

DEMOGRAPHIC AND SOCIAL TRENDS AFFECTING FAMILIES IN THE SOUTH AND CENTRAL ASIAN REGION

POPULATION CHANGE IN SOUTH AND CENTRAL ASIA

By the year 2000, the world population stood at 6100 million. Geographical distribution of the world population show that 2 per cent, amounting to 127 million persons, lived in Central Asia, and another 22 percent amounting to 1353 million persons, lived in South Asian countries.

The population size in almost all of the countries in the South and Central Asian region shows a significant increase in the last few decades. Nevertheless, during 1980-1990 and 1990-2000 decades, countries in South Asia experienced a significant decline in the average annual rate of population growth (Table 1). Afghanistan is the only exception showing an increase in the growth rate and its population. India, the most populous country in the region, with a population of over thousand million, showed a decline in its population growth rate amounting to 1.77 per cent per annum during the last decade. During the same period, Sri Lanka experienced the lowest growth rate in the region with a growth rate amounting to 1.05 per cent per annum.

Central Asian countries in general, compared to South Asian countries, have reported a relatively low rate of population growth during the last couple of decades. Except for Turkmenistan, the rest of the Central Asian countries during the period 1990-2000 declined to a level of 2.0 percent of annual growth.

DETERMINANTS OF CHANGE IN FAMILY STRUCTURE

Fertility Change

The reduction in average annual rate of population growth, which is a global phenomenon, primarily occurred due to reductions in fertility levels. An inevitable outcome of declining fertility rates and increasing age at first birth in most of the countries in the world is a reduction in family size. Although the fertility rates in the rest of the Asian countries have declined significantly, in South Asia, the decline has been much slower (Freedman, 1995). The Total Fertility Rate (TFR) of Bhutan, Maldives and Pakistan was well over five live births per woman, even during the period of 1995-2000 (Table 2). India still reports a TFR of over three children. Sri Lanka is the only country in South Asia to have reached the replacement level fertility with a TFR of 2.1. It is especially noteworthy that major fertility declines in Asia have occurred in populations that are poor, with large rural proportions (Caldwell, 1993).

Since 1970s all the Central Asian countries have moved from high to low fertility, indicating a much faster fertility transition than that achieved by the South Asian

countries. For instance, none of the Central Asian countries reported a TFR of over 4.0 during the period of 1995-2000. The highest fertility was reported by Tajikistan (TFR of 3.7) and the lowest, that is the replacement level, by Kazakhstan.

Fertility decline is due to the combined effect of substantial socio-economic development achieved during in the last two decades and the effective implementation of family planning programmes. The contribution of socio-economic development to fertility decline was mainly by increasing the cost of children. It became irrational for many people to have large families. A main, emerging feature in the modern family system is the changing attitude towards the value of children. In traditional societies, where human labour was a source of strength to the family, more children were preferred to fewer. But as the economic contribution from the children in a family decreased, because of a move away from agriculture, the need for large numbers of children decreased. Improvements in health care and child survival also contributed. The emphasis was on the quality of life rather than the quantity of children, a new concept added to family values.

Experience of some South and Central Asian countries indicates that achievement of low fertility levels does not require a collapse of traditional familial values and behaviours. Nevertheless in most of these countries, the recent movement towards replacement level fertility or below has at first partly, and then wholly, been a result of delayed marriage and, to a lesser degree, increased single hood, both linked to the rising status of women.

Change in Age at marriage and age at first birth

In many countries in Asia where significant declines in fertility are being experienced, reductions in the proportion of people married have often coincided with or preceded declines in marital fertility. A substantial increase of the proportions never married, among both males and females, at young ages, has been noted in many countries. For instance, in Bangladesh, the proportion of females never married in the age group 20-24 increased from 4.6 per cent to 18.5 during the period of 1970 and 2000 (Table 3). Corresponding estimates for Sri Lanka do not show a marked increase in the proportions of never married, but they remain at a significantly high level of 61-63 per cent. The same is noted in Kazakhstan where an increase from 32 per cent to 40 per cent is shown. In the year 2000 Turkmenistan reported a significantly higher proportion of never married females in the age group 20-24.

A consequence of the increase in the proportion of never married young adults is the gradual upward trend of the average age at marriage. In the 1970s the singulate mean age at marriage of females was lowest in Bangladesh and highest in Sri Lanka (Table 4). The highest increase in average age at marriage of females during the period 1970 to 1990 was observed in India and the least in Sri Lanka. In the Central Asian countries, too, similar trends in females postponing their age at entry to marriage can be observed.

A higher median age at first birth is an indicator of lower fertility. Postponement of marriage among females in South and Central Asian countries resulted generally in postponement of childbearing. The age at which women start childbearing is an important demographic determinant of fertility.

The median age at first birth in South and Central Asian countries increased slightly in recent years (Table 5). For instance, median age at first birth in Bangladesh was 16.9 years for women who are currently age 45-49 years, while the corresponding figure is 18.4 years for women who are in the age group of 20-24 years. Sri Lanka reports the highest median age for mothers at first birth, where young women (25-29) report their age at first birth as 26.3 years. Among the Central Asian countries Turkmenistan reported highest age at first birth among younger cohorts.

Change in Mortality

Mortality declines, particularly infant mortality, everywhere preceded fertility declines. Improved survival rates of children mean that when women reached the age of 30 they increasingly had achieved the completed family size they desired. Earlier, much larger numbers of births were required to achieve the desired completed family size. The countries in South and Central Asia that have achieved a low level of fertility also have a low level of infant mortality (Tables 2 & 6).

During the period 1970-1975 in all the South Asian countries except Sri Lanka, the infant mortality rates exceeded 100 infant deaths per every 1000 live births. In the last three decades infant mortality has declined significantly in every country and this trend undoubtedly influenced the fertility decline. Sri Lanka, which initiated its mortality transition much earlier than any other country in South Asia, reached an infant mortality rate of 23 by 1995-2000. Afghanistan and Pakistan, where the decline of infant mortality is significantly lower, over the last three decades have reported a relatively high fertility (Tables 2 & 6). Diverse situations can be seen in infant mortality at present among the South Asian countries, where Sri Lanka reported an IMR of only 23 compared to 165 in Afghanistan.

Over the last three decades all the Central Asian countries, were able to maintain the declining trend, even though Kazakhstan and Kyrgyzstan indicate a slight upward movement in IMR in the last decade. However, in comparison with South Asian countries, excluding Sri Lanka and Maldives, all the countries in Central Asia are well ahead in their mortality transition and reported of lower infant mortality, which is a prerequisite for fertility decline. Mortality decline, followed by fertility decline, alters the age structure of the population and also the structure within individual families.

Change in Size and Structure of the Households

A family may be defined as a group of persons related to a specific degree, through blood, adoption, or marriage. The difficulty is that comparative data on the family in the broad definition of the term is not available. The available statistics relate to

households, defined by location, community or living arrangements. A household is defined in many surveys as a person or a group of persons that usually live and eat together. It is important to distinguish between a family, where members are related either by blood or by marriage, and a household, which involves the sharing of a housing unit, facilities and food.

Surveys and censuses usually cover all households, not merely family households. Nevertheless the latter type constitute a major proportion enabling the characteristics of the totals to be identified as those of family households (US Bureau of the Census, 1977). Since average household size could be considered as proxy for the average family size, estimates obtained for the former is presented in Table 7. A comparison of average household size over the period of 1970s/1980s to 1990s for South Asian countries in general indicate a declining trend. The largest country in the region, India indicated a marginal decline in average household size from 5.5 to 5.4 persons during the 1980s and 1990s. Over the period of 1970s/1980s to 1990s an increase in average household size is noted for Afghanistan and Pakistan where fertility had not declined significantly. In these countries, the nuclear family is not the norm. High fertility and social and cultural factors favour co-residence of the extended family where non-relatives also may live. Over the past three decades Sri Lanka has demonstrated a clear decline in the average household size and reported the lowest figure for the region (Table 7). The Sri Lankan trend is believed to be strongly associated with the nucleation of the household unit along with a significant reduction in fertility. Average household size of Central Asian countries, in general, is smaller than that of South Asian countries, as the fertility transition, which was initiated earlier in Central Asia.

Due to many demographic, socio-economic and political reasons family members may disperse. Consequently, the size of the household could be reduced but not the size of the family. In Asian countries, most young people after their marriage live jointly with their parents and later move to another place whenever custom imposes or economic conditions permit the new couple to do so. Lloyd and Duffy (1995) believe that, beyond this natural ebb and flow of family members, families are becoming more dispersed. Young and older adults, spouses, and other relatives who might otherwise have shared a home are now more likely to live apart.

Families with a large number of persons are still the norm in South Asian countries. In the 1990s Pakistan reported the highest percentage of households (74.2 per cent) with 5 or more members (Table 8). Bangladesh, India and Nepal all indicate a marginal decline in prevalence of large households, Sri Lanka indicated the strongest decline. In Central Asian countries the prevalence of large households is lower than in South Asia, but the region has further potential for reduction. For example households with 5 or more members in Kazakhstan have declined from 31.2 per cent during the 1990s to 27.9 in 2000.

The reduction of the family size could be attributed partly to economic difficulties, low levels of income, the high cost of living, the costs of education of children and the desire to maintain a better standard of living, which is best achieved

within the more affordable smaller size family. Consequently, the nuclear family with its parents and children, became the model of society and soon ruled out the traditional, extended family usually constituting three generations.

A few decades ago in South Asian countries single person households were virtually not existent. As a result of population ageing, migration, and other social and economic changes occurring in the region, there is an emerging trend of single person households. For example, over the last few years in Nepal the proportion of single person households increased from 3.2 to 4.0 per cent (Table 9). There is a more significant increase of such households in the countries of Central Asia. In Kazakhstan the figure has increased from 11.6 per cent to 13.1 per cent over the last few years.

Female Headed Households

In many societies in Asia, the oldest male is designated as the head of household regardless of whether he is the primary source of economic support, the authority figure, or fulfills other tasks purportedly performed by household heads (Ayad et al., 1997). In the mean time female headed households have become a steadily growing phenomenon.

The increase in female headed households could be due to variety of reasons including widowhood, migration, non-marital fertility and marital instability (Bruce and Lloyd, 1992). In recent decades an increasing number of women, particularly rural women, have become heads of households because men, the traditional heads of households, had left for work or other reasons. Moreover due to civil unrest, and displacement, a refugee situation exists in a number of countries in the region, often resulting in females taking over the task of running the household.

The highest proportion of female-headed households in South Asia can be observed in Sri Lanka where the figure increased from 19 per cent in the 1990s to 20 percent in 2000 (Table 9). In Sri Lanka the increase is mainly due to the existing political unrest. Consequently a significant number of young widows have emerged as female heads of households.

A note worthy feature of female headed households is that the majority are widowed women, and the average size of their households are comparatively small. As noted in the 1994 Demographic Survey of Sri Lanka, 56 per cent of the female heads were found to be widowed while only 37 per cent were married. In contrast a mere 2 per cent of the male heads were reported to be widowed while 95 per cent were currently married (Department of Census and Statistics, 1997). In Nepal and India, the proportions of female headed households are increasing. Central Asian countries contain a significantly higher proportion of female headed households. In Kazakhstan and Uzbekistan 32 and 22 per cent of total households respectively, are headed by females.

A new social issue in many developing countries is seen in context of these female headed households because they have mostly one adult who is solely responsible for earnings. A typical feature is that these households are smaller than male headed

households (Table 10). The 1993 National Household Survey of Sri Lanka, show that 66 per cent of households in the country comprised of 1-4 members, while male headed are estimated to be 44 per cent only. Thus in many instances male headed households are comprised with more than one member for economic participation consequent to this female headed households are poorer than the male headed ones.

Marriage Dissolution

It is no longer the case that all marital unions, whether formal or informal reach the final dissolution through death. A considerable proportion of unions are disrupted suddenly for reasons such as desertion, separation or divorce. An obvious failure in family relationship is where husband and wife cease to live together.

Divorce is the final dissolution, leaving both spouses legally free to enter another marriage contract. A variety of grounds for divorce is recognized across the countries in the Asian region, and of those the two broad categories are cruelty and desertion. The law has not only initiated legal changes to enhance the status of women and their children within the family, but also it contributes largely to dissolution of unsatisfactory marriages. Separation or divorce may stigmatize a woman in Asian countries, reducing her social status and shrinking her support network, causing sometimes community members or her ex-partner's kin to reject her (Bruce, 1995).

In many countries, the incidence of divorce is increasing and this phenomenon is no exception to the South and Central Asia. In the last decade, Bangladesh, India and Sri Lanka reported an increase in the proportion of divorced women in the age group 45-49 (Table 11). Incidence of divorce is more prevalent and increasing among, women in Central Asia than in South Asia. For instance almost one out of ten women in Kazakhstan in age 45-49 was divorced while in Nepal divorce is virtually nonexistent. It is worth noting that at young ages risk of divorce is higher. This is supported by evidence from a number of Demographic and Health Surveys. Nevertheless most divorced women tend to remarry subsequently. Those women who are divorced at latter ages are more likely to remain single for the rest of their lives and live with their dependents.

Divorce is sometimes thought to be the only solution to an unbearable relationship. It frees the spouse and children from a situation which may be damaging to the entire family. The idea that when a couple has children it will be less likely to divorce is widely accepted in most societies. Even in Western societies a significantly large proportion of divorced couples does not have any living children. In South Asian culture, too, childlessness exerts a strong effect on the divorce rate (Shahidullah, 1979). However it is believed that in the last couple of years even in most of the Asian cultures a growing proportion of divorces involve couples with young children (Goode, 1993). Religion acts as a damping factor to the divorce process in many South Asian countries. Marriage among Muslims is civil and contractual, whereas it is sacramental and eternal for Hindus (Shaikh, 1998).

While divorce may mean a prolonged period of discontent, the death of a partner may come suddenly and interrupt a happy or an unhappy union. Widowhood is most likely to strike older persons and therefore worsen the economic problems of ageing. Death of a spouse can result in single parenthood for women for two main reasons: First is that women have longer life expectancy and second is that at the time of marriage of almost all couples, the husband is significantly older than his wife. Since marital fertility continues even in advanced ages of reproductive span, widows are often left with dependent children to support (Bruce, 1995).

Bangladesh reported the highest proportion of widowed women in the age group 45-49 in the 1990s and has shown further increases. At present approximately one out of every five women in that age group is already widowed. The lowest proportion is reported in Nepal. Bangladesh and India indicate an increase in the incidence of widowhood, while in Nepal and Sri Lanka the opposite is true. Presumably in Sri Lanka the decline in widowhood is expected with the decrease in age difference between husband and wife. For instance the difference between male and female age at marriage in Sri Lanka in 1963 was about 6 years, while by 1981 the figure has dropped to 3.5 years (De Silva, 1997). This trend would have made a reduction in the percentage of women widowed in the age 45-49. Widowhood percentages of the Central Asian countries show no difference.

Women's Economic Participation

The commercialization process which opened markets in many developing countries has succeeded in replacing the traditional co-operation in economic relationship, with that of competition. In this process, the social institutions in these countries found themselves in conflict with the key aspects of the new economic systems.

The economics of the family and the sexual division of labour within the family are very much determined by opportunities in the labour market. The economic system has facilitated the freeing of women from household chores and their entrance to the labour market. The market has invented a number of new labour-saving methods to enable women to supply their labour in the market; consequently women's share of the labour force has increased in almost all the countries in the world with no exception to South and Central Asia.

Furthermore, deregulation of labour markets has resulted in weakening income and employment securing and the 'feminization' of many jobs traditionally held by men (Standing, 1989). The declining ability of men to earn a 'family wage' along with the growing need for cash for family maintenance has resulted in an increasing number of female members (particularly the wife) in the family engaging in economic activities (Lloyd & Duffy, 1995). The highest female share of the labour force in 1970 was noted in Bangladesh while the lowest one was in Pakistan (Table 12). In almost all the countries in the region an increase in the women's share in the labour force is shown in 1995.

The increase of divorce and separation, female headed households and single parent households all indicate the pressure on females, to engage in economic activities to maintain the family unit. However the income that she receives in many instances is not sufficient to maintain her family. At the same time, mothers throughout the region are still expected to carry out significant domestic workload which are vital forms of economic production, though often not remunerated in cash. When both wage-earning and non-wage-earning forms of economic activity are accounted for it becomes evident that women provide a substantial or sole economic support to a larger proportion of families in the region (Bruce, 1995).

MIGRATION

Population movements beyond country boundaries have increased, particularly during the last two to three decades. Some of the major causes of such migratory trends are increasing globalization, economic interdependence, rapid population growth, ecological deterioration, civil war, ethnic and religious conflicts and increased poverty.

International Migration

The out migration of professionally and technically qualified persons in search of employment overseas, particularly to the United Kingdom, North America and Australia, dates back to the late 1960's. In recent decades labour migrants, refugees and asylum seekers have also migrated from this region (Table 13). Since 1995 Canada, Australia and New Zealand have opened new avenues for all types of migrants and paved the way for thousands of professionally and technically qualified persons to migrate.

Labour Migration

Economic development in the Middle East countries since the 1970's, which paved the way for a massive technological development and an expanded construction industry, opened up new employment opportunities in overseas employment for skilled, semiskilled and unskilled labour from South and Eastern Asia. This market expanded in the 1980s and 1990s. Contract migration, where migration was defined to be for a short period only, mostly one to two years, with a facility for renewal was a popular form by which migration was organized. The impetus of contract migration for families in the region, was large and varied. An economic impact was seen at the family, community and village level of the out-migrants and a socio-cultural impact was experienced at the point of destination and also among return migrants at the point of origin.

Contract labour migration involves most countries of South Asia, particularly Bangladesh, India, Pakistan and Sri Lanka. The statistics are not available in Central Asian countries. As shown in tables 14 and 15 in 1992 Pakistan had the major proportion of migrants, with Bangladesh in second place. The situation for Sri Lanka is more difficult to read because two sets of figures are provided; workers deployed by licensed

agencies (approximately 50,000 in 1993) and workers who went abroad irrespective of the recruitment process (129,000 in 1993). The difference tells of the relative smaller percentage of labour outflow captured by the recruiting industry (approximately 40 percent).

Female Labour Migration

As indicated in table 14, in Bangladesh and Pakistan where deep rooted social and religious values limited the participation of women in employment outside the home, migration appears to be negligible. Among half a million Pakistani workers who were reported to have left during 1984- 1989 only a couple of hundred were women, mostly nurses and domestic workers. The number of women originating in Bangladesh has probably been higher but still insignificant compared to the number of male migrants from that country. Women predominate among labour migrants from Sri Lanka during the 1990s. India, which has traditionally been a major source of female workers, lacks adequate data relative to female migration (UN, 1995).

The Impact of International Migration on the Family

A large proportion of short term migrant labour of both males and females came from poverty stricken families. The intention of these migrants was purely to achieve a better livelihood for the families. A majority of the migrants were migrating for the first time, which indicated that they were inexperienced and had only an average level of education. A large percentage of such persons, especially females, were either semi skilled or unskilled. Unskilled labour was provided largely by females who migrated as housemaids.

Contract migration requires a temporary separation from the family, and living in a culturally, ethnically and religiously different environment in the host country. Neither male nor female migrants to the Middle East are usually accompanied by their families (Ministry of Finance and Planning, 1996). Training for migrants and an adequate comprehension of cultural differences at the point of destination for the migrants, and training for adjustment and coping during the period of absence for the family are required. Mechanisms for such training were not in place at the point of origin or at the point of destination, during the initial phase of the process of contract migration. Some of the countries have attempted to put in place some administrative mechanisms to impart the necessary training and adjustment.

Temporary migration impacts on the families of female migrants and on the migrants themselves. In most of the host countries female migrants are housemaids and the status of females is lower than that of males. The decision to migrate is usually purely economic, to earn some money for the household.

Within Sri Lanka, in the last quarter of 1995, various reports in the news media throw light on the dimension of the social impact of the family of the migrant. During the observed period of three months, forty-nine migration related adverse incidents had been

reported, including thirteen suicides and deaths of migrants or members of the family (Table 16). Others, such as clandestine love affairs (migrant or spouse) and instances of abandoning the family, were observed. Evidence available at the Foreign Employment Bureau of Sri Lanka supports some of these contentions. These are aspects which are often overlooked by policy makers promoting migration for employment as one answer for high levels of prevailing unemployment in some of the countries of origin. The magnitude and dimension of the social consequences demand a serious in depth investigation of the issue from the socio cultural perspective. The negative consequences of labor exports, particularly of female migration, have led to vocal lobbies urging a ban or regulation of such movement from time to time (Ministry of finance and planning, 1996).

Evidence of stress and strain is becoming increasingly manifest in marital and family relationships. Successive empirical investigations have demonstrated that the price paid by families was in the form of disruption of family life and disorientation of matrimonial and social relationships (Ministry of finance and planning, 1996; Eckenrode and Gore, 1990). Incidents of family break-up due to migration are reported to be increasing. Sociologists have found a high potential towards bigamy or polygamy as a result of separation of married couples through migration. The past experiences in Sri Lanka show that the divorce rate is higher among migrant families (Dias 1984). Another survey, conducted in Sri Lanka indicated that wasteful consumption, increased alcoholism and gambling, devaluation of the moral values of migrant women - particularly the unmarried - and the problem of social reintegration upon return are among negative effects highlighted. These are "symptomatic" of the emigrant social order" (Hettige, 1992). The consequences of male out migration have also been observed. Cases of men gambling and wasting money, obliging their wives to repeat migration as a mode of survival, were also noted in this survey.

The migration of married persons in substantial proportions and delayed marriage of women have had an impact on patterns of growth of the population. This dimension of demographic phenomena affecting population growth patterns has not been quantitatively assessed yet. Nevertheless one reason for the observed rise in the age of marriage of women, estimated to be 25 years. (Korale, 1986) would be the out flow of unmarried women, whose inclinations may be to postpone marriage until they earned a substantial amount of money through foreign employment (De Silva, 1997). The expected outcome is a sound economic foundation for the couple to settle down to family life. Such arrangements tend to reduce the expected family size because of delayed active fertility.

Transfer of the dependency burden of the family from the younger to older generations in the short run is an immediate outcome of the migration of prime working age members of the family. Changes in the age composition of the family occur, with a skewed effect in the direction of a larger proportion of older persons in the family. (UNESCO 1982; De Silva, 1994a).

Transference of decision making in the family from traditional male heads of household to female members who are earning substantial incomes for the family from

foreign employment is observed. Emergence of a new phenomenon in the form of female dominated household planning has emerged as a significant feature among some of the migrant families. Women's contribution to the household economy in the poor South Asian countries is not well documented and mostly unrecognized in the national accounts (Bruce, 1995). In recent years, because of their contribution of foreign remittances, a new socio-economic scenario has been created which significantly increased the accounted and recognized economic role of women in the community and family structure of the region.

The majority of migrants for temporary employment abroad is married and has left their spouses and children behind. The duration of stay by migrants in Middle East countries is approximately 2 -3 years, with the opportunity for home leave on completion of one year's work. The workers long absences from their households - especially in the case of married persons with young children - make it necessary for them to seek the assistance of parents or other siblings to attend to the needs of the young children and to assist the spouse left behind. When an immediate family member is not available, the assistance of distant relatives is sought.

A parallel development is the more active participation of the male spouse in multiple family roles hitherto performed by females only, particularly in families where married women have migrated (child care, marketing). As the circumstances require, a relocation of a part of the chores performed by the migrant member of the family among other members within the family, to an elder child or to a close family relative (e.g. grandparent, aunt) is observed (Dias, 1984; Korale, 1986). In some instances, such redistribution of family responsibilities within the family had a negative effect. For example the elder child may be discouraged from schooling to look after the younger siblings left behind or to attend to other household chores (De Silva, 1998). Such instances are a matter of concern and have caused breakdowns of family ties and family disruption.

One outcome of short term overseas migration for employment is that grandparents are called upon to play a significant role as members of the extended family. The sharing of responsibilities have also contributed to the sharing of income of the migrants outside the nuclear family unit (Korale 1986). The extended family system, which was virtually collapsing due to lifestyle changes brought in by various urbanization and westernization processes, has risen again. Where available, members of the extended family step in to fill the family role void left by the migrant member, activating a positive reaction. Such a process signifies increased interdependence among family members and a strengthening of the family network

The consequences of parental out-migration for extended periods have to be seen in their manifold dimensions. In Sri Lanka for example, based on a rough estimate for 1996, the stock of contract workers currently abroad amounts to 550,000. A survey of 224 children left behind by their mothers revealed that 80% of them were less than 15 years of age (Fernando 1996). Such separations had lasting repercussion on the child's personality development, conduct, performance in studies and even attitudes to society

and life. Experiences of socio-economic, cultural and psychological impacts of contract migration on the immediate family system in Sri Lanka is also high lighted in several surveys (Fernando, 1989). Hettige (1992) refers to psychological and behavioral problems of children and deterioration of parent child relationships. Interviews with doctors and counselors reported in the same study in Sri Lanka bring out the concern expressed by health, nutritional and education experts over these negative aspects of migration. The extent to which surrogate parents can make up for deprivation of maternal care is a controversial issue. In urban areas, where the extended family system is more diluted, adverse impacts on children would be stronger (Fernando 1989).

The social impact of return migration is mainly related to reintegration and social adjustment of returnees. Problems of readjustment/reintegration of the returnee migrant to the family and community have visible manifestations, because of prolonged exposure of the family member to work and living away from the family. For example a higher incidence of divorce is reported among migrants. The incidence of divorce and separation was found to be higher in the first year after return. One conclusion can be that migration has a negative effect on marital stability (Ministry of Finance and Planning, 1996).

Another adverse social consequence of overseas migration, particularly, among poorer migrants, is the impact of the sometimes incompatible socio-cultural experience of the returnee migrant member on the traditional family life. The long absence from home, and exposure to a totally different economic and social situation and cultural milieu - while increasing the levels of income of the migrating partner and the family - have contributed to upsetting traditional family relationships.

The importance of the family as a component part of the migratory process has not received the policy attention it deserves. Migration of family members can have favorable or adverse effects depending on the circumstances. Provisions made by households to cope with the void created by the migration of a family member are a dimension which has a far reaching social impact.

Internally Displaced Persons and Refugees

Nearly all the South Asian and Central Asian countries are afflicted by refugee problems (Table 13). The refugee issues may affect more than the two directly involved countries. Bhutanese refugees, for instance, are an issue both in India and Nepal (Naveen 2001). Afghanistan is the major refugee producing country in the region. There is no scope for complacency as many areas are not free from regional and ethnic problems and sectarian activities which cut across national boundaries

Internal Migration

Rural to urban migration enhances the process of urbanization and is inevitably linked to the process of economic development. The flow of people from rural to urban areas occurs largely for economic reasons. There are other reasons, such as the better

educational or health services available in urban areas, that function as pull factors to draw people from rural to urban areas.

Social and economic disparities and lack of job opportunities in rural areas have resulted in increased rural to urban migration in many South Asian countries (Perera, 1992). The process of urbanization may be described as irreversible. Emergence of “the big city” phenomenon in Asian countries is linked to large scale rural to urban migration. Such a migration pattern occurs within the framework of high population growth in which the agriculture sector is unable to absorb the additional labour supply of the growing rural population. Syed (1992) notes “population mobility whether between or within the rural and urban sectors, is related to sustainable development. People who moved out of unsustainable systems in rural areas to rapidly growing urban centres often move into urban poverty. Thus development planners are faced with problems of growing demands on inadequate urban infrastructure. The vicious circle of poverty moves from rural to urban areas. Table 17 which indicates percentage of population in urban localities of Asian Countries shows an increase of population in urban areas from 1980. In Iran during the past two decades eight million rural people migrated to the cities of whom at least six percent had small holdings or no land holdings at all (Alizodeh, 1992).

Another major internal migration process is rural to rural migration. The predominance of the agriculture sector and the opening up of new agricultural land have been the major reasons for rural to rural migration. This is especially true of South Asian countries (Perera, 1992) where population mobility is still dominated by rural to rural migration. In absolute numbers an increase in the rural to rural type of mobility can be observed in Bangladesh, India, Nepal, Pakistan Sri Lanka and Afghanistan.

The Impact of Internal Migration on Family

As much as there is a substantial impact of international migration on the family, internal migration also affects the structure and the functions of the family. For married women the chances to break out from a confined role appear to be greater in urban than in rural areas. They can more easily evade the direct control of their family, causing traditional family structures to collapse and paving the way for development of new ones (Findley and Williams, 1991). Such outcomes are particularly important in patrilineal and patrilocal societies, when migration results in living away from the woman’s in-laws which in turn encourages the development of more intimate and egalitarian relationships between the husband and wife. Thus a study of urban neighborhoods in a city in northern India found that the trend towards the incorporation of married women into their husband’s kin network was weak; nevertheless stronger ties were observed between the women concerned and the family of origin than was typical in traditional rural India (Perera 1992).

“It is the reorganization of the household with its emphasis on the nuclear family and the geographic distances separating the extended family as well as the disparity between access to information and control over its use that challenges the traditional ordering of family authority”(Bauer 1984).

Married women migrating from rural to urban areas of South Asian countries often experience not only a transition from an extended to a nuclear family but also an important change in the nature of their economic activity. From being unpaid family workers, they become wage earners. Such change is likely to enhance the independence of women and to strengthen their role in decision making within the family. In general the higher a women's income as a proportion of total family income is, the more power she holds in the family (Perera 1992)

Urbanization and the Effects on Family

The increased proportions of population residing in urban areas of South Asian countries, observed during last the two decades and with the potential for faster growth in the immediate future (Table 18), is a major development trend affecting families. Urbanization processes tend to stabilize the nucleation of the family system because urban congestion and housing patterns, particularly of the low income groups, discourage large households. The demographic transition occurring in some of the South Asian countries reached a stage of low mortality and low fertility (tending towards replacement level fertility) which also tended to enhance the process of family nucleation. A gradual collapse of the extended family system in these countries tended to create new problems of family support for the young dependents and older persons in the family. Time series data showing the age structure of urban areas of South Asian countries indicate that the proportion of older persons increased and the proportion of working age population and the proportion of working parents is high. Moreover, consequent to rural to urban migration and rapid urbanization processes, a small average household size is observed for urban areas, compared to rural, in most of the South and Central Asian countries (Table 19)

Adoption of urban life styles tended to influence health profiles in the family. Changes in the quality of food consumed, including adoption of a "fast food culture" for convenience, and increased preferences for such food types particularly among the younger generations, are beginning to show negative results. Stress caused by conflict between work and family life also has negative effects. The result is a change in the epidemiological profile of the urban population in the region by increasing the mortality and morbidity due to diseases originating from life style changes (Eckenrode and Gore, 1990).

Various types of unhealthy housing exist in urban areas. Living with congestion and pollution has more or less become a way of life for families living in slum and shanty dwellings. Unplanned industrial development in urban areas, and the resultant over urbanization seen in most of the major cities and other urban centres of South Asia have caused massive environmental degradation and pollution problems. Provision of necessary services, safe water supply, sewerage and other services and facilities for families living in urban areas, has become major problems for urban planners.

DEMOGRAPHIC AGEING AND RETIREMENT

Demography of ageing

Demographic ageing is defined as an increase in the share of the aged population in relation to other segments in the age structure of a population. Manifold changes occurring in developing countries, together with the rising living standards and adoption of advanced medical technology have caused significant changes in the levels of fertility and mortality. The changing demographic scenario in the South and Central Asian countries has led to a significant increase in the proportion of older persons. Thus, as much as in developed regions, population ageing is emerging as a serious problem in many South and Central Asian countries. These trends have interacted with major changes in patterns of individual and family life. In combination with economic development and social change, increases in the average lifetime of the individual allow for greater time spent in family roles. (UN, 1994)

The demographic ageing process and the resultant issues are an outcome of irreversible changes. Among the observed effects of mortality decline are changes that occurred in fertility. In addition to the impact of social change, which reduced the desirability of large families, the success of family planning programmes contributed to a decline in fertility. Lower fertility meant that the proportion of older persons to the total population began to rise. International migration of younger persons further aggravated the situation. The age selectivity of migration skewing towards younger ages contributed to the ageing of societies (UN, 1999).

The highest proportion of older persons (age 60 years and more) is reported in Sri Lanka. The medium variant projection shows that this proportion would increase to 18 per cent by 2025 (Table 20). The country least affected by ageing is Afghanistan, where at present less than 5 per cent of the population is enumerated as elderly. In general, Central Asian countries demonstrate a relatively higher tendency towards ageing than South Asian countries with Kazakhstan having the highest proportion of older persons.

Among South Asian countries, Sri Lanka has achieved the steepest fertility decline along with the highest levels of life expectancy at birth (Table 21). The projected female life expectancy at birth of Sri Lanka, for the period 2000-05, is 75.9 years, while for Afghanistan, the projected level is 43.5 years. In Maldives, Nepal and Pakistan the life expectancy at birth of males is higher than that of females. By 2025-30 it is projected that in all countries of South Asia females will enjoy longer life spans than males. Life expectancy patterns of mature age groups in the region show that, currently, females at age of 60 in all countries have a higher remaining life expectancy than males. For instance in Sri Lanka males at age 60 are expected to live a further 17 years while females of the same age are expected to live for approximately 20 years. It is also expected that this gap will further widen in the coming years. The Central Asian countries in general report higher life expectancy than South Asia.

In South and Central Asian countries the growth rate of the population aged 60 and above exceeds the growth rate of the total population. More significant is the progressive upward trend in the growth rate of older persons and declining trends in national growth rates. Projections indicate a pronounced increase in the elderly population in the decades to come, leading to changes in the dependency ratios. The result is that increasingly large proportions of older persons will be dependent on a gradually declining proportion of people of working age (those who are 15 to 59 years). Associated with these trends affecting the economy are implications related to family support of older persons (UN, 1999).

Support ratios, which measure the number of persons in the working ages per every older person, have declined in most countries in South Asia (Table 22). The support ratio will decline significantly in the next two decades and Sri Lanka could experience the lowest level. Among most of the Central Asian countries, an increase was observed in the potential support ratio during the period 1975-2000. However, in the coming decades, the ratio is expected to decline significantly, which could erode the well being of older persons.

Older persons in South and Central Asian countries face many problems such as insolvency, loss of authority, social insecurity, inadequate health care services, insufficient recreational facilities, lack of overall physical and mental care problems associated with living arrangements etc. Ultimately these problems affect the family.

Impact of Ageing on Family

Caring for older persons seems to have other implications that are an outcome of changing societal norms and the resultant changes that had taken effect within families. The traditional obligations towards parents and the duty, to provide them with the love and care that they deserve, are now difficult to fulfill. The prospect of the younger people living with their parents is becoming increasingly difficult if not impractical, as the search for employment opportunities takes them more to locations away from their homes and to distant lands (UN, 1999).

The process of ageing ultimately leads to loss of formal occupation, resulting in loss of income in most cases, causing economic hardship in old age. When the sole means of survival is the income from occupation, as is usually the case, this would undoubtedly be a hard blow. Not only will self sufficiency and economic independence be lost, but overall standards of living will decline.

The bulk of employment in South and Central Asian Countries is in the agricultural sector. A large majority of persons are employed as casual and regular laborers, farmers, part-time workers and other types of wage laborers, self employed persons, domestic labour and other minor employees. These types of traditional occupations bring only a marginal income, sufficient for one to lead a hand-to-mouth existence. They do not come with pensions. Hence at retirement, low income earning

segments of the labour force become more vulnerable to economic hazards (Perera, 1989). .

In the South Asian countries a substantial proportion of the non-agricultural working age population who are in the non-formal sector are left without any definite source of income in their old age. This category represents primarily those who have been employed in the non permanent subsidiary industries. They have little job security, and chronic levels of unemployment prevailing in the region mean that most older persons are not working in recent times.

After retirement a major proportion of people and their families feel additional economic hardship (UN, 1999). In the rural sector, the proportion engaged in agricultural self-employment is observed to be highest in Sri Lanka with 42 percent, followed by Bangladesh and Pakistan with 21 percent and 10 percent respectively (Table 23). Only the civil servants and employees in the private sector are assured of a pension or a superannuation benefit. The degree of benefits at retirement is directly linked to the type of employment of persons (Chen and Jones, 1989).

In South and Central Asian countries, there has been a long tradition of supporting the older members of the family, a feature which is still prevalent, and provides economic security for the majority of older persons, particularly in the rural areas. Nevertheless, changing family patterns and size, have weakened this security system of older persons. One of the important side effects of population ageing is the increase in the number of generations in families and the emergence of a sizeable generation of older persons with (and potentially dependent upon) elderly children (Weaver, 1986).

There is a long standing tradition of mutual support between older persons and other family members in Asian countries. It is therefore important to be aware of the demographic, social and economic facets of such mutual support, which are interrelated with the continuous concern, ability and participation of older persons to play an active role through support given to the family, including the family budget. Such support given by the elderly reflects not only their concern for the well-being of the family, but also their ability to contribute.

Past experience in Pakistan shows that older persons provided monetary assistance to the family budget from their savings. In such instances, the economic status of older persons is positively associated with their ability to be self-sufficient in basic needs. Data from the same country show that the financial contribution of older persons to the family budget is related to their good health and other variables such as age, educational level, ability to continue working past retirement age and having a higher income at age 50. To achieve security, it is assumed that older persons drew at least some money from their savings accumulated over their working lives. Those who worked as employees may also have had some money from employment but the pensions paid in Pakistan are generally small (UN, 1997).

Details of the replies given by older persons to questions asked in a survey in Pakistan, about whether they helped their children in income generating work, with or without getting paid, are contained in table 24. Of the older males questioned, 191 persons said that they did help in their children's income generating activities, but without being paid. This may imply that the help was given in a family enterprise or work situation. Only 11 older males said that they were paid for their work. The remainder either gave a negative reply or no response was available. The mean income of those who contributed to the work of their children was higher than those who did not do so.

Among the older females, 81 said that they helped their children without getting paid; only one woman said that she was paid for her work (Table 24). The remainder either gave a negative reply to the question or did not respond because they were not economically active (UN, 1997).

Ageing has caused changes in the structure of the population in the region. In this respect the age pyramid of population provides a visual insight to the relative sizes of older and younger cohorts. The dramatic shift in the age pyramid of a population towards more mature age groups occurs with population ageing and could also be understood as a shift in the relationships within a family between the younger and the older generations. With high fertility, the middle segment of the population pyramid who constitute, the "productive" generation had to accept the responsibility of supporting many young dependents and few old dependants. With a low fertility regime, at least after the passage of few generations, the size of older and young cohorts become more similar.

A large majority of older Sri Lankans are cared for by their families, in most cases by co-residing children. As shown in table 25, more than 80 per cent of older persons live with their children and two thirds live in households with at least four other people.

In traditional peasant agrarian societies, production tends to be family- based and unspecialized (Ogawa and Rutherford 1994). Successive generations tend to have the same occupation, typically farming. Parental authority over children is reinforced by parent's longer experiences and expertise, and co residence of parents and adult children makes both economic and social sense. With modernization production shifts to more specialized processes, modern market economies are dependent on an inherent division of labour. Increasing individualism in the labour market eventually diffuses in to other areas of life, including the legal system, family relations and social values. Parental authority of elderly parents over adult children weakens, and generally loses most of its economic and legal basis. Changing out looks, and the need for adult children to move in search of employment result in declines in coexistence of multi generational members of the family. This is particularly the case in the event of rapid urbanization, where the members of the extended family living in rural areas are left behind in rural areas, as children move to the cities. This is an important process affecting the family structure. (IPS, 1998; De Silva, 1994a))

Increased schooling may break down traditional values and norms, including family values, which entails a specific obligation for the children to support and care for

their elderly parents. Although the evidence for such effects remains incomplete, such situations may occur due to two reasons: increased schooling results in children spending less time receiving care and guidance from their parents, and hence the feeling of debt towards the parents is reduced and secondly because of the content in formal schooling which in some developing countries is heavily westernized and the system tends to inculcate western values of individualism and self realization (Caldwell, 1980). Both processes make the younger generation less willing to sacrifice time to provide physical care for elderly parents (Mason, 1992). This may be a major problem in the family in relation to care giving aspects of support for older persons.

With further development, are older persons in South Asia, less likely to receive care and support from their children? The answer given by most experts on ageing in South Asia is a qualified “yes”. Norms about the care of older persons by their children were traditional and strong in most of South Asia and appeared to remain strong. Despite this, traditional patterns of co-residence are eroding in many countries. There are also isolated reports of physical separations between elderly parents and their children contributing to the neglect of older persons. Intergenerational co-residence and support of older persons by their children also appear to be less common in the more “modernized” sectors of the population suggesting that as societies modernize, traditional intergenerational relationship will tend to break down. Thus although family support and care of the elderly are unlikely to disappear in the near future, family care of older persons seems to decrease as the countries and areas of South Asian region indicates (Mason, 1992).

Impact of Ageing on Health Care Costs

Population ageing leads to increased health care costs. These have an impact on both government health expenditures and household expenditures

After the age of 65 years or so, the probability of disability or of impairment in general functioning increases dramatically. While people are increasingly living beyond seventy years of age, the increased life expectancy is not necessarily additional years of life free of disability. As the number of disabled older persons increases, these individuals will need additional support in order to maintain themselves (Rannan-Eliya et al., 1998). Current levels and patterns of the prevalence of disability among older persons needs appropriate assessment. Mobility is one of the first things to be affected by disability. In old age the usual weaknesses are worsened by disabilities. With increasing numbers of older persons, the number of persons with disabilities is likely to grow (UN, 1996). This poses a major economic hardship for many South Asian families, the majority of whom are poor or very poor.

Within the domain of extended family relationships, the concern expressed and help given by the family members to older persons during sickness or disability is usually more conspicuous. In fact the main social security - comprising physical, emotional and

monetary support for older persons - is provided by the family or close relations (U.N., 1996).

The traditional solidarity between generations helps to ensure a sufficient level of social security. Such mutual help has not only been prevalent for the sustenance of family social and economic ties but has also extended beyond the domains of the family to the community level. Especially at the time of marriages, sickness, old age disability and in emergencies (U.N, 1997).

The problem of care for older persons is likely to be especially acute for older women, who constitute the majority of older persons in virtually all low mortality populations (Andrews and Hennink, 1992; Martin, 1988:). Because of greater longevity among women in most countries in Asia, and the tendency for men to marry women younger than themselves, women are more likely than men to end their lives as widows. The implication of this is a serious gender asymmetry in the support and care of older persons (Martin, 1988). The economic and social problems for older women are in many cases worse than for men. Older women are often economically dependent on others, especially in populations where female economic activity in general is low. The prolonged care of such women (because of longer life span) necessitate that those on whom they depend for livelihood, should have sufficient financial resources (U.N., 1996).

IMPACT OF THE HIV/AIDS PANDEMIC ON THE FAMILY

HIV/AIDS Infection in South and Central Asia

Few HIV infections and AIDS cases were detected in Asia before the mid 1980's. Since then, the number of HIV infection has continued to rise markedly in several Asian countries. During the year 2000, 5.3 million persons were newly infected with HIV. More than 700,000 of these new infections are in South and South East Asia. More than 173,000 AIDS cases have been reported from many countries of this region. Of these 90 per cent were reported from the Tamil region and 7 per cent from India (WHO, 2002).

UNAIDS estimated that the most rapid growth of HIV/AIDS infections in South Asia was occurring in India. There is a serious threat of a major generalized epidemic. In 2001, India had a population of 1,025,096,000 and out of this population 3,800,000 adults were infected with HIV/AIDS. The number cases had increased by 300,000, from 1999 to 2001 (Table 27). In India approximately 9 per cent of people infected by HIV died in 1999 (UNAIDS and WHO, 2001). The Indian epidemic is fueled by both married and unmarried men visiting sex workers (AIDSCAP, Harvard School of Public Health and UNAIDS, 1996).

The 3.86 million Indians living with HIV/AIDS shows the magnitude of the spread of the disease and that the Indian case is strikingly diverse (UNAIDS and WHO, 2001). The spread of the disease in other countries of the sub continent is slower. In 1999, only 73 thousand were infected with HIV/AIDS in Pakistan, 33 thousand in Nepal,

thirteen thousand in Bangladesh, and 7 thousand in Sri Lanka. (UNAIDS and WHO 2001 & UNAIDS, 2002). In Afghanistan, Bhutan, and Maldives the number of people infected with HIV AIDS was less than a thousand (Table 27).

In Kazakhstan, in 2001, 6 thousand adults were living with HIV infection (Table 27). Evidence indicates that a small number people are infected with HIV in Central Asian countries but that the epidemic is growing. In 2001, Iran had 2 thousand adults with HIV/AIDS, Kyrgystan, Tajikistan, Uzbekistan and Turkmenistan had less than thousand each (UNAIDS and WHO, 2001; UNAIDS, 2002).

Impact on the Family

AIDS strips the family of assets and income earners (Lyons, undated). The costs for a family of a prolonged illness include additional expenditures particularly on health, lost income, and re-allocation of work and domestic responsibilities (Cohen, 1993). The illness or deaths of parents because of HIV can deplete family structures. Children don't get parental love, protection and care. Often children are sent to relatives for upbringing (UNAIDS and WHO, 2001 and UNAIDS, 2002) or grandparents have to stand in as parents for their grandchildren. Family incomes usually decline because sickness makes adults unable to work. Children often have to take on adult roles in the family and they have to take on responsibilities, including earning money, for the survival of the family in the absence of capable adults caretakers (Hanson, 1992).

Mukiza-Gapere and Ntozi (1995) note that AIDS also affects on the traditional way of managing the household when the head dies. As a consequence new patterns are emerging. There are now quite a number of households headed by widows, single women who never married, widowers and children under 18 years of age who are orphans.

Because children lose their parents to HIV/AIDS, they have to drop out of school. Among the orphaned children, boys drop out of school to earn money to offset the loss of income when parents die. Girls drop out of school because they assume the responsibility for caring for parents who are ill or to care for younger siblings. Orphans may run away from home to escape stigma and poverty or they may be sent to live with relatives or neighbors (UNDP 2001; Nag 1995). When parents die families must reduce cash expenditures and school fees can represent a major expense that families can no longer afford. Many children who lose parents must work to try to replace the income that was lost. Children become decision makers responsible for the social and economic future of the family. Lyons (undated) notes that younger children are taking on roles as parent, nurse and provider in the family. The AIDS epidemic is unusual in that its chief targets are not the old and the weak. It kills people of any age, but particularly those who are most productive and who are the breadwinners, leaving large numbers of vulnerable survivors with no means of support.

HIV/AIDS increases the number of orphans in the world. An estimated 14 million children have lost one or both parents due to AIDS. In South and South East Asia there were estimated to be 1,800,000 orphans and in Central Asia and Eastern Europe there

were fewer than 5000 in 2001 (UNAIDS, 2002). As the number of adults dying of AIDS rises over the next decade increasing number of orphans will grow up without parental love and be deprived of their basic rights to house foods health and education (UNAIDS, 2002).

AIDS patients are cared for by their families with most of the burden borne by women including wives, mothers, sisters, daughters, aunts and grandmothers (Bruyn, 1992). Especially because of the very different roles played by women and men death is a gendered experience. The death of women will also impact home and family, as fathers have to accept the mother's role in the home.

GLOBALIZATION

Currently the subject, "globalization" might be the theme given highest priority in the world development debates. The word globalization is comprehended and defined differently by different people. Concisely and simply, the term globalization can be comprehended as a mass process in which or by which, various, geographical regions, economies and states and the people belonging to different cultures of the globe are linked together in an efficient and meaningful way. Actually it is a combination of various administrative, economic and political processes paving the way for increased global inter-dependence. According to the 1997 report of the Asia Pacific Commission, globalization is a process in which capital, goods and services, technology, information, and various cultural items flow freely beyond national boundaries.

The process of globalization is continuing on a daily basis at unprecedented levels. Substantial changes in consumption and investment sphere have occurred due to huge increases in foreign direct investments and the large amounts of international bank lending. In the sphere of work and pleasure the effect of globalization is shown by the increasing numbers of migrant workers and tourists. The changes in communications are reflected in the rapid increase of telephone and Internet usage. Globalization of the privatization process is reflected in the massive growth of the number of multinational companies. There are about 53000 multinationals and 450000 affiliates in the world now (Kelegama, 2000).

There are differing views on the impact of globalization. While some view it as an engine of development and transfer of technologies, others see it as a new version of neo-colonialism operating at the expenses of poor countries. "Globalization is proceeding at a breakneck speed, but the process is uneven and unbalanced with uneven participation of countries and people in the expanding opportunities of the process" (Kelegama, 2000).

Impacts on Central and South Asian family

The positive impact of economic globalization on the institution of family in South and Central Asian regions cannot be taken for granted. The new era of globalization has caused most of the governments of the region to restrict and curtail the welfare oriented policies that they implemented for a long period in the past in an effort

to increase competitiveness. Budgetary cuts in health and education sectors have the greatest impact on the family domain and its functioning. Most of the population in the region are poor and are highly dependent upon the welfare provisions of the government, while in some of the countries governments have reduced welfare provisions for the needy. Table 29 shows some selected human development indicators in South and Central Asian countries. In countries where increases are shown in the total government expenditure the increase is actually in the capital expenditure of the educational sector. The general budgetary reductions in the welfare public expenditure have had serious effects on family functions and structures of these countries. For example, the Public Investment Programme of the Ministry of Finance and Planning (1981) show, that in Sri Lanka during the 1981-1985 period allocation of resources for health amounted to one per cent of GDP and constituted 4.1 per cent of the total government expenditure. This allocation increased marginally to 1.6 per cent of the GDP during the second half of 1980s. But in the previous 1978-82 period, the allocation amounted to an average of 19 per cent total government expenditure. Such recurrent expenditure reductions have resulted in substantial declines in the use of diagnostic equipment, over crowding in hospitals, inefficiencies in provision of health care services and overall decline in the quality of the services rendered.

These changes in welfare policies will directly affect the health and the nutrition level of the new born members of the family. It has the potential to affect the desire to have more children in view of the related economic and health care burden and thereby cause reductions in the fertility level and make way for reductions in overall population growth. Tables 1 and 2 show how these demographic rates have been reduced, gradually. Whether these trends can any more be perceived as entirely the planned results of birth control methods through planned health care policies and other strategies is doubtful. They may be partly the unintended effects of globalization based budgetary cuts in the welfare sector. Socio-cultural globalization agents like information technology, mass media including television and tourism industries also take part in creating the necessary attitudes and the background for such demographic changes.

The effect of globalization can be observed among the traditional extended families who mostly depend on traditional agriculture based economic activities. Shortage of a sufficient number of healthy members would affect the productivity of such farming families and the newly emerging burden of providing for physical and mental health care needs of older persons in the face of challenges of globalization on the welfare sector, have become great problems. The issue of caring for and treating the growing numbers of people infected with HIV/AIDS as a result of developments of migration and tourism, is also badly affected by these cut backs.

In the education sector similar trends are visible. Although slight increments in government expenditure, in terms of GNP, for education have been continued, recurrent expenditures have been relatively reduced, which means either families will have to earn more to keep their children educated to the levels and types that global markets demand or just give up and let the children be absorbed in to a lower level of available jobs, in the same markets, when they grow up.

Most families, especially urban families are influenced by the socio-cultural agents of globalization such as television, movies, and radios which drive them in the direction of consumerism. The new trend is marked by the emergence of a new urban middle class (NUMC), stimulated by the trends in globalization and information technology. The new middle class families live in modern houses and apartments; own luxury vehicles and other status symbols; engage in overseas travelling; educate their children in international colleges; shop at modern supermarkets with credit cards; seek private hospitals and services for maintaining health care (Lakhman and Tisdell, 1998).

At first, the new life style had been restricted to NUMC only, but with the expansion of liberalized media technologies NUMC consumerism patterns seems to be invading rather rural families and wider social strata rapidly. Hettige and Mayor, (2000) assert that a study conducted by them in 1992 revealed that the impact of television on intra family relations had been quite considerable, irrespective of the class position of the respondents. This situation could be generalized for the countries of the region to a greater or lesser extent.

Struggle for survival and implications

Alternative ways and means have been found by families to balance increasing expenses due to welfare reductions and ever growing high inflation levels. The newly embraced global life styles require more and more income. The dual forces of globalization, namely economic and socio-cultural, have not only put pressure on the families living in this region but also have introduced almost new, alternative, methods of income generation for the house hold units for their benefit. Foreign employment opportunities, free trade zones and huge expansion of tourism are some of the areas offering employment due to globalization, a process that has intensified in recent decades.

A significant characteristic of these new employment avenues is the increased demand for female labor. The employment patterns in garment factories and assembly industries are largely labour intensive with a high demand for unskilled cheap labour. Countries like Sri Lanka and India have facilitated foreign investment through economic policy, legislation and provision of infrastructure and establishments such as free trade zones with attractive incentives for the investors. There are three such zones situated in Sri Lanka, while India has two such sites. Most of the South Asian countries currently gain a major part of their foreign earnings through the overseas labor force, a majority of whom are women. The tourism industry has become a major income generator, and one of the most influential agents of change in the process of socio-cultural globalization taking place in South Asian societies particularly, in India, Maldives and Sri Lanka.

The situation of Sri Lanka confirms to a large extent these contentions. Currently, approximately 80 to 95 per cent of the labor force in all three FTZs consists of women and approximately 75 per cent of the migrant labor is female. The increased number of females participating in foreign employment and the increase of unskilled female labour in overseas employment, exceeding that of male participation, is one aspect of

globalization that profoundly affects families. In the tourism industry, the total employment cumulative of both direct and indirect jobs, had risen to 87,360 by 1995 although it showed a slight decline by 1996. The number of tourist arrivals showed a sharp increase in recent years. Table 30 shows the economic importance of tourism for Sri Lanka through the pattern of total employment creation. The figures and facts presented suggest the means and ways available for families and the impact of globalization in that country.

The new trends of globalization have presented certain challenges for the traditional family institution. These are the effects of increasing employment, especially for female members of the families. When those employed women are married, and for those who are working away from home, problems may arise in the smooth functioning of the family. The traditional roles may be subject to new pressures.

Changes in the division of roles within the family is marked by the fact that in most cases migrant and garment factory women have become the main providers for their households. In such households remittances earned by migrant women and the monthly wages from garment factory work has become the main sources of family income. "Migrant women generally earn about Rs.4000-6000 per month. The "breadwinner" status of the migrant women has been documented in many studies (Hettige, 1997) and (Jayathilake, 1998). On the other hand working daughters in families are no longer dependents in those family units but they actively participate in fulfilling the material needs of that unit. Most of their income is essential for the unit as a means for getting better care for the sick members, educating younger members and getting access to the material items such as television and Hi-Fi sets which have become day to day needs for a global life style.

Implications of income generation on family

When the institution of family attempts to adjust to the globalization process, a related set of problems in family roles, structure and norms is encountered. Defects that have emerged in the smooth functioning of the family-based socialization process are: the problems of nutritional status of children and disorders in adult and child sexual behavior and degradation of overall intra family relationships. These are now becoming more and more common in countries of South Asia. Dazinger (1971:) points out that, the children of working class families with working mothers show a low level of achievement in their educational performance, relative to their middle class mates. The level and pattern of the socialization process is in fact defined by the social class affected; the changes in the globalization process have paved the way for mothers as well as fathers to be employed, resulting in stagnating socialization occurring within the family sphere and resulting in poor performances of children in later phases of their development. Furthermore as Dias (1990) points out, the issue of child nutrition is highly correlated with the mother's employment status. Two contrary outcomes are seen affecting the family socialization process. Mothers' income from employment supports the family to maintain sufficient nutritional levels for the children. Yet malnutrition problems persist among children of working mothers, due to the quantity and the quality of food that they consume. Among

mothers who are working away from home, breast feeding of infants is ignored, and incorrect timing of feedings prevail, due to tight working conditions and routines enforced by the work ethics. Thus there is positive and negative inter-action on the quality of life of the children of employed mothers. According to a study by Hettige (1990), husbands of migrant wives do not provide adequate care to the children left behind by the employed migrant mothers; most of these husbands tend to engage in sexual relationships outside of wedlock.

An important socio-cultural change agent due to globalization is the tourist industry which provides direct and indirect employment and good income to a substantial number of families who subsequently experience various disruptions in family life. Most of the families in tourist areas adopt new social values and life styles. According to media reports over 30,000 child prostitutes are located in tourist areas of Sri Lanka. The number of drug addicts, including heroin and marijuana addicts is ever increasing. In some families, the husbands motivate their own spouses to provide sexual services for the foreigners. Such changes in the behavioural patterns lead to complex types of family disorders and life style changes in the region as globalization takes place.

Phase of transition towards nuclear concept

In recent decades, globalization has tended to promote the nucleation of family units. Difficulties of child bearing and rearing due to formal sector employment, lack of government incentives, global cultural influences, and rural to urban migration have diminished the importance of the extended family. The nuclear family has a high capacity for mobility. This capability is advantageous as families move from one place to another within short periods of time due to the instability and working routines involved with new kinds of jobs.

Another adaptive method of coping with new trends is for families to consume services they no longer provide directly to their members. Moving towards substitutes for familial functions and services is marked by a growing number of day care centers, super markets and take-away restaurants, homes for the aged, and paid hospitals for health care.

So as we try to understand how families in this region respond to the process of globalization, we are left with only one general conclusion which implies that the future outcome will be nothing but complete nucleation of families and westernization of family norms and structure with emerging family types such as single parent families. But it is not wise to generalize findings among the countries belonging to one geographical region but with sharply varying socio-cultural backgrounds. A country-by-country assessment is needed before recommending any regional policies.

EFFECTS OF MAJOR TRENDS ON SOCIAL FUNCTIONS OF FAMILIES

Families the world over have undergone rapid changes in their structure, functions and responsibilities during the last two decades and this is no less true in South Asia,

where predominately traditional value systems with patriarchal customs and beliefs prevailed. Some of the major causes for change are universal, while there are other country and culture specific changes.

Poverty, privatization, promotion of open market economies, advances in technology and science, effects of advances in health and epidemiological transition, changes caused by demographic transition, modernization and industrialization, urbanization, globalization, are common trends affecting families. Internal and international migration, armed conflicts, and the global pandemic of HIV/AIDS have contributed to changes in value systems affecting families in South and Central Asian countries.

The family has acclaimed universal importance and acceptance as the basic unit of society. It has been attributed with biological functions such as reproduction, social functions pertaining to nurturing and socialization of children, caring and support for older persons, the sick, and those with disabilities. It is the institution responsible for maintaining and building relationships among family members as well as with the community. Some of the community functions rendered by a family are helping the family members and those outside the immediate family circle in many instances by becoming members of community based organizations. In Sri Lanka the Death Donation Societies and Mutual Aid Societies are examples that illustrate the inter and intra family support systems, that exist in the community. Inculcation of values and spiritual development, performed by the family essential for the sustainability of the society fulfilled through socialization. Providing bread and butter to its members i.e. provision of a regular supply of food is the most important economic function of a family.

A well functioning family is an asset to the society while the malfunctioning family is a burden. Therefore it is the obligation and the duty of the society to strengthen and maintain families for their optimal functioning. The institution of the family in South Asian countries is still strong in its fulfillment of functions and obligations. Nevertheless, policy interventions for the well being of families are lacking in South Asian countries.

Poverty

Poverty is common in South Asian countries. It is a dehumanizing condition which leads to marginalization and alienation of families, making family members vulnerable to social ills. Poverty has, in a way, determined the family structure. Many poor families are large in size. One explanation for the perseverance of high fertility in Bangladesh is that economic insecurity leads parents to desire a large number of children, who are considered assets in the patriarchal production structure and an insurance against old age destitution and poverty (Cain,1981). The conceptualization is that when parents become aged, the children will look after them

In Sri Lanka an affluent family has only one or two children; the tendency in the middle class is generally to have a smaller family. In a poor family usually, 4 – 8 children are found, especially in the dry zone areas. Agricultural communities need more labour

and in that context, a large family is a resource base and acts as insurance for old age support. In the long run large families create problems especially about inheritance of land and property. In an agricultural society this is very crucial as fragmentation of land occurs with every generation.

In Bangladesh some parents prefer sons to daughters (Muhwi and Preston, 1991:) because they have higher earning potential and are expected to assist in times of crisis or when parents are aged and no longer able to support themselves.

Poverty can cause people to take part in antisocial activities such as the production and sale of illicit liquor, drugs, theft, robberies and prostitution. Drinking, drug abuse and gambling have a high prevalence in poor families compared to well to do families. Most of them are unskilled casual laborers, vendors or serving in the informal sector. They are unable to fulfill the familial roles and functions satisfactorily. This causes future generations to be uneducated, and inadequately socialized. Therefore, any poverty related policy should be a comprehensive social policy, which would address various aspects of poverty and its impact on the family. One such intervention is the in-home service and out-of-home services provided by the state through social welfare programmes. In-home services are those provided to a family in order to help it live together more safely, more comfortably or more harmoniously in its own home. The family's ability to live together in its own home is enhanced by giving support (Suppes and Wells, 1991). In-home services for South Asian countries could be financial aid, protective services for children, daycare for children, older people and persons with disabilities and counseling (marriage counseling, family counseling and budget counseling). Out-of-home services are mainly for children and would be provided through adoption, foster care institutional care and intervention by the judicial system.

Modernization, Industrialization and Westernization

In South Asian countries where predominantly a traditional society existed for generations especially with an extended family system, a vacuum is created between the traditional society and the modern society, when modernization, industrialization and urbanization take place. This leads to adjustment problems and feelings of insecurity and alienation from traditional land and family. Extended family no longer exists due to physical, social and economic environments, particularly in the urban settings, creating the problems of caring for children, older persons and the sick. Other social problems such as housing, sanitation, and crime are on the increase. Family disruptions take place specifically due to adjustment problems and collapse of family values. The association of modernization, industrialization and urbanization processes and the declines in fertility rate is a positive sign for development.

The Institution of Family and Effects of Globalization

Globalization accelerates the free flow of labour across continents. Further it decreases the bargaining power of labour, making it increasingly powerless. It is the developing countries that are at a greater disadvantage. Globalization and open

economies have created opportunities for migration and this has influenced the family to change its structure. Specifically unskilled men and woman in large numbers are migrating to middle-east countries seeking employment. The traditional decision making responsibility of the male head of the family, in a patriarchal society started collapsing with foreign employment and improved economic status of women. In most of the families, with overseas employed women, the husband become “house husband” as opposed to the “bread winner” of the family; he in fact was dependent on the wife and it has affected changes in traditionally defined familial relationships, roles and duties of the house hold. In the Export Processing Zones of Sri Lanka a majority of the work force is female. Therefore internal migrations as well as international migration has been able to shift male dominance allowing females also to make decisions or participate in family decision making in Sri Lanka.

The availability of advanced communication systems to international migrants is an advantage because they can have regular contact with their family members which helps to maintain family relationships. The workers who are employed abroad, with a higher level of education, can afford such a facility. In Sri Lanka many migrants to the Middle East are unskilled and uneducated who do not have regular contacts with family members. This tends to break down the family relationships. Therefore, the introduction of policies to facilitate advanced communication technology to enable family dialogue at all income levels of the society is necessary.

Another area of needed intervention is managing earnings. The evidence from Sri Lanka shows that many families of middle-east migrants are leading a marginal life because of their ignorance in spending, though they earned much from overseas employment. Therefore policy interventions should be directed towards budget counseling.

Social welfare is mostly a non-profit service delivery system. However due to budget deficits and structural adjustments governments are forced to cut down expenses on social welfare. Privatization of non-profit earning delivery services have converted such services to profit earning business enterprises and the marginal low income families cannot afford such services.

By the end of the second millennium, almost all South and Central Asian countries spent a substantial proportion of the Gross Domestic Product on military expenditure. Sri Lanka, India and Nepal have experienced internal conflicts causing much money to be spent to curb such internal conflicts. Bangladesh is experiencing constant strikes and work stoppages. As a result industrial peace is at stake. All these factors contribute to inflation and low economic outputs. It is necessary to have a safety net to prevent hardship for families. A suggested policy intervention could be targeted social welfare programmes. These programmes could be implemented to embrace marginalized families.

Population ageing in South Asian countries is a common feature which increases the dependency ratio and puts pressure on families. The traditional values that prevailed

in the extended family system ensured economic and social support for aged parents, to be supplied by the children. The emergence of the nuclear family in place of the extended family, and international migration has made older persons more prone to destitution. Thus governments are compelled to take remedial measures to uplift the living standards of older persons. Government policy intervention and increased budgetary allocations are necessary to provide welfare programmes for older persons. Voluntary other private sector organizations can also play a major role in this regard.

Social functions of families in South Asia are care and socialization of children, care for sick and older family members and maintaining relationships within the family and outside. Outside intervention is often necessary to assist families in these tasks. This intervention could be provided through subject specific social policy legislation.

When family disputes occur, families could be counseled instead of taking disputes to courts. Police social work could be introduced.

Social work is a profession concerned with the relationships between people and their environments that affect the ability of people to accomplish life tasks and realize aspirations and values and alleviate distress. Adequate policy intervention had not been achieved in the region in building up the profession of social work to achieve a satisfactory level of service delivery at the grassroots level.