence fertility behavior.\textsuperscript{20} Its authors note the close connection between fertility decline and increased contraceptive prevalence, but to avoid biasing the analysis by regressing fertility on an "outcome" variable, they attempt to measure district-level family planning program "input" in four ways: (i) monthly mobile family planning team visits; (ii) the number of village contraceptive distribution centers; (iii) the numbers of health clinics registered in the family planning reporting system; and (iv) the numbers of family planning clinic workers. In individual-level regression results, they report that while contraceptive prevalence accounted for 75 percent of the fertility decline, educational attainment "accounted" for 87 percent of the increase in contraceptive use and program inputs only 4 to 8 percent. From a policy perspective, interpreting these findings to suggest that program inputs do not affect contraceptive use is misleading. What they have found is that imprecise measures of program input do not tell us much about contraceptive use. Had they tried, the authors would also have found that "input" variables for individual educational attainment — the number of schools, the number of teachers, the number of textbooks — would not have explained much of the regional variance in educational attainment, which, from a social investment perspective, is also an "output" variable.

\textsuperscript{19} For a discussion of these issues see John Bongaarts, W. Parker Mauldin, and James F. Phillips, "The demographic impact of family planning programs," \textit{Studies in Family Planning}, vol. 31, no. 6 (Nov./Dec. 1990): 299-310, especially Appendix B; for an earlier review, see Brian Boulier, "Family planning programs and contraceptive availability: their impact on contraceptive use and fertility," World Bank Staff Working Papers \#677, 1985.

\textsuperscript{20} Paul J. Gertler and John W. Molyneaux, "Economic opportunities, program inputs and fertility decline in Indonesia," the RAND Corporation for a World Bank review of population policies in Asia, June 1992.
While much of the debate has centered on the role of formal education as a "demand" variable, the role of informal education, exposure to the mass media, and other modernizing variables should not be forgotten in the discussion of forces that strengthen the motivation to control fertility through the use of contraception. Many family planning programs have used the media to raise consciousness about family planning and to motivate couples to space and limit births. Even non-specific content of mass media messages, particularly those that expose audiences to new values and the concept of choice in general, play an important role in this process. While these influences are difficult to quantify, they are recognized as playing an important role in building demand for family planning.  

From a theoretical perspective, there is not a *prima facie* case for the primacy of either "supply" (of family planning services) or "demand" (for children, or derived demand for services). Approaches that look at both the supply and demand for children recognize that family planning programs can do a lot to reduce the costs of realizing fertility aspirations. As Easterlin and Crimmins note: "unlike popular views and a number of scholarly theories, the present approach does not assert the primacy of any single determinant of fertility control — motivation, its demand or supply components, or regulation costs. Rather it views the respective roles of these factors as an empirical issue ...", which their research seeks to elucidate. Their findings emphasize the importance of motivation for control of fertility, but note that a variety of social and program forces

---


influence both motivation and the costs of regulation.

To the extent that research approaches ignore these influences, their contribution is likely to be limited. In fact, when they counterpoise the two sets of variables rather than explore interactions, they are misleading. What is missed is the sequence of changes that, in broad outline, were alluded to earlier in the paper. At the very early stages of the transition process there is high fertility on average and little fertility limitation (with variation related to such practices as breastfeeding and abstinence from intercourse for some time after a birth). There are pockets of family planning practice among more educated women and elite groups, who generally have constituted the largest segment of latent demand potential for expanded services. In addition to supplying contraceptives, family planning organizers mounted information and public education campaigns to attract added clients from among groups with latent demand, and sought to increase awareness and motivation to practice family planning among groups that still expressed a preference for large families. As programs expanded, the prevalence of family planning continued to grow. One feature of this expansion was a "demonstration effect" created by the adoption of family planning among groups who were perceived to be improving their living standards through the behavior changes they adopted (including having fewer children and practicing family planning) and who communicated to others their satisfaction with the services that helped them accomplish them. Of course, the reverse also happened when services did not meet client needs; hence the growing emphasis on service quality among providers.

Both "supply" and "demand" influences are at work in this scenario, and more importantly, they are mutually reinforcing. To learn from such experience, social policy needs to be informed about the linkages between use of family planning and the larger social context in which contraceptive choices are made. This understanding would be a lot easier if the fertility transition and broader
social changes that affect it took place in an even, orderly fashion across all groups in a society. Unfortunately, that does not usually happen. Some groups lead, others follow. The benefits of expanded access to both education and family planning typically accrue to groups who are in a relatively privileged position — the sons and daughters of the educated are more likely to be in school. Fertility decline and use of contraception also start among more educated groups. If the country in question was also investing in education, cohorts with higher educational attainment replaced their less educated older sisters in the prime childbearing ages of the society’s reproductive population, reinforcing the process of change through a variety of channels that were mentioned earlier. At the same time, family planning was being adopted and fertility was also declining among older, less educated women and among less educated younger women to whom services were provided. Motivation also counted for the latter groups, but was cultivated through informal channels rather than formal education, from which these groups had not benefitted. To illustrate this, it is useful to consider some specific examples.

**Illustrative Cases**

Indonesia is one case in point. Since the late 1960s, the total fertility rate in Indonesia has declined by 40 percent, from 5.5 to 3.3 births per woman. Contraceptive prevalence rose from less than 10 percent to about 50 percent. Indonesia has one of the world’s most effective national family planning programs, to which much of the increase in contraceptive use has been attributed. At the same time, Indonesia has invested heavily in education, so that by the late 1980s primary education was virtually universal. Clearly, both supply and demand forces were at work. Yet, as Ronald Freedman notes: "[N]o one has yet developed a method for disentangling the changes in the desired
number of children which are induced by social change, and those which arise from the direct communication of such ideas by an organized program or in other ways. ... It is very likely that the overall increase in effective demand was a synergistic joint effect of the broad social changes and the strong family planning program. Given what is at stake and the independent value of both development and the service aspects of the program, it is prudent to consider both as essential parts of the Indonesian population policy.\(^2\)

The experience of Bangladesh also illustrates how program effort can achieve results in an adverse setting. Much of the Bangladesh family planning program effort has been targeted toward less educated, rural women. From 1983 to 1991 the contraceptive prevalence rate for women with secondary education increased by 10 percentage points, from 42 percent to 52 percent. At the same time, contraceptive prevalence for women with no schooling increased by 21 percentage points from 16 percent to 37 percent. Correlations between education and contraceptive use in the general population would probably be stronger than those for program inputs at both dates, yet completely miss the impact of program effort in increasing the prevalence among uneducated women by a much greater proportion than for more educated women.\(^2\)

An important synergistic effect revealed by the Bangladesh experience relates to changes in the status of women. The low status of women and lack of opportunity for women outside the home was seen as a major obstacle to change in reproductive behavior in Bangladesh. By training and employing younger women from villages as outreach workers, the program was not only more

---


effective in serving the needs of clients, but it also provided a vehicle for improving the status of the women employed by the program. The presence of these active women workers among the village women may itself have had an influence on women's perceptions of the possibility of exercising control over their lives.

Another country illustration is provided by the work of Knodel and his colleagues in Thailand, a country which is now well-advanced in its fertility transition. In addition to reviewing data taken from surveys administered at various points during that transition, their research drew on qualitative information acquired through focus groups designed to provide deeper insight into the process of social change than survey data could reveal. They emphasize the pervasiveness of Thailand's reproductive revolution across a broad spectrum of Thai society and report that the least educated, recently married rural women expressed only slightly higher family-size preferences than the best educated urban women. The Thai experience reinforces the point made in reference to Bangladesh about how social change and program efforts reinforce each other. After an initial stage in which family planning expanded on the basis of existing latent demand, there followed a period during which "increases in birth control practice and changes in the views of couples about the possibility and appropriateness of family limitation may themselves stimulate reductions in desired family size, thereby contributing to further increase in contraceptive use and further declines in fertility." In this sequence, "changes in the propensity to translate family-size preferences into

---

appropriate behavior may be more important than changes in preferences themselves.\textsuperscript{26}

In Latin America, where modernization (in terms of urbanization and educational attainment) was more advanced when fertility transitions started, experience also reveals important interactions between program effort and setting variables. Colombia, now well advanced in its fertility transition, had a total fertility rate in excess of six births per woman in the mid-1960s. At that time, the fertility rate for women with a complete primary education was 3.9, compared to 7.15 for women with less than completed primary education. Only 16 percent of girls aged 12-17 were in secondary school.\textsuperscript{27}

Between 1965 and 1990, Colombia mounted one of the world's most successful efforts to expand family planning services for all segments of its population. Contraceptive use has expanded in all levels of society, along with other social services. By 1990, the proportion of 12-17 year old girls in secondary school had increased to 56 percent. Total fertility among women with a secondary education had fallen to 2.4 births per woman. At the same time, the fertility rate for women with no education had declined to 4.9, and for those with an incomplete primary education to 3.6 births per woman. This suggests that improved educational attainment and expansion of family planning have both contributed to increased contraceptive use and fertility decline. By providing subsidized services to less educated women, the program brought the health and welfare benefits of smaller families to groups that would not have had them under a strategy that simply left the process to the market with the hope that improved education of the next generation would complete the country’s


fertility transition.\textsuperscript{28}

These processes of change are clearly more complex and richer in social and cultural detail than can be described in this brief essay. The point of sketching them out is to ask whether analyses of cross-sectional surveys compiled at one point during the process are likely to tell us much about change. These analyses will surely reveal the high correlations between educational attainment, use of contraception, fertility levels, and the role of other intermediate variables. But they are unlikely to tell us much about how efforts to expand services and motivate potential users affected change over time.

To be effective in accelerating fertility declines in developing countries, the allocation of resources among social sectors needs to be informed by research that will help programs target on reinforcing the links between social change, family planning program effort, and reproductive behavior. Research strategies based on \textit{a priori} logic in which social change and program effort influence fertility independently of each other does not provide such guidance. They also ignore promising approaches that have enriched understanding of these linkages.

Conclusions and Recommendations

Debate about the relative importance of "supply" and "demand" factors is not likely to disappear. Hopefully, discussion can again move from reductionist dichotomies to fuller understanding that provides effective guidance to social policy. Far from being effective, "either-or" views are misleading. It may be amusing to imagine the zealous supply-sider flying around in a

helicopter dropping pills and condoms on villagers and expecting them to have fewer children in response, and equally amusing to imagine the naive demand-sider complacently assuming that more educated couples somehow possess mind-over-matter magic that enables them to control their fertility without contraceptives. Neither takes us very far in understanding how social policy can contribute to fertility transitions.

Social policy is concerned with bringing about positive social changes and with the allocation of resources to activities that affect such changes. In particular, it deals with how public-sector subsidies should be targeted to achieve socially desirable goals. Such goals include increasing educational attainment and enabling individuals to control reproduction so that they can achieve the health and welfare benefits of smaller families and society can benefit from slower population growth rates. Social policy aimed at accelerating the transition to lower fertility has been most effective when informed by understanding of the synergistic relationships between measures to increase access to high-quality family planning services and those broader social and economic conditions that affect both the capacity to provide and the motivation to use such services. Further, these relationships are more likely to be dynamic than static, so that interaction between "supply" and "demand" factors in shaping family planning behavior can be expected to shift as societies move through their transitions from high to low fertility.

At early stages in the transition, direction of fertility policy requires an assessment of how much latent or potential demand for services exists and how it can be translated into actual use of services if they were made available. "Supply"-oriented strategies focus on that objective. But planners also need to think ahead to how conditions could change as those initial objectives are accomplished and society advances into more mature stages of the fertility transition. Experience has shown that high quality services generate additional demand for family planning. Investments
in human resource development, particularly female education, will increase motivation for smaller families, but have a longer gestation period for effects to occur. As Indonesia illustrates, educational investments need to be made early in order for that expectation to be met.

Access to contraception will remain an issue for social policy throughout the fertility transition, and, due to cohort-size increases, even after it has been completed. This is particularly true when family planning is considered in the context of the broader range of health services. Again, the issues are not static. The challenges shift from actuating latent demand to meeting growing levels of stated demand, maintaining quality of services, and extending access to underserved groups. Questions about the division of labor between the public sector and the private market in the financing and provision of such services take on greater significance at this point than during early latent-demand stages. While some societies may share the view that the public sector should always be the main provider/financier of family planning, resource scarcity may require alternative approaches that direct public subsidies to underserved groups and facilitate greater private-sector participation in family planning.

Finally, we need to stop talking as if family planning programs and female education were mutually exclusive alternative approaches in social policy to accelerate fertility transitions. Both are worthwhile in terms of being cost-effective and in bringing enormous benefits to individuals and societies. Their effects differ in timing but are still reinforcing. The most important contribution of research to policy is in identifying these interrelationships and translating findings about them into concrete recommendations about where most effectively to target the subsidies that will increase the access of women and men in developing countries to both.
<table>
<thead>
<tr>
<th>Title</th>
<th>Author</th>
<th>Date</th>
<th>Contact for paper</th>
</tr>
</thead>
<tbody>
<tr>
<td>HROWP1 Social Development is Economic Development</td>
<td>Nancy Birdsall</td>
<td>March 1993</td>
<td>L. Malca 37720</td>
</tr>
<tr>
<td>HROWP2 Factors Affecting Achievement in Primary Education: A Review of the Literature for Latin America and the Caribbean</td>
<td>Eduardo Velez&lt;br&gt;Ernesto Schiefelbein&lt;br&gt;Jorge Valenzuela</td>
<td>April 1993</td>
<td>L. Malca 37720</td>
</tr>
</tbody>
</table>