

# ASSESSING THE POLICY ENVIRONMENT: WHAT INFLUENCES POPULATION POLICY?

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## ABOUT THE POPTECH TOOL SERIES

POPTech provides consulting support to USAID on designs and evaluations of USAID funded population and reproductive health projects. The POPTECH Tool Series is comprised of several analytic “tools” designed to support and enhance the expertise of POPTECH consultants, promote consistency and quality across reports, and provide assistance to the Global Bureau and Mission staff. These tools include checklists and papers that focus on issues central to the design and evaluation of family planning and reproductive health projects. *Assessing the Policy Environment: What Influences the Population Policy Process?* is the first tool in the series.

## ABOUT THE AUTHOR

Dr. Susan Adamchak has extensive experience in international population policy and reproductive health program development and support activities. She has a Ph.D. in sociology from Brown University, where she focused on population studies and economic development. She has participated as a demographer and policy analyst on numerous population sector assessments and program evaluations. A POPTECH key consultant since 1994, Dr. Adamchak has worked on a variety of POPTECH assignments including the Zimbabwe Population Sector Assessment, the final evaluation of the Ghana Family Planning and Health Project, the final evaluation of the Uganda Busoga and East Amkole Diocese Community Family Planning Projects, and the evaluation of USAID’s cooperative agreement with the Population Reference Bureau. Her work on the nature of the population policy environment builds on earlier research she carried out on the influence that the environment exerts on institutional decision making. The framework advanced by Dr. Adamchak in this POPTECH Tool shows how qualitative, often intangible forces shape organizations’ policy setting and actions.



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## INTRODUCTION

This POPTECH tool describes a framework for assessing the population policy environment. The policy environment continuously affects the decisions, actions, and efficacy of those involved in the population policy process, so it is important to identify the array of factors that influence and shape that environment. The purpose of this tool is to provide, in one source, a comprehensive list of factors that characterizes the environment within which population policies are developed<sup>1</sup>.

The tool can be applied in a variety of policy and program contexts and will benefit users by identifying fundamental areas of support or resistance that can be targeted for specific project interventions. It can also be used in carrying out a population sector assessment and in designing and developing population and reproductive health programs. Using the checklists included here, country program staff or consultants can review key elements of the environment and identify factors that either facilitate or discourage the formation of effective population policies and reproductive health programs.

Drawing on studies of organizational behavior (Hall, 1991), the tool identifies seven elements of the policy environment and provides an overview, an illustrative checklist of key issues, and at least one country-specific example for each. The seven environmental elements are:

- ◆ Legal
- ◆ Political
- ◆ Economic
- ◆ Demographic
- ◆ Ecological
- ◆ Cultural
- ◆ Technological

Several of these elements are similar to the environmental factors specified by Bertrand et al., (1994). The list includes two notable additions that are not usually specified in studies of the policy environment: technological and ecological elements.

## USING THIS TOOL

The following sections discuss each element of the policy environment and its implications for the population policy process. The illustrative checklists<sup>2</sup> can be used to identify influences on the policy process.

While an effort has been made to be comprehensive in selecting items for the checklists, they are not exhaustive. Other influential factors may emerge in different country contexts. Also, the field consultant should not expect to investigate every factor listed. The primary purpose of this tool is to provide a summary and overview of

<sup>1</sup> See Appendix 3 on defining population policy, and Appendix 4 on changing perspectives related to population policy.

<sup>2</sup> Checklists were developed in part by consulting materials such as Bertrand et al., 1994; Kenney 1993; and Knowles et al., 1994.



issues to consider in conducting a population policy assessment or in designing a new program. A secondary purpose is to provide guidance for local research, taking into consideration program maturity and priorities, data availability, time constraints, etc.

Defining the policy environment in terms of the seven elements is one way to specify the broad range of factors that may exert either direct or indirect effects on population and reproductive health programs. The framework presented here forces the user to consider obvious and easily observed influences, such as key leaders being openly supportive of family planning, as well as more subtle forces, such as national and international migration patterns, that may exert as great an influence but be less readily recognized.

The purpose of using this tool in the field is to identify elements within each policy environment category that have a discernible impact on the program, determine how to promote change in each element, and propose strategies for reform.<sup>3</sup> A subsequent stage of activities, not described here, is to identify individuals or institutions to target for reform; identify actors to carry out the strategy; and define specific actions to take, a time frame, and needed resources.

To complete the checklists for a specific country application, the user needs to gather information from a variety of sources, including both published and unpublished documents and interviews with local authorities and key informants. Appendix 2 lists suggested sources for checklist items, grouped by environmental element. Some items on the checklists specify quantitative responses, while others call for informed, qualitative judgments. Simple yes/no answers suffice for many items, but the tool also encourages more in-depth analysis to accommodate the context of individual countries. Using the checklists in their entirety is an ambitious undertaking, so users must determine what level of detail is best for their circumstances.

A matrix can be used to organize information gathered through using the checklists (sample shown in Appendix 3). Within the matrix, obstacles and facilitators can be grouped by environmental element and “ranked” as strong or weak influences based on the data collected. The relative weight of each item rests with the expert determination of the individual or team carrying out the assessment because no two countries will present the same environment profile. The user should keep in mind that in some instances the *absence* of an influence is just as important to note as more overt factors. For example, the *nonexistence* of restrictions on contraceptive product advertising can be categorized as a facilitating influence, as it allows for use of communication channels that affect the market for family planning.

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<sup>3</sup> Appendix 1 shows a matrix with examples from each element, identifying a key issue, describing its impact, and suggesting a reform strategy.

## THE POLICY ENVIRONMENT FRAMEWORK

### LEGAL ENVIRONMENT

Statutory, judge-made, common, customary, and religious law play varying roles in different settings. The importance of statutory, judge-made, and common law in population and reproductive health issues depends on the degree to which the rule of law predominates and the judiciary is independent and strong.

At the very least, the legal environment sets operating conditions that may range from regulation to prohibition (Hall, 1991). These include many of the laws and regulations often identified as direct barriers to family planning program implementation: import tariffs on contraceptive products, advertising regulations on family planning products, and prohibitions against the supply of particular methods.<sup>4</sup> Other legal restrictions may have an indirect effect on population issues and the appeal of family planning, for example tax or housing benefits for families with many children. Conversely, there may not be any legal backing to a stated population or reproductive health policy, thus limiting its perceived importance.

Of particular significance for individual and family fertility decision making are laws that govern the rights of women in marriage, divorce, property ownership, inheritance, and child custody, as well as laws that require men to assume an equitable share of the cost of children and child support. For example, laws that limit the inheritance rights of the extended family may lead to strengthened bonds between spouses and fewer births conceived as old-age security for widows.

Another example of laws that can facilitate or hamper policy efforts is legislation that increases the age at marriage. Later age at marriage results in a later age of childbearing, which in turn slows population growth by increasing the generational span. The level of adolescent pregnancy will also be reduced, as will the maternal and infant mortality associated with early childbearing.

While legal change can benefit policy efforts, it is not always sufficient since laws are often not enforced. For example, many countries have established minimum ages of marriage that are either circumvented or ignored. In sub-Saharan Africa, in particular, legal change is often made more complex by the existence of dual legal systems: statutory law based on the codes of former colonial powers, and customary law derived from ethnic or religious traditions (McCauley et al., 1994). As Scribner (n.d.) notes: "Laws regarding marriage, land tenure, or succession of property are key to determining women's legal status, and this is where the two legal systems typically come into conflict."

<sup>4</sup> See Kenney (1993) and Bertrand et al., (1994) for a comprehensive listing of legal and regulatory barriers to family planning programs.

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Although Ghana has had a population policy since 1964, there was no law or legislative instrument that gave backing to the policy or to its recent revision until 1995. The Cabinet decision to establish a National Population Council initially was not endorsed by a government decree, and progress on implementation was slowed because administrators did not believe they had official authorization to act upon the policy (Population Impact Project March 1995).

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The Zimbabwe Legal Age of Majority Act (1982) sets 16 as the minimum age of marriage. However, under the existing dual legal system many marriages take place under customary law and minimum ages are not enforced. The Act also sets the age of majority at 18 for both men and women; this emancipates women from the authority of their fathers in matters of marriage.

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Although the Penal Code of Brazil does not explicitly prohibit sterilization, the procedure is often regarded as a form of aggravated assault, and is viewed as illegal. Punishment for aggravated assault may range from three months to one year of detention, with more severe penalties if physical harm results from the procedure. At the same time, the government appears to permit sterilization in some cases, performed after a “judicious medical evaluation” when a woman’s life is at risk. Different hospitals set different criteria for performing sterilizations, seemingly indicating it is not illegal if performed to save the life of the woman or to prevent health problems. Efforts to reform the law are underway (Center for Reproductive Law and Policy, 1995).

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#### DIRECT LEGAL INFLUENCES

- ◆ Are legal instruments in place to support population or family planning policies and their implementation?
- ◆ Is there prescription regulation of contraceptive methods?
- ◆ Are family planning services restricted to physicians as providers? Are they restricted to obstetrician/gynecologists as providers?
- ◆ Are there any restrictions on private practices of doctors or midwives?
- ◆ Are there price controls on private sector family planning services or products?
- ◆ Are there restrictions that affect nonprofit organizations’ ability to charge fees for sales of donated commodities, services, etc.?
- ◆ Are any contraceptive methods prohibited?
- ◆ Is abortion legally available?
- ◆ Are there restrictions on access to family planning, particularly related to age, marital status, or parity?
- ◆ Do public sector contraceptive subsidies hinder private sector supply?
- ◆ Are there duties and restrictions or quotas on contraceptive imports?
- ◆ Are there taxes on domestically produced contraceptives?
- ◆ Are there commercial regulations pertaining to approval, licensing, and registration of contraceptives?
- ◆ Are there commercial regulations pertaining to promotion and advertising of contraceptives?

#### INDIRECT LEGAL INFLUENCES

- ◆ Are there tax incentives or disincentives related to family size?
- ◆ Do any labor laws pertaining to wages, employment benefits, pensions, female employment, and maternity leave discriminate against women in formal employment (restricting their access to alternative roles)?
- ◆ Is employment of minors legal?
- ◆ Do women have restricted access to credit?
- ◆ Do women have the right to enter into independent contracts?
- ◆ Are there restrictions on immigration, emigration, and/or internal migration?
- ◆ Have land reform laws improved accessibility for small-scale farmers, making migration or urban wage earnings less necessary?

## FAMILY LAW INFLUENCES

- ◆ Is there a dual legal system in the country? If so, what are the main areas of authority of each legal system?
- ◆ Does marriage require the formal consent of the bride?
- ◆ Is there a minimum age of marriage, and is it enforced?
- ◆ Is polygamy permitted, and if allowed, is the number of wives limited?
- ◆ Do women have equal rights to divorce?
- ◆ Do women have rights to community property in divorce?
- ◆ Do inheritance laws discriminate against widows?

## POLITICAL ENVIRONMENT

In a recent review of family planning policies and programs, Mauldin and Sinding (1993) summarize lessons learned in a dozen key categories. They describe political commitment as being helpful to program success but not essential, suggesting that political commitment increases in importance as the social setting becomes less conducive to economic development and the adoption of family planning.

Others have cited government action as a motivating factor in changing perceptions about fertility. Cleland writes that if “legitimacy of birth control is a determinant of the timing of fertility decline, then government action to popularize and promote family planning may be a catalyst for change in reproductive behavior” (1990). Caldwell et al., (1992) contend that “government activity in the population field and its appeal to women as well as men have changed the earlier society where the only legitimized authority for making reproductive decisions was the husband and his family of origin” (1992). Freedman and Freedman (1989) include “political and other supports for the idea of the legitimacy and the personal and social value of family planning” among important program elements.

Actions by public officials in developing countries tend to carry more immediate impact than those of their counterparts in the more developed countries. Often, governments are highly centralized, more insulated, and play a more intrusive role in the national economy (Porter and Hicks, 1994). Political solutions to problems are often proposed by actors closely linked to government. Azefor (1988) notes that political commitment to family planning policies and programs is especially important in Africa, due to the highly centralized nature of the state.

Porter and Hicks (1994) write that “... political events move at their own pace and by their own dynamics and rules....[they] can move a subject onto or off of a government agenda...[A]nalysis of the political costs and benefits” of considering a policy may influence a decision more than analytic and technical studies of a problem (see also Finkle and McIntosh, 1985; Coleman, 1990). In addition, “the

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Early marriage remains prevalent in India, even though the government promulgated the Child Marriage Restraining Act in 1929. The Act sets the minimum age of marriage at 18 for girls and 21 for boys, and makes marriages for those younger punishable by imprisonment or fines. However, the Act does not invalidate marriages that contravene the statute (Center for Reproductive Law and Policy, 1995).

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In Ghana, every government since 1969 has accepted (or did not reject) the population policy. Only the current government under President Jerry Rawlings has shown strong commitment to population as an important element of national development strategies. During the 1960s and 1970s, Ghana witnessed repeated changes of government, each with their own priorities in addressing national problems. Changing political leaders also resulted in changing administrative decision makers, causing the population policy to remain unimplemented. No strong advocate emerged, so inadequate financial and manpower resources were allocated. Without strong political backing, administrators were unable to tap external funding sources for support (Social Sector Policy Unit, 1991).

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The Philippine Medium-Term Development Plan for 1993-98 recognizes the role of rapid population growth in constraining socioeconomic progress. The Plan has an explicit objective of reducing the population growth rate and fertility “through wider recognition of the benefits of small family size and the promotion of more responsible parenthood. It states that the family planning program will be implemented vigorously to reduce population growth (Herrin and Costello, 1996).

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institutional and political venues in which political problems and solutions come to be defined and debated are crucial to agenda setting” and the strategies pursued (Porter and Hicks, 1994). Strong political pressures may lead to either crises or opportunities for population policies. Shifts in the existing system or alliances of key actors may result in different priorities or resource allocations.

International politics may also affect the environment for a population policy. The rapport with other countries in the region and perceptions of cooperation or aggression can temper pro- or anti-natalist orientations. Among developing countries, the degree of influence exerted by donors and lenders may affect the seriousness with which government approaches population policy planning and development.

### **NATIONAL POLITICAL INFLUENCES**

- ◆ Is there a formal population policy (strategy with objectives such as national and local demographic targets)?
- ◆ Is there an implicit population policy, as evidenced by government pronouncements and strategies?
- ◆ Is the government politically stable?
- ◆ Are national leaders considered legitimate?
- ◆ Are key leaders visibly supportive of population issues?
- ◆ Is the government committed to economic and social development, manifested both in frequent, influential, public pronouncements, and in action and achievement?
- ◆ Are there strong and cohesive interest groups—women, medical professionals, land owners, ethnic groups, key age cohorts—that influence government policies?
- ◆ Does the influence (or lack thereof) exerted by special interest groups affect content of a policy, its targeted goals, plan for implementation, and actual follow-up?
- ◆ To what extent do increased democratization and a more vocal, unfettered media contribute to more open debate about the issues contained in a population policy?
- ◆ Are the developments implied in a population policy associated with an opposition party or faction, causing polarization on the issues?
- ◆ Is there policy regarding redistributing the population (i.e., promoting internal migration, urban/rural migration policies)?

### **INTERNATIONAL POLITICAL INFLUENCES**

- ◆ What are the political relationships with neighboring countries?
- ◆ What are the population policies of neighboring countries?
- ◆ What degree of influence do donors and lenders have on political leaders and local decision making?

## ECONOMIC ENVIRONMENT

It is essential to review the economic environment of a country because population policy efforts and the programs they entail are often justified on economic grounds. It is frequently argued that population growth must occur at a pace slower than, or at a minimum equal to, that of national economic growth. The state of the economy affects competition for resources, and allocation of human, monetary, and infrastructure resources to population activities may be controversial because it diverts resources from other national priorities.

Economic decision making also comes into play at the level of individuals and households. Children may be looked at as an additional source of household income. Local conditions can affect decisions about labor migration, both within national borders and internationally. Migrant pay remittances contribute substantially to the support of households and communities in many countries.

A number of the legal changes discussed earlier are closely linked to economic policy. Policies that increase women's earning power include "...deregulating economies, increasing the demand for labor, removing barriers to women's participation, and allowing women equal access to productive resources. These economic policies lead to rising women's incomes and altering attitudes about the role of women" (Scribner, n.d.).

## NATIONAL ECONOMIC INFLUENCES

- ◆ What are key economic indicators (i.e., gross domestic product (GDP), unemployment rates, inflation rates, distribution of wealth)?
- ◆ Is there a recognition of the interaction between population growth and availability of natural and economic resources?
- ◆ Is population change considered important enough to merit a suitable allocation of public resources?
- ◆ Are there government subsidies of social services (i.e., education, housing, health care)?
- ◆ Are fiscal resources scarce or readily available for local investment in human resources and infrastructure?
- ◆ How much control does the public sector exert over the national economy?
- ◆ What is the strength, degree of development, and power of the private sector?
- ◆ What is the relationship between the public and private sectors?
- ◆ To what extent does the national economy depend on agriculture or other primary production industries?
- ◆ If there is a reliance on agriculture, is there equitable access to land for all population segments?
- ◆ What are the prevalent wealth flow patterns (are children a source of family income)?

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**The increasing cost of living and rising competition for jobs, exacerbated by two successive crippling droughts, are spurring a new wave of migration among Zimbabwean workers, who are much in demand in neighboring countries. There is anecdotal evidence that people living in the provinces that border South Africa and Botswana maintain their residence in Zimbabwe while working outside the country, commuting home weekly or monthly with their higher salaries and less expensive consumer goods.**

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- ◆ What are the most common sources of women's income?
- ◆ Is the employment situation such that workers seek employment beyond the country's borders?
- ◆ How does migration affect the local tax base?
- ◆ How affordable are contraceptives for various income levels?

### **INTERNATIONAL ECONOMIC INFLUENCES**

- ◆ How badly is foreign currency needed to service debt or purchase import commodities?
- ◆ Is the government willing to allocate foreign exchange for the purchase of needed family planning supplies and equipment?
- ◆ What is the current level of donor assistance in the population sector?
- ◆ Will policy change result in fiscal transfers from donors, particularly if policy change is tied to grants?

### **DEMOGRAPHIC ENVIRONMENT**

The demographic environment is important because of its potential to influence political decision making. McIntosh and Finkle (1985) suggest that attitudes about policy decisions are often influenced more by real experience with the consequences of population change than by exposure to population data. Nonetheless, influential technocrats and cadres can play an important role in exposing policy makers to demographic data and increase the chance that the data will affect their decisions.

Policy makers should have access to data such as rates of population growth, patterns of migration, maternal and infant mortality, and life expectancy. Unfortunately, in situations where political control is tied to the numeric supremacy of a particular religious or ethnic group, policy makers are more likely to disguise or avoid frank examination of demographic trends.

Fertility is usually considered the key demographic variable by which to effect change in the population, mainly by reducing births through the widespread use of contraception. This can only be done if contraceptive services and commodities are widely available and easily accessible for users. Surveys and service statistics provide information on family planning use patterns. Surveys also offer data on the levels of awareness, demand for and use of contraceptive services. Among contraceptors, it is worthwhile to study use patterns for the various methods available, by type of method (temporary vs. long-term and permanent methods).

The demographic impact of HIV and AIDS must be taken into account in the policy process. The mortality effects of AIDS should be incorporated in population estimates and projections. The morbidity associated with HIV and AIDS will take a toll on national health services, as well as reduce the economic capacity of the income-earning age groups. The demand for contraceptive

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**Fertility reduction through contraceptive use has been successfully promoted through a large public program in Zimbabwe. Demographic and health surveys conducted in 1984, 1988, and 1994 provide information on contraceptive use, maternal and child mortality, and other indicators. Taken together, they offer a valuable time series of demographic trends in the country. The data have drawn attention to an excessive reliance on oral contraceptives and have led to program efforts to modify the method mix and diversify modes of service delivery (Zimbabwe Demographic and Health Survey, 1984, 1988, 1994).**

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commodities, may rise if these commodities are increasingly used to prevent transmission of HIV/AIDS.

### DEMOGRAPHIC INFLUENCES

- ◆ Are census, survey, registry, and service data collected, analyzed, and compiled in accurate, timely, and useful ways?
- ◆ What are the values for key demographic indicators such as population size and distribution; population growth rate; age distribution and dependency ratios; migration patterns; fertility, morbidity, and mortality rates; educational levels; and ethnic or racial composition?
- ◆ Are these values within acceptable international standards,<sup>5</sup> or do they place an undue burden on the country?
- ◆ Do national plans take into account anticipated changes in the age structure of the population?
- ◆ What is the nature of urban development, and is the country dominated by a primary city?
- ◆ Have attempts been made to redistribute the population by investing in less-populated regions, and if so, how successful have they been?
- ◆ Is there frequent rural-urban migration? Is it temporary, cyclical, or of long duration?
- ◆ What are the leading causes of death among different segments of the population?
- ◆ What is the HIV infection rate nationally, and among high-risk groups?

### ECOLOGICAL ENVIRONMENT

Hall uses the term ecological environment to refer to the “social ecology” of an organization, that is, the number of organizations with which the focal organization has contact, their relationships, and the environment in which they are located (Hall, 1991). In the context of the population policy environment, we may refer to relationships held by one country with others in the region and globally. Participation and alliances in international organizations may influence population policy development at home.

### ECOLOGICAL INFLUENCES

- ◆ Is the country an active participant in regional or international bodies such as the Organization of African Unity (OAU) and the Non-Aligned Movement (NAM)?
- ◆ Does the government participate in international public fora like the International Conference on Population and Development?

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Zimbabwe has been a consistent advocate of sustainable population growth. Its participation in international meetings include being a signatory of the Kilimanjaro Programme of Action, hosting the All-Africa Parliamentary Conference on Population and Development, and leading participants at the 1984 World Population Conference in calling for balancing population growth and national capacity. Most recently, Zimbabwe chaired the Africa-Middle East parliamentary interim committee at the International Population Conference of Parliamentarians on Population and Development held in conjunction with the International Conference on Population and Development in 1994. This public support has been influential in making population and family planning frequent media topics, and has contributed to local support for programs, fostering the development of a population policy (Zimbabwe Chairs Regional Committee, *The Herald*, 5 September 1994).

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<sup>5</sup> Such as targets of Health for All 2000; standards expressed by WHO, UN, World Bank, etc.



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**For many people in Zimbabwe, having a large number of children is still seen as a means of ensuring future security. Girls are considered a source of wealth, as their future spouses will pay “lobola,” a bride price, to the family. Women’s status remains linked to the number of children they bear, and many enter marriage early to start having children. In response to government policy that provides universal primary education, school enrollment of girls has risen but still lags behind rates for boys. Girls often drop out of school to meet household demands for child care or labor, or due to early pregnancy.**

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- ◆ Is it a signatory to relevant declarations emerging from international meetings? If so, to what extent have such international statements influenced the development or amendment of domestic policy?
- ◆ To what extent are policy makers and administrators willing to observe and learn from the experiences of other countries in shaping policy components and programs?
- ◆ Do nongovernmental organizations (NGOs) play an active role in promoting population issues? What is the nature of cooperation with the government?
- ◆ To what extent do bilateral donor and multilateral lending institutions exert particular influence over domestic policy development?

### **CULTURAL ENVIRONMENT**

Cultural influences may be more ephemeral and elusive and hence more difficult to measure, than other environmental influences. Values and norms change over time, with impact filtered through the behavior of individuals. The culture experienced by present-day policy makers affects their development of strategies for the future (Schneider, 1989).

Azefer (1989) argues that the lack of attention to cultural, religious, and social factors in sub-Saharan Africa caused planners to overlook local priorities and thus contributed to low national commitment to population policies.

It is relevant to consider local norms, mores, and beliefs about birth, death, and migration. Policy makers must understand expectations concerning the value of children and their education and labor contribution to the family. The role and influence of matrilineal or patrilineal family systems and different forms of marriage should be specified, and their effects on female autonomy clarified.

Gage and Njogu (1994) highlight the gaps in social assumptions underlying family planning programs and local realities. They cite Bleek (1987), who observed that the family planning program in Ghana was criticized for disregarding the complex nature of family organization, particularly the matrifocal tendencies in childrearing. The initial program was based on implicit assumptions that fathers are household heads, marriages are stable, and that marriage is the main context for procreation, thus excluding a focus on premarital or extramarital pregnancies. More careful consideration of cultural realities resulted in program changes that now focus greater attention on the needs of sexually active adolescents. A social marketing program makes contraceptives available to consumers regardless of age or marital status.

Policy planners must also consider the role of the media in cultural change. Images and ideas from around the globe are now readily available through music, videos, movies, news magazines, and television. The desire for improved living conditions, fostered

through awareness of conditions in other societies, may modify existing ideas about family size and composition. The effects of openness to outside knowledge, and the influence of religion and gender relations on fertility change are all important in the short term (Cleland, 1990).

#### **NORM/BELIEF INFLUENCES**

- ◆ Are there religious beliefs that affect women's status or fertility behavior?
- ◆ Are arranged marriages and payment of bride price or dowry practiced? How do they affect the status of women?
- ◆ What are norms and sanctions concerning extramarital and premarital sexual activity?
- ◆ What are considered to be appropriate marriage ages for females and males?
- ◆ Is there a strong belief that a new wife must bear children right away?
- ◆ Are there strong sex preferences for children? Do attempts to achieve a child of the desired sex lead to frequent pregnancies, selective abortions, or infanticide?
- ◆ Are there social sanctions against the use of abortion?
- ◆ Are there social sanctions against the use of contraception?
- ◆ Is female circumcision practiced? Among what proportion of the population? Is there a campaign to eradicate the practice?

#### **FAMILY ORGANIZATION INFLUENCES**

- ◆ Does society permit polygamous marriages? What proportion take this form?
- ◆ Do newly married couples live with the husband's parents?
- ◆ How are important decisions made within the family? Who influences these decisions? Does the extended family play a role? Is the mother-in-law influential?

#### **MEDIA INFLUENCES**

- ◆ What proportion of the population is literate?
- ◆ What proportion of the population has access to print media, radio, television, or video?
- ◆ Are reports from external media sources widely available?
- ◆ Are population issues discussed in the media?

#### **OTHER CULTURAL INFLUENCES**

- ◆ Do ethnic or religious rivalries exist, and are they salient enough to interfere with population programs?
- ◆ Are there ex-colonial influences that linger beyond those implicit in legal systems, as discussed in section 2.1?

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**Catholic Bishops and lay leaders in Zimbabwe publicly voiced their opposition to the agenda of the 1994 International Conference on Population and Development. Their media campaign in the weeks prior to the conference sparked public debate about reproductive rights, the role of the family, and adolescent sexuality (Bishops Hit Out at Population Agenda. The Daily Gazette, 17 August 1994, 7 and Population Conference Slammed, The Herald, 1 September 1994, 11).**

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Ghana has made extensive use of computer tools such as the RAPID Model<sup>6</sup> to illustrate the impact of population change on different economic and social sectors. The model is updated as new data become available and has been shown widely to both technical and nontechnical audiences to alert them to the implications of population growth.

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The Zimbabwe Drugs Control Council approved registration of the female condom in 1996, and a shipment of 100,000 units was sent to the country in April 1997 marking the first time the method will be available to women there (Network, 1997).

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## TECHNOLOGICAL ENVIRONMENT

The technological environment includes developments affected by science, engineering, research, practice, serendipity, and the introduction of personnel with new ideas. Changes in technology can trigger changes in organizations, or in this context, in policy.

Technological changes that pertain specifically to family planning and family planning programs are also important in the implementation of population policies. These include contraceptive development and modifications in accessibility that affect both initial acceptance and resupply of contraceptives.

Contraceptive development may affect ease of administration, user compliance, effectiveness, and predictability of method failure rates. Limiting side effects makes methods more amenable to wide-scale distribution and use and has important implications for wider accessibility. Accessibility may be improved by expanding outreach services, setting up community-based development (CBD) programs, allocating or building more facilities in rural areas, hiring more personnel, changing the division of labor among medical and paramedical personnel, and increasing the role of the private sector (Scribner, n.d.). Improved transportation systems have the potential to dramatically contribute to accessibility.

Awareness-raising efforts may be improved by innovations in communications technology, such as interactive computer models or use of shared information on the Internet.

## TECHNOLOGICAL INFLUENCES

- ◆ Is there access to technological developments in computers, media, and transportation to facilitate sharing experiences from different regions, countries, and contexts?
- ◆ Are improved techniques of data collection, analysis, and interpretation of results, as well as software and modeling, available and applied?
- ◆ Is there restricted access to survey results (formal or informal)?
- ◆ Are there any effective communication and awareness-raising efforts that clarify and make salient population issues, relate them to other sectors, or project the costs of different interventions?
- ◆ Are new contraceptives added to the local method mix as they become available globally?
- ◆ Are nurses, paramedical staff, and community-based distributors able to distribute contraceptives based on the technological complexity of each available method?
- ◆ What is the quality of the existing transportation infrastructure? Have there been creative adaptations of service delivery methods to improve access and compensate for difficult travel?

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<sup>6</sup> The RAPID (Resources for the Analysis of Population and Its Impact on Development) Model was developed by The Futures Group International in collaboration with Research Triangle Institute.

- ◆ Has the availability of ultrasound equipment and prenatal testing led to an increase in sex-selective abortion?

## CONCLUSION

This POPTECH tool describes a practical framework for assessing the population policy environment. The framework consists of seven discrete elements that each focus on one segment of the environment. The illustrative, but not exhaustive, lists of factors that influence each environmental element can be used to assess the relative impact of each element on the policy process. The tool can help an analyst identify key elements within which to target policy reform. Prioritizing their likelihood of change, and the efforts required to do so, will permit specification of an appropriate policy implementation strategy.

## APPENDIX 1

### ILLUSTRATIVE POLICY ISSUES, IMPACTS, AND STRATEGIES FOR CHANGE

POLICY ELEMENT	INFLUENCE	COUNTRY	ISSUE	IMPACT	STRATEGY FOR CHANGE
Legal	Direct legal	Zimbabwe	1971 Midwives Practices Act limits authorized activities to prenatal, birth, and immediate postnatal care	Midwives wishing to start private practices are constrained in RH services they can offer	Engage Zimbabwe Nurses Association and MOH in drafting new legislation; lobby Parliamentarians; involve medical aid (insurance) and practitioners in process
Political	National	Peru	An NGO-sponsored consensus process to identify adolescent policy and program needs included mid-level officials from Ministries of Health, Women and Education who were not in decision making capacity	There has been no indication from the ministries that they are committed to integrating recommendations into their policy and plans	NGOs need to involve public officials who are in a position to make commitments for change, and involve them early in policy and program efforts. Undertake advocacy efforts; harness NGO constituents to build widespread grassroots support for policy and program
Economic	National	Ukraine	Despite commitment of government to provide FP services, no financing is provided in the national budget	The National Family Planning Program is an “unfunded mandate” to the Oblasts (local government); some use discretionary funds to provide services that vary widely in scope and quality	Conduct cost-benefit analysis to demonstrate cost savings and reductions in abortion resulting from FP services; carry out advocacy activities with decision makers to increase allocation of resources to RH and FP
Demographic		Uganda	Hard hit early by the AIDS epidemic, levels of infection climbed to among the highest in the world	Tens of thousands of children orphaned; adults economically active died	An aggressive education campaign set out to increase monogamy, reduce number of sexual partners, encourage condom use, and delay sexual debut
Ecological		United States	US foreign policy on population relied heavily on the promotion of family planning as a strategy for modifying population growth rates	Family planning programs were frequently contentious, targets of criticism from bilateral partners, narrow in scope addressing only targeted women of reproductive age	Following ICPD the US modified its policy to recognize gender equality and respect for rights of individuals within a framework of life-long reproductive health. This new orientation now shapes bilateral and multi-national discussions with partner countries
Cultural	Norms/ Beliefs	India	A strong preference for sons persists, influencing couples' fertility decision making	Continued preference for sons contributes to both wanted and unwanted fertility, raises rate of sex-selective abortion	Education and employment opportunities must be provided for women. Mass media communication about the value of women for the family and society, alternative roles for women can help improve status
Technological		Chad	Insufficient technical capacity, inadequate computer infrastructure impeded ability to conduct a population census	One of the last African countries to conduct a census, resulting in no data on population size, distribution, or composition	Decision to process census on microcomputers set standard for other countries; provided data for decision making within one year of census field work

## APPENDIX 2

### DATA SOURCES FOR THE SEVEN POLICY ENVIRONMENT ELEMENTS

#### LEGAL ENVIRONMENT

- Law reports and reviews
- Statutory instruments and legal acts
- Import tariff controls
- Commercial regulations
- Tax codes
- Codification of customary law
- Health system regulations: service delivery guidelines
- Provider surveys

#### POLITICAL ENVIRONMENT

- Content analysis of major media reports
- Existence of explicit national population policy
- Charter or law authorizing implementation of population policy
- Meeting minutes
- Interviews with key informants
- Observation
- Analysis of speeches, official proclamations

#### ECONOMIC ENVIRONMENT

- National economic reports
- United Nations, World Bank reports
- Content analysis of major media reports
- Government regulations
- National accounts data
- Health budgets
- Family planning/reproductive health program records
- Donor accounts

#### DEMOGRAPHIC ENVIRONMENT

- Census, vital registry, family planning program reports
- Population-based and special survey data
- Ministry of Health annual reports
- United Nations, World Bank reports
- Population distribution policies
- Ministry of Local Government reports



### **ECOLOGICAL ENVIRONMENT**

- Media reports
- Proceedings of international conferences
- Presence, visibility, range of activities of nongovernmental organizations
- Reports, key informants of bilateral donors and multilateral lending organizations
- Observation
- Text of speeches
- Official documents

### **CULTURAL ENVIRONMENT**

- Women's journals, research, media reports
- Current anthropological studies
- Customary law
- United Nations, World Bank reports
- Survey reports
- Key informants
- Media content analysis
- Focus groups
- Official documents

### **TECHNOLOGICAL ENVIRONMENT**

- Survey data
- National reports
- Data collection program and report publication
- Ministry of Health, private and NGO program guidelines
- Observation
- Information on medical infrastructure



### APPENDIX 3

#### POPULATION POLICY ENVIRONMENT ASSESSMENT MATRIX

POLICY GOAL(S):		
ENVIRONMENTAL ELEMENTS	INFLUENCES	
	OBSTACLES	FACILITATORS
LEGAL	STRONG  WEAK 	STRONG  WEAK 
POLITICAL		
ECONOMIC		
DEMOGRAPHIC		
ECOLOGICAL		
CULTURAL		
TECHNOLOGICAL		

A matrix can be used to organize information gathered through using the checklists. Within the matrix obstacles and facilitators can be grouped by environmental element and “ranked” as strong or weak influences based on the data collected. The relative weight of each item rests with the expert determination of the individual or team carrying out the assessment because no two countries will present the same environment profile. The user should keep in mind that in some instances the *absence* of an influence is just as important to note as more overt factors. For example, the *nonexistence* of restrictions on contraceptive product advertising can be categorized as a facilitating influence, as it allows for use of communication channels that affect the market for family planning.

## APPENDIX 4

### DEFINING POPULATION POLICY

There are many definitions of population policy. According to one recent source:

**A formal population policy, which is either a written document or part of one, is an official statement of a government that establishes goals (and in some cases targets) for the population sector and includes a strategy for attaining them (Bertrand et al., 1994).**

The population sector encompasses the size, distribution, and composition of the national population, as modified by three demographic variables: fertility, mortality, and migration.

This definition focuses on “formal,” or explicit population policies. Often population policies may be informal or implicit, that is, “...those laws, regulations, and other directives which, although not necessarily issued for the purpose of affecting population growth, distribution, or composition, have the effect of doing so” (Issacs and Irvin, 1991).

A formal population policy may not make much of a difference. According to Bertrand et al., (1994)

**The adoption of a formal population policy is often seen as a key accomplishment in the area of policy. It is important to keep in mind, however, that what counts most is its dissemination and implementation. It is also noted that many successful family planning programs have been conducted in the absence of a formal policy (Bertrand et al., 1994).**

This latter statement echoes arguments that “policy should be conceptualized as a set of *actions* rather than a statement of intent” (OPTIONS Evaluation, Appendix D). Emphasis should be placed on the operational and implementation aspects of the policy process, rather than on public pronouncements that are made but not implemented.

On the other hand, family planning program personnel may interpret the lack of a population policy as an indicator of latent opposition to the expansion of contraceptive services. However, the case may be that the development and implementation of a comprehensive population policy may instead draw into sharp focus other sensitive issues pertaining to population, such as land distribution or changes in the role of women, that threaten political



and economic elites. The deferral of policy development in such cases may be an indication of reluctance to confront other elements in the policy environment. Indeed, “population policies should be viewed within the context of broader government policies, since their intended outcome may depend on the influence of these other policies” (Govindasamy and DaVanzo, 1992).

A key question is whether population policy is synonymous with family planning policy. For some analysts and policy makers the answer is yes, because fertility reduction is seen as the easiest way to moderate population growth. But is this the best consideration for countries? Holding this perspective gives short shrift to other demographic and social issues, such as internal labor migration or land reform. An emphasis on family planning may cause technical experts to underestimate the sensitivity of other issues, and, hence, neither anticipate obstruction nor plan adequate strategies to circumvent or accommodate other sectoral concerns. Cassen and Bates (1994) echo Bongaarts when noting that population policies should have three conceptual components: reduce the unmet need for family planning by making services available and accessible; promote the social and economic development needed to reduce fertility desires; and address the implied future impact of population momentum by delaying age at marriage and lengthening generations.

The starting point of the conceptual framework of family planning demand and program impact on fertility is societal and individual factors, that in turn affect both the value and demand for children and development programs (Bertrand et al., 1994). However, an even broader array of factors, particularly at the societal level, may affect the perceived importance and relevance of a population policy.

## APPENDIX 5

### POPULATION POLICIES: CHANGING PERSPECTIVES

For the past three decades, policies to address the relationship between population and economic development rested on two basic assumptions: rapid population growth impedes development; and contraceptive use, mainly by women, represents the best strategy to slow growth. Today the emphasis on contraceptive use is being widely challenged, with critics stressing the need for multi-sectoral approaches that include reform in health, education, and legal systems (Scribner, n.d.; Bongaarts, 1994; Sen et al., 1994; Dixon-Mueller, 1993). Raised by “an ad hoc coalition of researchers, policy makers, and advocates,” these challenges “have brought about a shift in the rhetoric if not yet the practice of population policies” (Jacobson, 1994).

The new, stronger voices of women advocates have also focused attention on policy. Many have criticized population policies as being driven by demographic goals, mindless of the individuals by whose action such goals are to be achieved. Advocates of the rights of women have argued that population and family planning policies must be undertaken in a context of full human rights and must especially accommodate the range of reproductive rights of concern to women of any age and fertility status (see particularly Dixon-Mueller, 1993 and Sen et al., 1994). Delegates to both the 1994 United Nations International Conference on Population and Development and the 1995 Fourth United Nations World Conference on Women in Beijing endorsed simultaneous action on family planning and related health measures and the promotion of human development.

Indeed, this turnabout in policy goals was presaged nearly 25 years ago by a key demography scholar. Kingsley Davis wrote that the family planning approach “...limits the aims of population policy” (1971). Davis argued that

**...while family planning may serve important purposes, such as the promotion of women’s rights, sole emphasis on family planning in population policy is an “escape from the real issues” of the need for socio-economic change.... The task of population policy, therefore, would be to create appealing alternatives to large families and to supplement family planning with research on the socioeconomic measures affecting fertility (Davis, cited in Yount and Knowles, 1993).**



The late 1980s and early 1990s also witnessed an increased emphasis on accountability and evaluation of population programs, both on the part of multilateral and bilateral donors and lending organizations and within individual national programs. This in turn resulted in a greater effort to define, operationalize, and measure all elements of family planning program impact, including the policy environment.

During the past two years, a number of important books, monographs, and articles were published, contributing to the new debate on population policy. One such volume, *Population and Development: Old Debates, New Conclusions*, was edited by Robert Cassen for the Overseas Development Council. According to Cassen's summary of the collected authors' conclusions, rapid population growth under conditions of high fertility has clear and negative effects on individuals and households; it also constrains the ability of governments to provide education, health services, and employment opportunities. He explains the title of a companion volume, *Population Policy: A New Consensus*, as

**...intended to register that there is a growing convergence of views in a number of areas: on the consequences of rapid population growth in developing countries, both among students of population and among most of the world's governments; and on what should be the principal elements of population policy (Cassen and Bates, 1994).**

Cassen and Bates note that population policy is not simply family planning. Rather, they understand population policy "to encompass family planning and related health measures, as well as those aspects of economic development more generally that bear most closely on population, such as social or human resource development" (Cassen and Bates, 1994).

In contrast, a collection of papers edited by Finkle and McIntosh (1994) reflect the belief that "...the old politics of population has been replaced by the politics of family planning" (ibid). The assumption is that family planning is the most direct way to affect population change, and that this perspective has come to be accepted worldwide.

One point of increased consensus is that family planning should be closely integrated with comprehensive reproductive health care. However, although views are converging, they are not uniform by any means. Dixon-Mueller (1993) argues that population policies should be human rights policies and should emphasize a woman-centered reproductive policy "based on the concepts of sexual and reproductive health and women's rights" (1993). She writes that



**The policy goal would be to empower women to gain control over their own sexual and reproductive capacities in the context of a broad program of social transformation that advances the freedom and security of women of all social classes. Fertility reduction is likely to result from these transformations, but it is not a primary goal (1993).**

From a different perspective, Mason (1994) advocates retaining family planning programs and population policies that aim to slow population growth as their primary goal. She acknowledges, however, that such programs can “best meet their demographic purposes by use of approaches that preserve, and in some cases expand, women’s human rights” (1994). This can be done both by improving the quality of existing programs, and by assuring the full range of entitlements, including adequate health care, that have been denied many women up to today.

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