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Working Paper

The socio-cultural context of population programs

Materialien und kleine Schriften, No. 161

Provided in Cooperation with:

Institute of Development Research and Development Policy (IEE), Ruhr University Bochum

Suggested Citation: John, Anja (1997) : The socio-cultural context of population programs, Materialien und kleine Schriften, No. 161, ISBN 3-927276-47-2, Ruhr-Universität Bochum, Institut für Entwicklungsforschung und Entwicklungspolitik (IEE), Bochum

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MATERIALIEN UND KLEINE SCHRIFTEN

161

Anja John

**The Socio-Cultural Context
of Population Programs**

Bochum 1997

Please note:

With the conversion of the volumes of the series "Materialien und kleine Schriften des IEE / IEE Working Papers" to the PDF format, there sometimes occur differences in the page numbering. Therefore it is recommended to always state if a citation is from the PDF version of the title.

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http://www.ruhr-uni-bochum.de/iee/publ/mat/pdf/mat_161.pdf

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ISSN 0934-6058
ISBN 3-927276-47-2

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1 INTRODUCTION

Research on the socio-cultural context of population programs reveals that "until the advent of HIV and AIDS, and even since then, the family planning field, especially government programs, has generally ignored the fact that reproduction takes place through sexual relations, which are conditioned by broader gender relations. A review of the conventional demographic and family planning literature illustrates that the population field has neglected sexuality, gender roles, and relationships, focusing instead largely on outcomes, such as contraceptive efficacy, unwanted pregnancy, and more recently infection ... similarly, health and education policies and programs in most countries have rarely dealt with sexuality and have understood very little about how gender relations affect achievement of these goals. Overall, population and health policies and programs continue to be rooted in and reinforce existing gender relations and traditional constrictions of sexuality rather than transforming them."¹ This is an unsatisfactory result since development is known only to be successful in the long run if it has "... its roots at the national level and is people-based, provided those people feel that development belongs to them and that they are capable of planning it and putting it into effect."²

Regarding this premise, the work on the socio-cultural context of population programs has to discover why people have large families. The socio-cultural facts are quite different from one country to another, and even within a country due to different tribes or religions co-existing for example, the research starts off with the presentation of the socio-cultural situation in different countries, followed by examples of specific programs that have been carried out, and ends with a conclusion.

To emphasize the urgency of the implementation of successful family planning programs the rates of population growth are given below.

2 RATES OF POPULATION GROWTH

"It took mankind more than a million years to reach a population of one billion ... the second billion required only 120 years, the third billion 32 years; and the fourth billion 15 years. If one postulates that the human race began with a single pair of parents, the population has had to double only 31 times to reach its ... total".³ This evaluation took place in 1977, whereas in March 1994 one has to state that since the adoption of the Plan of Action in 1974, the world population has grown from 4 billion ... to an estimated size of 5.7 billion at the time of the International Conference on Population and Development (September 1994). This 1.7 billion increase in 20 years is equivalent to two fifths of the population of the world in 1974 (more accurately 42.5 per cent)."⁴ And a new study by the Population Reference

1 Germain, Nowrojee, Pyne, p. 41

2 UNESCO, The Cultural Dimensions of Development towards a practical Approach, p. 35

3 McNamara, p. 5 f.

4 UNESCO, Memo ICPD, p. 35

Bureau in Washington puts the likely population in 2030 at between 8.3 billion and 10.7 billion!⁵.

Demographic differences between developed and developing countries look as follows: in absolute numbers "from 1750 to 1850 the developed countries grew annually by 1.5 million people and the developing countries by 3 million, from 1750 to 1950, by 5 million and 7 million respectively, and from 1950 to 1975, by 11 million and 48 million."⁶ More recently, "the population growth rate in Europe during the period 1980-5 was 0.3 per cent per year. This means that Europe's population will require 230 years to double itself. The Third World as a whole grows at 2.0 per cent per year and needs thirty-five years to double itself, while the Muslim World has been growing at 3.0 per cent per year which means it will need only twenty-three years to double its population."⁷

(See tables in annex.)

3 SOCIO-CULTURAL SITUATION IN DIFFERENT REGIONS AND COUNTRIES

Although, from the geographical point of view, a division in regions, Arab States Region, Asia, Latin America and the Caribbean, and Africa is possible, it does not imply that the socio-cultural context of these regions aligned itself according to the same borders.

So can Islam be found not only in the Arab States Region, but also in Africa, southern Asia (Malaysia, Indonesia, Philippines), and Europe (e.g. Ex-Yugoslavia, Albania).⁸ The religion itself stays the same even though its practice differs among Muslim societies.⁹ Family Planning in the legacy of Islam has to be seen as a part of Islamic jurisprudence which derives originally from Shari`ah (Qur`an and Sunnah) and has been studied by several legal schools during the centuries, eventually leading to conferences on Islam and family planning.¹⁰ Thus its source is religious and the main ideas apply therefore not only to the Arab States Region, but to all Islamic societies.

Let us take, as but one example, the case of Islam and Islamic societies. The ideas which follow, are drawn from and in many cases quoted directly from "Family Planning in the Legacy of Islam" (published with the support of the United Nations Population Fund) by Professor Abdel Rahmin Omran who is a world authority on population, health and Islamic culture and demography. He is also Chief Population Adviser to Al-Azhar (Islamic) University, Cairo.

Islam considers the prevention of pregnancy or diminution of the number of children to be not prohibited regarding the application of the traditional method of al-azl (coitus

5 The Economist, July 23, 1994, p. 45

6 McNamara, p. 6

7 Evaluation in 1992 by Omran, p. 212

8 Behnam, p. 34

9 Behnam, p. 33; Makhoul Obermeyer, p. 5

10 Omran, p. 73 ff.; p. 145 ff.; p. 201 ff.

interruptus).¹¹ By analogous reasoning modern methods of contraception are permitted¹² whereas sterilization is mainly considered to be prohibited.¹³ The dissident opinions today including not only jurists but also non-jurists, such as writers, demographers, economists, health planners and bearers of religious titles argue mainly that the family planning movement is an attempt to reduce the Muslim population.¹⁴

The essential question is how Islam regards multitude. "As all other religions, Islam has encouraged its people to increase and populate the earth."¹⁵ But does this not contain the provision that the quality of life of the population should not be compromised? Islam provides a lot of arguments which lead to this conclusion: Islam "is a religion of ease and not hardship ... thus if excessive fertility leads to proven health risks to mothers and children, and/or if it leads to economic hardship or even embarrassment to the father, or if it results in the inability of parents to raise their children religiously, educationally and socially, then Muslims would be allowed to regulate their fertility in such a way that these hardships are warded off or reduced."¹⁶ In fact, at present the Muslim population is growing faster than any other group: as mentioned earlier on, the Islamic world has a growth rate of 3 % per year (the world as a whole 1.7 %, Japan/Europe 0.3 %); and it takes only 23 years to double its population (the world as a whole 40 years, Japan/Europe 230 years).¹⁷ Apart from that, "25 Muslim women die during pregnancy and birth for every one western woman who dies in pregnancy and birth."¹⁸

"Concerning abortion, the general Islamic position is to allow it until ensoulment, which is believed to take place after the first trimester"¹⁹, but a complete juristic consensus does not exist.²⁰

Apart from this the definition of the woman`s role in Islamic doctrine lends itself to an egalitarian interpretation, but "the historically dominant tradition in Islam ... stresses the fundamental differences between the sexes and defines different social roles and legal status for men and women."²¹ (These will be described in the context of the different regions later on.) But due to the fact that the religion itself embraces egalitarian ideas these could be recalled and put forward to enhance women`s status and their share in decision-making as a part of family-planning in Islamic societies. Regarding the use of contraceptive methods, for example, one can find religious statements which emphasize the need to obtain the wife`s consent before practising "al-azl" because it may interfere with her enjoyment of sex or her desire for children."²²

11 Omran, p. 7, p. 87 ff., p. 134, p. 152 ff., p. 201 ff.

12 Omran, p. 7, p. 80

13 Omran, p. 8, p. 187 ff.

14 Omran, p. 62, p. 97 ff., p. 202 f.

15 Omran, p. 62

16 Omran, p. 59 f.

17 Omran, p. 111 (data based on information from the UN, 1991)

18 Omran, p. 181

19 Makhlouf Obermeyer, p. 12

20 Omran, p. 8 f.

21 Makhlouf Obermeyer, p. 7

22 Makhlouf Obermeyer, p. 11 f.; also Omran, p. 51

3.1 ARAB STATES

In general one can find a pro-natalist attitude in the Arab States Region which "derives from a social and family organization in which children represent an important continuity in family tradition and in which childbearing and child-rearing as well as nurturing of the entire family, is still the major recognized role of women."²³

Apart from the possible egalitarian interpretation of the women`s role in Islamic doctrine, which was mentioned earlier on, this shows the clear asymmetry that exists in gender roles in Muslim societies.

But apparently the situation is changing: Structures of cooperation exist where the man helps in the household and/or takes care of the children.²⁴

A son preference can be made out in the region and reaches an extreme in rural Algeria and Egypt, which is either attributed to Islamic influence, to Arab culture and/or to the social and economic conditions of the area.²⁵

3.1.1 EGYPT

For Egyptians the family is the central and most valued social institution and thus family roles have a high social value. Women are able to achieve status and respect as wives and mothers by getting married, and men also achieve status and respect as good providers and protectors of the family.²⁶ Families play an important role in finding appropriate marriage candidates and the girl`s involvement in choosing her husband can range from a forced match to one in which she selects somebody unknown to the family, regardless of her education or age.²⁷

Widely included in Egyptian marriage contracts is the "mahr", a payment by the groom to the bride, which is commonly used by the bride`s family to provide the required furniture and household items. These items remain the woman`s property whether the husband dies or divorces her and provide her with some financial independence.²⁸

Polygamy (women who find themselves to be in current unions with co-wives, more specific "polygyny"²⁹) while permitted, is quite limited in practice in Egypt and on the decline".³⁰

23 UN, Dept. for International Economic and Social Affairs, Population Studies No. 100: Fertility Behaviour in the Context of Development, p. 352

24 Behnam, p. 49 f.; Guhl Naguib, Lloyd, p. 19 f. (for Egypt)

25 Williamson, p. 71

26 Guhl Naguib, Lloyd, p. 8

27 Guhl Naguib, Lloyd, p. 14; Nawar, Lloyd, Ibrahim, p. 7

28 Guhl Naguib, Lloyd, p. 9, footnote 9

29 Omran, p. 19

30 Guhl Naguib, Lloyd, p. 15

Within the family men are the heads, having authority over other family members, whereas the wife's duties are to maintain the home, to bear and care children and to obey her husband; her position is from the Egyptian perspective no devaluation but highly respected. In the case of women working outside the home and therefore contributing to family income, studies delivered mixed results as to whether this involved women more in family decision-making (household resources etc.).³¹

Sexual and reproductive decision-making is an area about which little is known but anthropological evidence indicates that the threat of disruption of the marital bond through divorce or polygamy may limit the extent of engaging in sexual relations.³² Decisions about family size are reported by the majority of women to be joint decisions³³; another study though states that their husbands had a higher ideal number of children than women did and that spouses have limited communication about these issues.³⁴

Apart from this, Egyptian women have shown a growing interest in controlling their fertility; in 1992, 47 % of married women were using contraceptives.³⁵

Reasons for not using family planning methods are of a religious or moral nature, result out of fear of side-effects, or the husband's disapproval (the latter equals 51 % of the cases).³⁶

Sterilization is not available as a family planning method but as a medical treatment, whereas abortion services are available.³⁷

One woman who wanted to use a family planning method which was violently rejected by her husband stated: "It is not his religion, he does not pray regularly ... it is his false *rugoula* (*machismo*)".³⁸

58 % of community civic leaders are very concerned about the population issue, but only 11 % of religious community leaders considered it a problem; religious leaders opposing family planning consider it as "birth control", which is tampering God's will and "Western propaganda".³⁹

3.1.2 IRAN

Iranian society shows a son preference, for varying reasons, among them mainly support for old age or fear of losing the husband to another woman who will bear sons.⁴⁰

Sterilization is permitted and shows high rates of utilization.⁴¹

31 Guhl Naguib, Lloyd, p. 16 f., p. 21; for the last aspect see also Nawar, Lloyd, Ibrahim, p. 13

32 Guhl Naguib, Lloyd, p. 21 f.

33 Nawar, Lloyd, Ibrahim, p. 14

34 Guhl Naguib, Lloyd, p. 22

35 Guhl Naguib, Lloyd, p. 18

36 Ibrahim, pp. 35-37

37 Guhl Naguib, Lloyd, p. 38 f.

38 Ibrahim, p. 45

39 Ibrahim, p. 31 f.

40 Hoodfar, Roshan, p. 31

3.1.3 MOROCCO

Marriage and having children are highly valued in Morocco; children are regarded as a financial source for their parents, as a sign that a woman is not sterile and they prevent the husband from leaving the mother. A Moroccan proverb says: "Children break the wings of the husband".⁴² Since polygamy is permitted by religion and by law, it is a constant threat to women to be left by their husbands for another wife, for example, because the first wife is sterile.⁴³

3.1.4 TURKEY

Turkish couples' decision to use contraception is in most cases a "common" decision and there is no significant "male opposition" to family planning (only 2.5 % of total married women are kept from using means of contraception by their husband's opposition). Ideas of the right family size and knowledge of family planning methods correspond between men and women.⁴⁴ Remarkable is the male initiative in contraception: "In 1988, almost two thirds of the Turkish couples (using contraceptives) were using male methods (withdrawal, condoms) ... methods requiring male knowledge and/or participation (periodic abstinence, other traditional methods)."⁴⁵

Besides that, sterilization is permitted.⁴⁶

3.2 AFRICA

In general one can say that in Africa "marriage as well as raising children is still the business of the entire group"⁴⁷; having children is an essential factor in the life of men and women: being a woman implies being a mother, being a man has to be proved as well by having children, otherwise a man's virility is doubted. Almost 50 % of African women are married at the age of 18.⁴⁸ The use of contraceptives is often regarded as a means of the

41 Guhl Naguib, Lloyd, p. 39

42 Bourquia, p. 11, p. 15 f.

43 Bourquia, p. 12

44 Behar, p. 22 ff.

45 Behar, p. 22

46 Guhl Naguib, Lloyd, p. 39

47 UNESCO/UNFPA Project: Understanding socio-cultural Factors affecting demographic Behaviour and Implications for the Formulation and Execution for Population Policies and Programmes, (22-23 Nov. 1993), p. 10

48 Fosse, Barthés, topic: Le Mariage

woman to betray her partner without the fear of getting pregnant.⁴⁹ On the other hand the threat of AIDS has led to troubling the African family system by increasing divorce rates and survivals of mainly elderly people and young children⁵⁰, which shows the necessity to link family planning and AIDS programs, for example the WHO's working division between the human reproduction and AIDS program.⁵¹

The incidence of polygamy in Sub-Saharan Africa ranged in 1987 from 7.5 % of unmarried women in Lesotho to 46.6 % in Senegal (Côte d'Ivoire, 38.5 %; Benin 36.5 %; Cameroon 37.2 %; Ghana 30.8 %; Kenya 27.1 %), with a larger proportion of women in these unions towards the end of the reproductive ages. In all these countries, more educated women are less likely to be in polygamous unions.⁵²

In Sub-Saharan Africa many women do not find it easy to talk freely about desired family size or the additional children they want to have, which reflects cultural attitudes about childbearing in most African countries. Those who provided a numerical response wished between six to nine children.⁵³

West African family structure, for example, "places reproductive decision-making in the hands of the husband and the economic burden mainly on the shoulders of the wife"; "marriage is not simply a contract between two individuals, but a definitive transfer of rights from one lineage to another. With the payment of brideprice rights to sexual access, female reproduction, and labour (agricultural and domestic) are passed from the natal to the marital household. Even after the death of the husband, the institution of levirate, whereby a widow is inherited by her late husband's brother, frequently obliges a woman to stay within the marital lineage. Further entrenching the individual and lineage power of men over women is the widespread practice of polygamy. Within the marital household, gender relations are defined by segregation of roles between husband and wives, and between men and women more generally. Practices of early arranged marriages and polygamy, the influence and co-residence of kin, and the frequent separation of spouses due to migration discourage conjugal intimacy and the development of a strong husband-wife bond ... separation of spousal budgets helps to perpetuate polygamy by relieving men of financial responsibility for their wives. Women's financial independence from men can foster greater autonomy in reproductive matters relating to health and nutrition of children, but not necessarily in fertility decisions. Men may be indifferent about or hostile to limiting family size, particularly since they often bear little economic responsibility for their wives and offspring."⁵⁴ Older women who have completed their childbearing have considerable say in

49 Jambers, Maman, Nicolas, p. 19

50 Orubuloye, p. 7 f.

51 UNESCO/UNFPA Project: Understanding socio-cultural Factors affecting demographic Behaviour and Implications for the Formulation and Execution for Population Policies and Programmes, (22-23 Nov. 1993), p. 10

52 UN, Department for International Economics and Social Affairs, Population Studies No. 100: Fertility Behaviour in the Context of Development, p. 328 f.

53 UN, Department for International Economics and Social Affairs, Population Studies No. 100: Fertility Behaviour in the Context of Development, p. 337

54 Adams, Castle, p. 161, p. 163 f.

matters concerning pregnancy, childcare and nutrition.⁵⁵ Moreover, children are considered as productive members of the household economy from an early age and obliged to provide old age security to their parents.⁵⁶

In traditional East Africa, "the paramount objective of having children was that there should always be a living descendant to remember and honour the departed (ancestors). Children meant the continuation of the lineage and the perpetuation of the family name and spirit. Descendants were needed to perform funeral ceremonies, to ensure that the parents, unlike childless people, be buried, and that the ancestral spirits be commemorated by erecting shrines, pouring out libations and offering food."⁵⁷ Traditional beliefs and practices existed actually limiting the number of possible conceptions and births, such as avoidance of conception, or post-partum sexual abstinence, the latter made possible by the polygamous marriage system.⁵⁸

Muslim societies in Africa (mainly West Africa, for example: Mauritania, Senegal, Gambia, Mali, Niger, Guinea, Tchad, Sudan, Somalia, Djibouti, Nigeria, Ethiopia) differ widely in their assimilation of Islamic culture, but one can remark on the great authority of mothers-in-law over their daughters-in-law.⁵⁹

3.3.1 GHANA

In Ghana marriage is governed, apart from official laws, by customary law which is the legal basis for the payment of bridewealth. "The bridewealth has important implications for the women's position within marital unions. Men who were requested to pay high bridewealth for their wives often developed an attitude of vengeance against the woman which implies that the bridewealth may contribute to the enforcement of women's subordination within marital unions."⁶⁰ Polygamy, although forbidden, is an intrinsic part of customary marriage.⁶¹ "Husbands appear to have greater control than wives over reproductive decision-making."⁶² Although male and female sterilization are available on request in Ghana, female sterilization requires spousal consent while male sterilization does not.⁶³ Among the Akhan "women entering marriage must appear before a council of older women who explain to them the rules that govern their sexual and reproductive lives."⁶⁴

55 Adams, Castle, p. 170

56 Adams, Castle, p. 171

57 Molnos, p. 8, footnote 3

58 Molnos, p. 11 f.

59 Sow, p. 123, p. 130 f.

60 Gage-Brandon, Njogu, p. 16

61 Gage-Brandon, Njogu, p. 17

62 Gage-Brandon, Njogu, p. 27

63 Gage-Brandon, Njogu, p. 50

64 Adams, Castle, p. 167 f. (the same is stated for the Ibo of Nigeria)

3.2.2 KENYA

Concerning bridewealth, polygamy and sterilization, Kenya resembles Ghana.⁶⁵ The cost of bridewealth for the Nairobi population was in 1941: 1 ox, 1 cow, 1 calf, 2 goats, 3 sheep.⁶⁶ However women appear to have greater impact on reproductive decision-making, and couples seem to have more favourable attitudes to contraceptive use.⁶⁷ On the other hand it is reported that women in the Kisii district of Kenya did rarely attend the health centre because the husbands and mothers-in-law were opposed to any form of contraception due to the fact that certain Bantu populations believe that the dead remain behind as spirits to watch over and guide the other members of the family. However, if there are no offspring, all contact is lost.⁶⁸ Traditional contraceptive practices exist⁶⁹ as well as female circumcision (in at least 23 African countries). This is supposed to guarantee virginity and enhance fertility, but has led to mounting female opposition, resulting in some instances in divorce.⁷⁰

Traditional healers enjoy respect as teachers and makers of public opinion, and are reported to be consulted in AIDS cases.⁷¹

3.2.3 MALI

Remarkable about bridewealth in Mali is that it is sometimes paid "after the birth of the couple's first child - in other words, after the woman's fertility has been proved."⁷²

Support of local religious authorities like Marabouts when one regards their attitude towards AIDS is questionable: women are blamed to be the cause of "AIDS".⁷³

3.2.4 NIGERIA

A study done in Nigeria to discover something about how decisions about family planning are made, among educated and uneducated, employed and unemployed, urban and rural, polygamous and monogamous married Yoruba women revealed that the closeness of their conjugal relationship was one of the best predictors of their fertility level. The closer, the fewer the children. The emotional closeness in a marriage and joint decision-making

65 Gage-Brandon, Njogu, pp. 15-17

66 Further for bridewealth: Huntingford, (population of Nandi) p. 411

67 Gage-Brandon, Njogu, p. 27 f., p. 56

68 UNESCO, *The Cultural Dimensions of Development towards a practical Approach*, p. 63

69 Lukalo, p. 139 (population Maragoli)

70 Kershaw, p. 49 f. (population of Kikuyu); Fosse, Barthés, topic: *Les mutilations sexuelles; La femme et la circoncision - une réapparition brutale*, *Nouvelles De Femnet*, Vol. 1 No. 5, Sept.-Dec. 1990, p. 15

71 Montaocean, *WorldAIDS* No. 16, July 1991, p. 7 (p. 9 for Tanzania)

72 Adams, Castle, p. 164

73 Jambers, Maman, Nicolas, p.60 (the same is stated from Senegal)

increased with the wife`s level of education. But, even among educated women, 39 % were not consulted about some of the most important decisions affecting their lives.⁷⁴

3.2.5 RWANDA

In rural Rwanda speaking of sexuality is considered as a taboo: there is no systematical education in human reproduction; urban Rwanda, although more urbane about discussing sex, also lacks education in human reproduction.⁷⁵

3.2.6 SOUTH AFRICA

The social situation of women in a South African community as described by a community health worker looks like this: "At our home, girls are traditionally forced to get married. When you reach fourteen you leave school and get married ... Generally married women are not allowed to make any decisions or say anything which contradicts their husbands. They cannot use contraception of any kind because they should "give birth until the babies are finished inside the stomach". It does not matter wether you give birth ten or fourteen times."⁷⁶

3.2.7 TANZANIA

Tanzania is debating the introduction of sex education; tradition forbids talking openly about sex in public: "Talking about adultery in public is against our customary law" says 69 year-old Nyangawa Makomba. "To redeem yourself, you can be fined up to 16 gallons of local beer by the clan, if you go against this tradition."⁷⁷

Fertility has a high prestige and a great number of children is desired because they give a family admiration and respect, but this attitude is slowly changing.⁷⁸

Children mean prolongation of identity after death and they revere a man with ritual observance after death, also the ceremonies in honour of ancestors are performed less and less often after a century of missionary enterprise⁷⁹ (population of the Surima).

Religious opposition to the introduction of sex education exists: "How should a 13 year-old youngster be exposed to sexually explicit information? Involving youngsters in such

74 Sadik, p. 17

75 UNESCO, CAPAPE, Etudes de cas socioculturelles pour l`éducation en matière de population au Maroc, au Pérou, au Rwanda et en République-Unie de Tanzanie, p. 138, p. 147

76 Mahmud, Johnston, p. 155

77 Tesha, WorldAIDS No. 30, November 1993, p. 4

78 UNESCO, CAPAPE, Etudes de cas socioculturelles pour l`éducation en matière de population au Maroc, au Pérou, au Rwanda et en République-Unie de Tanzanie, p. 191, p. 193

79 Varkevisser, p. 248

programs will lead to a disruption of existing social values", protests a Catholic priest from the western Kilimanjaro region.⁸⁰

3.2.8 UGANDA

Communication between husband and wife about family planning matters does not seem to be very strong, since women tend to communicate more with one another than with the men in their lives: "Going for water gives us a chance to share our women`s secrets", say Ugandan women.⁸¹

"Children do not actually mean the continuation of life after death ... (but) are commonly a means of passing on certain names within a family from generation to generation."⁸²

3.2.9 ZIMBABWE

Traditional healers enjoy in Zimbabwe an exceptional status as soon after its independence in 1980, the country passed a law which recognizes the practices of traditional healers. The healers acquire through seminars knowledge in modern medicine, including information about AIDS so they can help in stemming the spread of the disease. Traditional healers know their community of patients: "I am like an aunty to my patients, they take my advice to heart." "Many people who are shy of going to the clinic to ask for condoms have no hesitation in coming to me." "We don`t just look at biological problems, we also look at psychological and cultural problems." "In African culture people who know they are going to die want to be at home, and die at home in the presence of their loved ones. What other medical practitioner is at home other than traditional healers? Organizing funerals is part of our work." 80 % of Zimbabweans consult a traditional healer at some stage and 30-49 % of all patients go to a traditional healer first, which shows their relevance for the health system⁸³ and for population programs.

3.3 ASIA

In Asia 30 % of the women are married at the age of 18⁸⁴ and in general there is a lack of decision-making power concerning family planning among Asian women.⁸⁵

80 Tesha, WorldAIDS No. 30, November 1993, p. 4

81 Sadik, p. 17

82 Lamphear, p. 372

83 Lowe Morna, WorldAIDS No. 16, July 1991, p. 10

84 Fosse, Barthés, topic: Le Mariage

85 WHO, Creating common Ground in Asia, p. 10

3.3.1 BANGLADESH

Due to the fact that Bangladesh's predominant religion is Islam (comprising about 85 % of the population) women mostly find themselves in traditional seclusion, which means they only leave their house accompanied by a husband, mother-in-law or other responsible family members, dressed from head to foot in a burkah, or veil, because they are never supposed to be seen except by close family males.⁸⁶ Thus women have no full control over their lives: "A woman from Danlatkhan says that she will not show herself to a male doctor because she believes it is better to die than to commit such a sin. If women want contraceptive pills, in areas where Government workers do not visit, they have to depend on their husband to bring them."⁸⁷

There is usually no discussion about sex, neither between husband and wife, nor between mother and daughter. Moreover, the mother-in-law (of the wife) has a strong influence on her son, so the wife will be obedient to her and her husband in family planning matters.⁸⁸

"Early marriage is the norm, but potential in-laws often demand a large dowry - clothing, a watch and a transistor radio - which can cost as much as a family earns in three months."⁸⁹

"Most women want to be blessed by bearing sons and to avoid the curse of giving birth to daughters."⁹⁰ A study found out that the mortality rate of girls born into a family with more boys than girls is 24.5 %, whereas girls born into a family with more girls and boys have a mortality rate of 26.4 %.⁹¹

Cases of polygamy exist; although legally depending on the first wife's consent, she often has no choice.⁹²

3.3.2 CHINA

Traditionally in China there is a desire for sons, since "males are the only bearers of continuity in the ancestral line, the only source of prosperity for the family or the clan and the only source of support to parents when they are old." Customarily the wife became part of the husband's family through marriage, but the new Marriage Law from 1980 has changed this.⁹³

86 Abdullah, Zeidenstein, p. 13, p. 55; Kay, Germain, Bangser, p. 3

87 Abdullah, Zeidenstein, p. 59

88 Abdullah, Zeidenstein, p. 89, p. 187

89 Kay, Germain, Bangser, p. 3

90 WHO, Creating common Ground in Asia, p. 10

91 Williamson, p. 87

92 Abdullah, Zeidenstein, p. 83, p. 89

93 UN, Dept. for International Economic and Social Affairs, Population Policy Paper No. 20: Case Studies in Population Policy: China, p. 22, pp. 41-43

3.3.3 INDIA

Indian society consists mainly of Hindus, up to 80 % of the population, followed by Muslims, Christians and smaller religious groups, and the situation of women is mainly one of subordination: "In childhood a woman must be subject to her father, in youth to her husband, and when her lord is dead to her sons." "There is a strong emphasis on a faithful and uncomplaining wife."⁹⁴ This submissive position of women does not allow any loose behaviour even in childhood: "Boys ... identified "good girls" as those who ignored boys when they whistled at them and "bad girls" as those who turned around and smiled."⁹⁵ Motherhood, which however must take place only in the context of marriage, grants the only meaningful position in society and is the most honorable and religiously valuable achievement for Hindu women.⁹⁶

"In the authority pattern of the family, the daughter-in-law is directly subordinate to the mother-in-law"⁹⁷, and "young couples are often deliberately kept apart by mothers-in-law who wish to exercise control over the intimacy of the marital relationship."⁹⁸ Further on "the sex life of the newly married couple is a matter of concern to the families of both the bride and the bridegroom".⁹⁹ Since the woman is expected to be a passive partner in the sexual relationship she is not expected to take the initiative in sexual matters; this led for example to the failure of the diaphragm in India because women felt it an invitation to sex on their part if they would insert it every night in the event of sexual intercourse which was unacceptable to them because it might offend their husband. The condom on the other hand is more accepted.¹⁰⁰ Sterilization is reported to have led to psychological problems especially if the remaining children died since it attacks the women`s traditional position. Abortion, legalized since 1971 in case of pregnancy as the result of contraceptive failure, is being used more for birth control¹⁰¹, and especially to eliminate female foetuses.

Pregnancy is viewed as meaningful if it results in a son, whereby the father`s contribution to determining the sex of a child is played down and the woman`s fertility is blamed.¹⁰² There are a number of reasons for this: from the religious point of view only a son can rescue the souls of the deceased ancestors from hell. He may add to the earning power of the family and perpetuates the family line. Girls on the contrary leave their parents after marriage to join their husband`s family and are therefore no longer a support to their own families. Besides that, they are expensive to marry since a substantial dowry has to be paid.¹⁰³ This custom was even adopted by Muslims and Christians and is in today`s economic crisis an

94 Government of India, p. 38, p. 40 f.; also Poitevin, Rairker, p. 224

95 Germain, Nowrojee, Pyne, p. 41

96 Government of India, p. 41; Purnima, Shubhada, p. 30

97 Government of India, p. 60; also Poitevin, Rairker, p. 225

98 Purnima, Shubhada, p. 47

99 Purnima, Shubhada, p. 46

100 Purnima, Shubhada, p. 66, p. 95, p. 106

101 Government of India, p. 326 f.

102 Purnima, Shubhada, p. 30

103 Williamson, p. 79 f.

easy way to gain money¹⁰⁴, although dowry was formally and legally prohibited by law in 1961.¹⁰⁵

Negative consequences of dowry are widespread infanticide of girls, abortion of female foetuses and "dowry deaths" which are murders disguised as hidden accidents or suicides.¹⁰⁶

Thus the following observation is understandable: "It is commonly seen that in hospitals the menial staff asks for a larger tip at the birth of the son than at the birth of a daughter."¹⁰⁷

The Hindu Marriage Act introduced monogamy in 1955, and only Muslim law now accepts a plurality of wives.¹⁰⁸

3.3.4 *INDONESIA*

The Indonesian family program enjoys active support from local community leaders, Islamic scholars, social organizations, individual imams as well as Christian and Hindu organizations. Family planning has changed from private unspoken behaviour to a subject of community conversation.¹⁰⁹ There is no remarked son preference.¹¹⁰

3.3.5 *JAPAN*

Although women are considered equal under the Civil Code, the Japanese kinship system is characterized by male supremacy.¹¹¹

Sexuality is strictly a private matter. Son preference might be explained by the need of continuity of the family line which is still today regarded as a sacred duty to the ancestors, but only few Japanese today will admit this openly.¹¹² In the case of the absence of a son, Japan has a cultural need-approved pattern of adopting a male heir, which reduces the pressure to have a son. Apart from that, Japan has a very low fertility rate.¹¹³

3.3.6 *PHILIPPINES*

Philippine society consists of Muslims, "mountain people" and lowland Christians, but there is a uniquely Filipino social structure.¹¹⁴

104 Sarkar, p. 9, p. 16

105 Government of India, p. 115

106 Sarkar, p. 3, p. 12

107 Government of India, p. 57

108 Government of India, p. 66

109 Suyono, p. 134

110 Williamson, p. 91 f.

111 Tanaka, p. 228; Williamson, p. 92

112 Tanaka, p. 232

113 Williamson, p. 93 f.

114 Yu, Liu, p. 17

Children are expected to come with marriage; as one woman said: "A home is not complete without a baby". The kin, especially mothers-in-law, give great attention to this issue, and only a child gives a legitimate social excuse for establishing independence, residentially and economically.¹¹⁵

Between the spouses one finds that "the husbands authority in the sexual and contraceptive sphere of marital activities parallels the wife`s control over the budgetary management of the household economy. In cases where the wife does not have full control over the purse strings, the couple also has not agreed on whether or not to practice contraception, or on a choice of contraceptives", but in general it is the husband who decides.¹¹⁶

"The Catholic precept that marriage is for procreation is widely accepted", in part since it parallels a Filipino folk belief that divine retribution befalls any person who dares to go against nature`s will.¹¹⁷ The Catholic church has a great influence as the joint agreement between Church and State from 1989 shows in which family planning services are limited to married couples.¹¹⁸ Folk healers are acting as birth attendants in close to one-third of the cases, especially among poorer social groups, but only very few of them are sufficiently trained.¹¹⁹

The Philippines have no son preference.¹²⁰

3.3.7 *SOUTH KOREA*

The major criterion against which a woman`s performance is measured, is being a wife and mother, and having at least one son.¹²¹ Reasons for this son preference are dependency on sons in old age, succession of the family name by male line, ancestor worship, emotional security and aid for physical labor; dowries do not play an important role as in India to explain son preference.¹²²

3.3.8 *TAIWAN*

Taiwan shows a son preference because people desire a male heir and they have a need for sons for economic and emotional security.¹²³

115 Yu, Liu, p. 78, p. 235 f.

116 Yu, Liu, p. 172, p. 84

117 Yu, Liu, p. 83 f.

118 WHO, *Creating common Ground in Asia*, p. 10

119 Yu, Liu, p. 126 f., p. 142

120 Williamson, p. 89

121 Koh, p. 254 f.

122 Williamson, p. 96 f.

123 Williamson, p. 148

3.3.9 THAILAND

Son preference is weak due to "the relative lack of concern with lineage, the general position of the sexes in social and economic spheres, the lack of ancestor worship, the lack of reliance on male heirs for old-age insurance, the lack of a dowry system, the tradition that daughters living away from home send their parents money, and the helpfulness and companionship of girls in the household."¹²⁴

3.4 LATIN AMERICA AND THE CARRIBEAN

In Latin America, although this region is known to have a strong value on masculinity, there is only a moderate son preference from men's side; the same goes for the Caribbean. Puerto Ricans explain that they do not have to worry about boys so much because they can defend themselves. Others said girls are less trouble than boys. Jamaicans considered daughters more reliable sources of support for the family after leaving home, but on the other hand as a source of anxiety (the daughter might become a "loose" woman or become premaritally pregnant). Others said boys gave more help. In Argentina sons were supposed to be able to help more on family property and in parents' old age and were less bother to care for.¹²⁵ In Latin America 30 % of women are married at the age of 18.¹²⁶

Youth in Latin America tends to talk among themselves about sexuality much more than discussing this matter with a parent or a teacher.¹²⁷

3.4.1 BRAZIL

Brazilian society is based on a patriarchal system which dates back to colonial times and which determines the status of women. White women were regarded as pure according to the virginity cult, whereas the power of sexuality was attributed to black women. This view of virginity still exists these days.¹²⁸ The father used to have an authority nobody could put into question and women had first to obey him and later on they had to obey their husband.¹²⁹

Brazil is a Roman Catholic country which might explain the existence of the fetish of virginity. Only in 1977, with the Church still opposed, did Brazil manage to introduce the possibility of divorce. The crime of adultery is applicable for men and women but only for the latter there is no social excuse.¹³⁰

124 Williamson, p. 91

125 Williamson, pp. 67-70

126 Fosse, Barthés, topic: Le Mariage

127 Dietz, Peak, Wooden, Un Age Transitoire, April 1990, Vol. 10, No. 1, p. 1

128 D'Avila Neto, p. 10, p. 43 f.

129 D'Avila Neto, p. 50 f.

130 D'Avila Neto, p. 55

3.4.2 MEXICO

"Results from studies among working-class sectors show that women who have important participation in the economic maintenance of their households, continue to think of their husbands as the heads of the household, expect them to take the important decisions, have to ask their permission to work and do not have freedom of movement ... (The) husband (is) head of the household and bearer of authority ... they also accept violence as a natural process and believe that men have the right to do so ... (but) they are using contraceptives as a response to outside pressures - medical and media influences - but it does not necessarily mean a real change in their lives or a control of their sexuality and their bodies ... sterilization is more common among rural women, with no education, and sometimes as their first experience with contraceptive methods. Some of these women, for instance, do not know that sterilization is irreversible."¹³¹

3.4.3 PERU

Traditional gender relations in Peru are based on male authority and virility where women find it natural to play a passive role and to accept male authority. Even young couples tend to imitate this picture.¹³² Fertility has a high value, especially for men and the sterility of one of the partners, in particular the woman, is a sufficient reason for separation. There is a desire to have several children, but women in these days express after the second child the wish to use contraceptives. Men have several objections to the use of contraceptives: They fear women's infidelity and feel their sexual pleasures restricted. Women fear side-effects from the use of contraceptives.¹³³

The dialogue between parents and children about sexual education exists partially and is more indirect; discussion with other youth is preferred.¹³⁴

The catholic religion has a great importance to the older generation: Approximately 36 % of the parents of boys considered it in their education whereas 81.25 % considered it when they educate girls. For the younger generation, religion is less important: Only 35 % boys and 62.5 % girls consider it and for 27.3 % boys and 25 % girls it does not have any meaning at all.¹³⁵ Virginity has for 90 % of the mothers a high value because it is a means and a guarantee to get married.¹³⁶

131 UNESCO/UNFPA Project: Understanding socio-cultural Factors affecting demographic Behaviour and Implications for the Formulation and Execution of Population Policies and Programmes, p. 22

132 UNESCO, CAPAPE, Etudes de cas socioculturelles pour l'éducation en matière de population au Maroc, au Pérou, au Rwanda et en République-Unie de Tanzanie, p. 87

133 UNESCO, CAPAPE, Etudes de cas socioculturelles pour l'éducation en matière de population au Maroc, au Pérou, au Rwanda et en République-Unie de Tanzanie, p. 97

134 UNESCO, CAPAPE, Etudes de cas socioculturelles pour l'éducation en matière de population au Maroc, au Pérou, au Rwanda et en République-Unie de Tanzanie, p. 100

135 UNESCO, CAPAPE, Etudes de cas socioculturelles pour l'éducation en matière de population au Maroc, au Pérou, au Rwanda et en République-Unie de Tanzanie, p. 96

136 UNESCO, CAPAPE, Etudes de cas socioculturelles pour l'éducation en matière de population au Maroc, au Pérou, au Rwanda et en République-Unie de Tanzanie, p. 99

3.4.4 PUERTO RICO

In Puerto Rico "women grow up being "protected" from sexual knowledge. Gender segregation begins early and continues until serious dating and marriage. Cultural taboos inhibit a frank discussion of sexuality so that sexual education for women is scanty and overlaid with the expectation of virginity. The man is seen as the educator and facilitator of a woman's sexual knowledge in the context of a relationship such as marriage. Women may fear rejection, or even violence, if they ask their husbands to use a condom! Some do not even know what to do to protect themselves from HIV and believe that ineffective methods - such as douching with vinegar after intercourse - will suffice. Alternatively they deny that they are at risk because they do not want to confront the possibility of their husband's infidelity. Using condoms can be a denial of the mutual trust assumed to be the basis of long-term relationships."¹³⁷

4 PROGRAMS

Several attempts in family planning programs have been made to reach different groups of people who are in one way or the other involved in family planning. Different means of communication were used. The programs can show in which ways one can pay attention to the socio-cultural background of a society when population programs are implemented.

4.1 REACHING WOMEN

In Bangladesh, due to the previously mentioned fact that a lot of women are forbidden to go outside by themselves, more family planning services are being made available on their doorsteps.¹³⁸

Reproductive health care materials to inform women were developed: "In Cairo, a women's health collective produced a comprehensive reference book for women; in Peru a women's group, with the extensive involvement of their non-literate audience, developed a series of illustrated teaching materials; and in the South Pacific, an all-woman production crew produced three motivation and teaching videos developed in response to the expressed needs of Pacific Island women ... the projects are all characterized by the active involvement of women at all levels and in all stages of project development."¹³⁹

137 Mariasy, Radlett, Aids-Watch No. 10, 1990, p. 3

138 WHO, Creating common Ground in Asia, p. 31; Sadik, p. 29

139 Hull, Ibrahim, Farah, Figueroa, Winn, p. 2

4.2 INCLUDING MEN

Including men can encourage more open communication between partners about family planning methods. In Brazil "Pro-Pater" is a clinic that not only provides vasectomy service to men but also a place where men exclusively can inform themselves and have the chance to overcome their reluctance to question reproduction.¹⁴⁰

There are also programs which already give young boys the opportunity to inform themselves about population development.¹⁴¹

4.3 REACHING YOUTH

Girls and boys are addressed by special programs which give them the opportunity to become "counsellors" for other youths in family planning matters so youth can talk among themselves which they, according to recent studies, prefer instead of talking with their parents.¹⁴²

4.4 TRADITIONAL HEALERS

Traditional healers often enjoy high respect by their communities and can influence them. As mentioned, Zimbabwean traditional healers acquired modern health knowledge through workshops which enabled them to take part in fighting AIDS.¹⁴³

4.5 INCREASING WOMEN'S HEALTH

In several parts of the world mothers die during childbirth due to customs and traditions of their culture. Certain projects are aimed to reduce these risks by respecting women's cultural background as far as possible.¹⁴⁴

4.6 MEANS OF FOLK AND MODERN MEDIA

In Indonesia a traditional shadow-puppet play is used to promote family planning; its character is community orientated and has the advantage of being able to express

140 Bruce, Leonard, Rogow, pp. 2-4

141 Martínez, *Un Age Transitoire*, Summer 1990, Vol. 10, No. 2, p. 1 f.

142 Dietz, Peak, Wooden, *Un Age Transitoire*, April 1990, Vol. 10, No. 1, p. 1 f.

143 Lowe Morna, *WorldAIDS* No. 16, July 1991, p. 10

144 Blaney, *Network en français*, *Family Health International*, Vol. 9, No. 2, April 1992, pp. 12-17, pp. 20-22; Kay, Germain, Bangser, p. 1

community life so the audience can identify itself with the play.¹⁴⁵ The same intention takes a socio-drama approach in Mexico.¹⁴⁶

An example for the use of modern media is the broadcasting of "telenovelas" (soap-operas) in Brazil. They are very popular and reach urban as well as rural areas, literate and illiterate people, and have therefore a far greater influence than any other informational or educational message.¹⁴⁷

5 CONCLUSION

Specific research on the socio-cultural context of population programs has rarely been undertaken. If one wants to find material on this issue, it is always related to other more general subjects such as woman`s status, traditional cultures, family life, health services, married women, family planning and developing countries.

This is astonishing, when we stop to consider the planet`s enormous population growth and the urgent need for us to react. It is by now well known that population programs are only successful in the long run if they can be reconciled with the socio-cultural background of the population they are intended to reach.

Children in developing countries are wanted for specific reasons; people are not just bringing them into the world with no purpose. These reasons find their roots, in large part, in the socio-cultural background and once these are understood, arguments against them or solutions to them can be found. From this point on population programs can be effective to fight the population growth.

Taking Muslim societies for example, the reasons for rejecting family planning methods vary between religion, morality, fear of side effects, and husband`s disapproval. The religious and moral reasons can be countered with religious arguments, which, once laid out, can be understood by Muslim societies who may, in turn, change their behaviour.

One of these arguments could be the fact that Shari`ah, as seen by several schools of Islamic law, and conferences on Islam and family planning, has room to allow the application of modern methods of contraception. Apart from that, it is said that Islam is a religion of ease and not of hardship, which will inevitably be the case if unchecked population growth continues.

Thus there is a religious argument against the religious and moral opposition of Muslim societies to family planning.

The fear of side effects of contraceptives, often mentioned by women, can be solved by appropriate explanations; and the husband`s disapproval may end when he as well is addressed by the population program and has the opportunity to ask questions concerning the matter, perhaps in private.

145 Surjodiningrat, pp. 12-14

146 Abrams, Mathur, pp. 14-16

147 UNESCO/UNFPA Project, Understanding socio-cultural Factors affecting demographic Behaviour and Implications for the Formulation and Execution of Population Policies and Programmes, p. 15 f.

Regarding the great influence of the extended family, for example in Africa, India and Bangladesh, population programs should include them as well.

The same goes for traditional healers, since they are often consulted by the local community and enjoy their prestige and trust which is not always the case for outsiders or experts working in a population program, unless they are recruited from the local community.

Institutions like bridewealth, dowry, ancestor worship and polygamy are much more difficult to counter with good arguments, especially when dowry, like in India, is an easy way to gain money in times of economic crisis.

But all this implies also that the socio-cultural context of population programs needs much more future attention.

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