

NACRO, Kourtoum, , 1997. "Distribution of Power in Extended Families and Human Reproduction: the Case of Burkina Faso", *Women and Families: Evolution of the Status of Women as Factor and Consequence of Changes in Family Dynamics*, Maria Eugenia COSIO-ZAVALA (ed), Paris, CICRED, pp 421-448.

**DISTRIBUTION OF POWER IN EXTENDED FAMILIES
AND HUMAN REPRODUCTION: THE CASE OF BURKINA FASO**

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Researchers and international organisations interested in issues concerning women frequently recommend their access to formal education and paid employment (including activities generating income) as the best way of improving their living conditions. Although such recommendations are nearly always formulated as objectives in the development programmes of all southern countries, in practise they seem increasingly hard to achieve, except for in a few areas such as Kerala in India (Jung, 1994). The question to be answered, therefore, is the following: Until economic development is achieved, until all citizens are given access to modern education and paid work, what can women do to improve the lives of future generations of women?

This study, conducted in Burkina Faso¹, seeks to answer this question. The objectives were threefold: 1) To provide an understanding of the decision-making process in households as it concerns fertility and other important issues; 2) To determine whether there was any preference for boys to the detriment of girls and the impact of such a preference on fertility; and 3) To identify strategic measures for improving the lives of the next generation of women.

Discussions relating to women's status in general and women in the developing world in particular need to be carefully examined. The importance of these discussions was made all the more obvious by the fact that they resulted in the International Conference on Population and Development (ICPD, Cairo, Egypt, 5th to 13th September, 1994)

¹ Case study of Dagara (from Ioba province/Dano), Moosé (from Sanmatenga/Kaya) and Nuni (from Sissili/Léo).

recommending that more power should be given to women. This study is part of the efforts undertaken to implement the Programme of Action of the ICPD, which is relevant for the most part to developing countries such as Burkina Faso.

Decisions pertaining to fertility have been studied in major surveys, such as the Demographic and Health Surveys (DHS), in terms of the ideal size of families, the number of children conceived, and the knowledge and use of contraceptive methods. The results of these surveys revealed an important gap between a high level of knowledge of contraceptive methods and a low level of use. In Burkina Faso, the last DHS in 1993 and the 1996 survey on Knowledge, Attitudes and Practise (KAP) on AIDS, STDs, family planning and education for family life, revealed the same difference. However, despite these results, to our knowledge, few surveys have systematically addressed issues of decision-making regarding fertility. This study can thus improve our knowledge in this area.

Due to limited time and resources, only rural areas will be studied. The target populations are the Dagara, Moosé and Nuni ethnic groups living in certain areas in Burkina Faso. The Dagara were selected because their society is matrilineal (descent is designated through the mother) and they are therefore theoretically different from the Moosé and Nuni whose societies are patrilineal. The Moosé were selected because they represent 47% of the Burkinabe population. The Nuni were chosen because they have always been perceived as different from the Moosé regarding the status of women. In fact, Nuni women seem to have more freedom of movement and to be less burdened with work because they are less involved in agricultural activities. Moreover, the three ethnic groups have different contraceptive prevalence rates.

After reviewing the literature and sketching out a conceptual framework in the first substantive section, the immediate objectives and the corresponding hypotheses will be presented in the second section. The relevance of this study in Burkina Faso will be discussed in the third section. The methodology, presented in the fourth section, involves the gathering of quantitative data from one-on-one interviews and qualitative data from group discussions. The limits of the study are discussed in the concluding section.

LITERATURE REVIEW AND ELEMENTS OF A CONCEPTUAL FRAMEWORK

For a long time, issues concerning women, their status, positions and roles, were studied, discussed and evaluated in order to measure, among other things, to what extent: 1) important roles of women in the household remained unrecognised; and 2) women's acquisition of power through

education and access to economic resources enabled them to make greater contributions towards the development of their countries (Oppong, 1987). The same concern for the welfare of women emerged at the ICPD.

Although poorly defined and difficult to translate into other languages (Lassonde, 1996) "Empowerment of Women", which is the central issue of this study, is considered by the ICPD as an important objective and a reliable means of improving women's lives. The fundamental hypothesis seems to be that women currently have no power and that this is perhaps why they live in "precarious conditions".

Very close to the empowerment of women is the notion of equality of the sexes, which is also a subject of discussion, and one that implies a dynamic link between the social roles of men and women.

In addition to the Programme of Action of the ICPD, several declarations and treaties of the United Nations and the Organisation of African Unity have recommended improved access for women to power, especially in the public sector through the occupying of political responsibilities on an equal footing with men, as well as the respect of women's civil rights.

In the literature on the subject of the sharing of power between men and women, researchers are divided into three categories:

- Those who believe that women (especially women in sub-Saharan Africa) are universally subordinate and need to be given more power in order to become equal to men, by having a scope of action reaching beyond their reproductive life. This group is the largest and includes the Western feminist movement, which to a certain extent influenced the positions adopted by the ICPD (McIntosh and Finkle, 1995; Lassonde, 1996).
- Those who believe that African women in sub-Saharan Africa are no more subordinate than Western women but that they are engaged in different types of relations (Paulme, 1971). Some of the authors from this second group have quoted several examples in which African women have played important political and economic roles (Amadiume, 1987; Mack, Wilks, etc. in Romero, 1988).
- Those who believe that although African women in their relations with their husbands, do not benefit from all the ideal aspects of Western life provided by modernisation, they play important roles in the family (socialisation/education of the children) which enables them to change the living conditions of the next generation of women (see Deniel, 1985).

The second and third categories of researchers imply the following in their analyses:

- The education of the children (boys and girls) is ensured by the women (Baumann and Westermann, 1947; Lallemand, 1977) until the boys reach the age when they join the men, whereas the girls stay with the women. It is

usually during this period of their lives that the division of labour between men and women is introduced by the women and then reinforced by the men. The girls must help with domestic chores whereas the boys are left alone until they are involved in activities reserved for men. Moreover, the women are expected to develop the character of their children whatever their sex (Renne, 1993:343, quoted by Oni, 1996:59).

- Marriages, including those of adolescents, which require complex negotiations and ceremonies, cannot be contracted without the cooperation of the women, who play an important role (Lallemand, 1977; Scheub, and Schildkrout, in Romero, 1988).

- Complaints about sisters-in-law and mothers-in-law are universal and are strong enough to influence the decisions of a couple (Lallemand, 1977; Deniel, 1985; Jung, 1994). The existence of such a diversity in the power exerted by women was evoked by Amadiume (1987).

- In African societies governed by matrilineal regimes women occupy a key position, since inheritance and status are acquired through the mother (Clignet, 1970; and Wilks in Romero, 1988). In these societies, there are biological fathers and social fathers. The latter are the brothers of the mother, and the child inherits from them. Therefore, in these systems giving birth to a girl is just as important as giving birth to a boy, which means that women play roles beyond that of procreation. In fact, in the matrilineal society of the Ashanti, women are treated as the equals of men in regards to solving important political problems, especially when they reach the age of the menopause. According to Wilks (in Romero, 1983:133), the fundamental role of the Ashanti woman is to reproduce the family line, not only biologically but socio-economically as well.

In agreement with the second and third categories of researchers, Amadiume (1987), in a case study of the Igbo of Nnobi in Nigeria, showed how colonisation, including schooling and the Christian religion, eroded women's powers. She explains that women have lost their power because of the system of relations between men and women in Western society which was imported by the colonial institutions. These new values replaced the more flexible system of relations between men and women which existed in Igbo society. In fact, according to Amadiume, in this society there was a difference in the social relations between men and women and the biological relations based on sex. In other words, in such a system, roles of authority are not automatically reserved for men and those of lesser authority for women. Amadiume gives two examples of situations in which women held positions normally occupied by men. She describes these women as male-daughters or female-husbands.

During the International Conference on "Feminist Research in French-speaking Societies" (held in Quebec, Canada, from the 24-28 September 1996) three sessions were dedicated to evaluating feminism in French-speaking sub-Saharan Africa. In these sessions, the discussions indicated

that there were an increasing number of actions carried out by non-governmental organisations (NGO's) and women's associations, aimed at improving women's welfare. Moreover, although limited in number, African women authors, in the 70s, started to criticise in their works the living conditions of their sisters. Such movements and works have been categorised as feminist because they promote women. However, the discussions concluded that the Western feminist approach and ideas have not been completely endorsed in French-speaking sub-Saharan Africa (D'Almeida, 1994; 1996). This situation is true even for the few well-to-do women intellectuals. According to the discussions, this is in part due to the fact that typically African women, whether educated or not, want above all to be wives and mothers. The discussions also pointed to the fact that women are powerful in private but their power is often used by men for their own benefit. For example, political parties have used women to gain votes, and in Mali women's movements contributed to overthrowing President Moussa Traoré (Ba Konaré, 1993).

As far as the relations between power in the family and human reproduction/fertility are concerned, several researchers, who could be classified as socio-demographers, have tried to identify the most important aspects of women's family ties and relationships that help explain their fertility. The aspect most often referred to is status. In these studies, efforts have been made to define/measure women's status and to then establish links between this status and fertility (see Mason, 1993; Adams and Castle, 1994; Mhloyi, 1994 and Johnston, 1994; Mahmud and Johnston, 1994; Balk, 1994; and Opong and Wery, 1994). Mason (1993) identified the shortcomings of conventional research on the status or position of women as a determinant of their fertility. According to Mason, problems arise in part because the definition of status varies from one researcher to another. She also provides a clear methodological approach which new research could benefit from.

Van de Walle and Van de Walle (1995) provide a good review of demographic literature on the status and position of women in sub-Saharan Africa. In this review, several authors are quoted (for example, Boserup, 1970; Blake, 1974; Stycos, 1982, Mason, 1984). The approach used by Jejeebhoy (1995) to explain reproduction/fertility behaviour is different. She rejects the concept of the status of women, which she feels is unclear, and decides instead to use the concept of autonomy. According to Jejeebhoy, who quotes Dyson and Moore (1983), "autonomy is therefore a better term to describe the extent to which women control their lives". Autonomy has been defined as "the capacity to obtain information and use it as a basis for making decisions about things of concern to the individual and those who are close to her" (Jejeebhoy, 1995).

The literature points to the existence of a strong link between women's status and fertility. High fertility is seen as being contrary to a high status, because it reduces the possibilities for autonomy, formal modern education

and exercising activities generating income -- which, among other things, are characteristics of high status. However, it has also been said that high fertility is a rational choice, at least for certain women who think it is a way of improving their status and their situation within the family. Hoodfar (1995), in a case study in Iran, shows that women choose to have many children to reduce the risk of being abandoned by their husband even if he should marry another woman. As one respondent said, "many women in polygamous unions may agree to look after one or two children who are not theirs, but very few women are willing to look after several children who would see them as usurping the place of their mother" (Hoodfar, 1995:126). Jung (1994) also discovered the same kind of reasoning among women from southern Asia concerning giving birth to a boy. According to Oni (1996:58), in Yoruba society the number of children a woman has is often an important factor in her status within the conjugal household, the duration of her union and her relations with her husband and her in-laws. A delay in producing a child during the first years of her marriage leads to suspicion about her prenuptial behaviour. This suspicion results in hate and in most cases rejection by the in-laws if she is unable to have children or if all her children are girls.

Another aspect concerning women which socio-demographers, specialists in infant morbidity and mortality often study is the existence of a preference for boys to the detriment of girls. On the basis of the results of studies on infant morbidity and mortality in southern Asia (especially Bangladesh, India and Pakistan) and recently in sub-Saharan Africa (Legrand and Mbacké, 1995; Tabutin and Willems, 1995), researchers have suggested there was a difference in treatment (nutrition and health care) in favour of little boys. It would appear that the reason for such differences in treatment is a preference for boys. This would explain the observed differences in infant mortality according to sex.

On the one hand, the literature suggests that there is a need for a change in the distribution of power in society in general and in the family in particular, so that women may acquire more power to exercise their rights concerning fertility, including the use of contraceptive methods, and for them to be able to participate fully in the development of their countries. On the other hand, the literature suggests that women already exercise some power. However, it should be pointed out that regardless of the category that researchers belong to, they all agree that men occupy a central role when it comes to power in society. Indeed, in the matrilineal system women only play the role of an intermediary as far as inheritance is concerned, since the child inherits from the maternal uncle and not from the aunt. The reason for this is no doubt because the woman does not accumulate wealth. When referring to "male-daughters" or "female-husbands" in describing women who exercise power, Amadiume shows indirectly that one cannot refer to power without referring to the male sex.

The similarities and differences between the categories of researchers mentioned above can be interpreted as being an indication that as far as power between men and women is concerned, it is difficult to talk of global domination or subordination in the strict sense of the term. One should rather talk about a dividing up of power, insofar as the man controls certain areas and the woman controls others. As Foucault (1984) says, power is exercised within the framework of relations, and it is multi-directional, operating from top to bottom but also from the bottom upwards. Within the framework of this study, according to the definition in the *Petit Robert* dictionary, a person has power when he or she has the possibility and the right to undertake an action or to decide that an action should be undertaken. Such a definition of power automatically implies a legitimisation of this power by the people who are subjected to it, but it also implies autonomy for the people who exercise it. In other words, for there to be the power to decide there have to be people who recognise that power by agreeing to carry out the decisions that can only be taken by people who are free to act as they please. In fact, according to Jejeebhoy (1995), quoted earlier, prefers the term "autonomy".

But what is a decision? According to Saussois and Dortier (1993, p.5) "Examination of the reality of decisions shows that deciding does not correspond to a precise, clearly identified phase at which point the decision is made... A decision is part of a process: it is built up, negotiated, made in a roundabout way over time." Despite the clearly elusive nature of the decision, decision-making or better, its process, requires the mental elaboration of all the possible actions on the basis of information received. In other words, one cannot say that a decision has been taken unless prior mental evaluation of the benefits and costs of each of these actions has been made (Weinberg, 1993). Therefore, acting according to custom becomes a decision if and only if one has information enabling alternative action. On the basis of this, however, it should be acknowledged that information under the form of new elements of knowledge does not exclude the weight of cultural values on the behaviour of an individual. Information can only lessen this weight to allow a rational decision to be made. On the basis of the preceding discussion, in order to gain a better understanding of the power relations in society, contradictory suggestions in the literature must be reconciled. It is with this goal in mind that this study examines the decision-making process in three rural communities in Burkina Faso.

Methodologically, Safilios-Rothschild (1970:539) found gaps in the approaches of studies on the structure of power in the family in her review of literature in this area covering the period from 1960 to 1969. According to her, the problem resides in the fact that "most researchers in this area have used the terms "family power" or "structure of power" and the terms "decision-making", "family authority" and "influence" interchangeably". She also contends that family power is a multidimensional concept which cannot be measured only through decision-making. She concludes her article by suggesting that the methodological approach of studies on the structure of power needs to be improved by including the detailed analysis of all aspects

of power, and from the point of view of all family members. Olson and Rabunsky (1972) have also raised similar questions concerning the conceptualisation and operationalisation of family power. The reflections of these authors are taken into account in this study. The result of decision-making and its process is studied. Moreover, the man and the woman (women) are interviewed individually.

OBJECTIVES AND HYPOTHESES OF THE STUDY

Objective 1. To establish the links between fertility², the use of contraceptive methods³ and the decision-making power of the woman by:

- determining how decisions are made concerning the number of children desired, the number of children conceived, and the use of methods of contraception: Who makes the decisions? The man, the woman, both of them, or other people? Is fertility the object of a decision or not?

Hypothesis 1.1 women have power⁴ because they take part in making decisions concerning the number of children they want, the number of children they conceive and the use of contraceptive methods. This power can be different from the power exercised by men in the same areas.

- Determining the relations that exist between decision-making power and the number of children conceived by sex: Does a high number of surviving children increase or reduce the woman's decision-making power in the family? Does the sex of the children conceived (the number of which is influenced by infant mortality) influence the degree of decision-making power?

Hypothesis 1.2 The prospect of increased decision-making power for the woman through her offspring (translated into increased security) influences the number of children she wants and conceives, as well as her decision whether or not to use contraceptive methods. As a result the more children a woman loses the more she will conceive.

² Fertility is defined here as being the number of children wanted by sex, the number of children conceived by sex, birth spacing and the resumption of sexual relations after a birth.

³ In this case contraceptive methods are: modern methods (the pill, condoms, I.U.D., injectables, etc.) and traditional methods (periodic or post-partum abstinence, withdrawal, and monitoring of the woman's menstrual cycle).

⁴ Power is defined here, in a simplified way, as being participation in decision-making in the household, for the woman as well as for the man.

Hypothesis 1.3 The older a woman is and the more surviving children she has, the more she takes part in decision-making, both in her nuclear family and in her children's family.

- Determining if and how the decision-making process has changed from one generation to the next: Are decisions concerning fertility and decisions concerning the management of the family⁵ more often negotiated between spouses now than in the past? Has the manner of negotiating changed? Is the extended family⁶ less involved in the decisions taken in the nuclear family today compared with the past? In other words, has the negotiation of decisions moved from the extended family to the nuclear family, thus allowing improved interpersonal communication between the spouses⁷?

Hypothesis 1.4 The decisions concerning the number of children conceived, the use of contraception, and the management of the family are more often negotiated between spouses today than in the past. As a result, couples belonging to younger generations communicate better with one another, discuss a wider variety of topics and the wife participates more openly in decision-making.

Hypothesis 1.5 The degree of involvement of members of the extended family in the nuclear family's decision-making process has diminished over time.

- Determining the degree of autonomy⁸ of the woman and whether it has changed from one generation to the next.

Hypothesis 1.6 Among young couples, women have greater autonomy.

- Determining relationships among women: How do women influence decisions concerning the lives of other women, regarding fertility, the management of the family, the degree of autonomy of the woman and interpersonal communication between spouses?

⁵ Normally by management of the family we mean all the relations among members of the family, and the relations they have outside the family which concern the family. However, we will here limit the definition to traditional education of the children (boys and girls) up to the age of 7 (preparing children for life) and the woman's contribution in monetary resources ensuring the welfare of the family: current consumption (water, food, clothes, medicine, school supplies for the children) and consumer durable goods (accommodation, transport and other investments).

⁶ The extended family is defined as being a group of relatives including the father/mother(s), uncles/aunts, grandparents, cousins and in-laws. Therefore, men in the extended family are not limited to husbands and women are not limited to wives. In contrast, the nuclear family is limited to the couple and their children.

⁷ Interpersonal communication between spouses will be measured here by the number of subjects the spouses discuss together before making a decision; the number of leisure activities the spouses partake in together; and the amount of interference from members of the extended family in the nuclear family.

⁸ The woman's autonomy is measured here by the possibility of her going out, of undertaking income-generating activities, of educating/informing herself or of participating in voluntary activities, with or without consulting her husband.

Hypothesis 1.7 Women protect their daughters, with whom they have a cooperative relationship. On the other hand, they are hard and strict with their co-wives (in polygamous couples), their sisters-in-law (wives of their brothers) and their daughters-in-law, with whom they have relations characterised by rivalry. As a result, their participation in decision-making concerning their daughters will be different from that of decision-making concerning the other women.

- Gathering information on the spouses' contributions towards satisfying the needs of the household for current consumption and for consumer durable goods. Who contributes more, and how? What is the nature of the links between the degree of contribution to these needs of the household, decision-making power, fertility/use of contraceptive methods, and women's autonomy?

Hypothesis 1.8 There are no direct links between the number of children desired and conceived, the use of contraception and the contribution made by the woman to the needs of the household in current consumption goods and consumer durable goods.

Hypothesis 1.9 The greater the woman's contribution to the household's needs for current consumption and consumer durable goods, the more she takes part in decision-making in her home and the more autonomy she has.

- Determining the role of men and women in spacing of births, the resumption of sexual relations after a birth and the traditional education of the children: who has the greatest influence on the process: the men or the women? Is the attribution of these roles negotiated between spouses? For the education of the children, are the roles different depending on the child's sex?

Hypothesis 1.10 The woman plays a more important role than the man in the traditional education of the children (boys and girls up to the age of 7).

Hypothesis 1.11 The woman also plays a role which is as important as, if not more so, that of the man in the spacing of births and the resumption of sexual relations after the birth of a child.

Objective 2. To determine the existence of preferences for boys over girls by:

- Determining local practises concerning nutrition and care given to boys compared with that given to girls, and the reasons for such practises.

Hypothesis 2.1 Contrary to countries in Southern Asia, in sub-Saharan Africa (at least among the Dagara, Moosé and Nuni in Burkina Faso) parents do not make a conscious and calculated effort to treat boys better than girls.

- Determining the links between the natural composition of children by sex and fertility/use of contraception.

Hypothesis 2.2 The natural composition of offspring by sex influences the number of children born, since couples want both sexes to be represented among their children.

Objective 3. To identify strategic measures by verifying the hypotheses pertinent to objectives 1 and 2 by:

- Determining potential sources of power for women.
- Recording the points of view of the communities studied on the approach to be adopted for empowering women, by inducing them to compare the situation of women with that of men (in other words, are women perceived as inferior, equal, or superior to men?). What are the differences between men and women as perceived by the respondents? Is there a desire for change and if so in which direction?
- Determining how men and women could contribute to bring about changes in relations between men and women for future generations.

RELEVANCE OF THE STUDY IN BURKINA FASO

Results of Recent Surveys Conducted in the Country

The 1992-1993 Demographic and Health Survey (DHS)

The DHS, which is the most recent one gathered between December 1992 and March 1993, provided, among other data, information on the knowledge and use of contraceptive methods. According to the results of the survey, 63% of women (all marital statuses included) know of the existence of modern methods of contraception (especially the pill and condoms). However, only 28% know where to obtain them. As far as the use of contraceptive methods is concerned, only 10% of the women who know of their existence have already used a modern method. At the time of the survey only 8% of women in union and of reproductive age used contraception and 4% used a modern method. Contraceptive prevalence was 26% in urban areas and 4% in rural areas for all methods. However, in urban areas women used modern methods (17%) more than traditional ones (9%). The opposite was observed in rural areas (1% for modern methods compared with 3% for traditional methods).

Table 21.1 – Contraceptive prevalence rates (%) in urban and rural areas in Burkina Faso, according to the type of method used, (women in union)

Methods	Modern	Traditional	All methods
Urban areas	17	9	26
Rural areas	1	3	4
<i>Source: DHS, 1993, Final Report.</i>			

As far as future use of contraceptive methods is concerned, the survey indicates that 54% of women in union who were not users at the time of the survey did not intend to become users in the future, whereas 30% of them intended to become users and 15% were undecided. The reason most frequently given for the lack of interest in contraception was the desire to have more children (41%).

Concerning opinions and attitudes, the survey revealed that at least 69% of women of reproductive age and aware of the existence of contraceptive methods approved of family planning. However, only 25% of women in union had discussed this subject at least once with their partner. The part of the survey dealing with men revealed that men are more informed about the existence of contraceptive methods than women: 86% and 66% respectively. Further, 83% of men know of at least one modern method of contraception, irrespective of their marital status.

By comparing the responses of spouses, the results of the DHS revealed that in 45% of cases both spouses approved of family planning and in 13% both spouses disapproved. Although among many couples the women knew their husband's opinion (78% when he approved and 48% when he disapproved), the survey indicated a certain lack of communication between the spouses concerning family planning. In fact, 72% of couples never discussed family planning.

The DHS shows that the ideal family size is larger for men (7.1 children) than for women (5.7 children). Moreover, in 54% of the couples interviewed the men wanted more children than the women. Only for 18% of couples did the men and the women want the same number of children, and for 28% of couples the women wanted more children than their husbands.

1995-1996 Survey on Knowledge, Attitudes and Practices (KAP)

In late 1995 and early 1996 a Knowledge, Attitudes and Practices survey (KAP) on Family Planning, AIDS, Sexually Transmitted Diseases and Education for Family Life was conducted nationally (data were collected from December 15th, 1995 to January 18th, 1996). As with the DHS, the KAP survey revealed that despite extensive knowledge of the concept of family planning,

and of contraceptive methods and where to obtain them, the rate of use of these methods was rather low at the time of the survey: 25% of women and 37.8% of men in urban areas and 4.2% of women and 11.5% of men in rural areas used a modern method of contraception (38.1% of women in urban areas and 27.1% of women in rural areas used some methods of contraception modern or traditional).

Table 21.2 – Contraceptive prevalence rate (%) in urban and rural areas, according to the sex of the users

Methods	All methods included		Modern methods	
	Men	Women	Men	Women
Urban	48.7	38.1	37.8	25.0
Rural	29.9	27.1	11.5	4.2

Source: KAP survey, 1996, provisional report.

Concerning family relations the KAP survey revealed that:

- Family members consult one another when there are problems to be resolved. However, women are more often consulted as mothers than as spouses. Men, on the other hand, are consulted as often as fathers or husbands, and sometimes as brothers.
- In rural areas spouses intervene more in the management of each other's resources than in urban areas. Men intervene more in the management of their wives' financial resources than the other way round. Moreover, the husband is usually the one in charge of managing resources.

The KAP survey gives us some indication about how decisions concerning the management of resources and other problems are made. But certain questions remain unanswered: For example, why do women consult their husbands more than their husbands consult them? What are the relations between decision-making and polygamy? These are important questions which need clarifying.

Regarding decisions concerning fertility, the KAP survey shows that the number of children desired is not a usual subject of conversation in Burkina Faso: Only 13.8% of women from rural areas say they had discussed this subject with their husbands compared with 48.5% of women from urban areas. The same difference between rural and urban areas was observed concerning men (19% and 57%, respectively). Moreover, 31.3% of women from rural areas and 11.2% from urban areas do not know how many children they want. An interesting result is that certain people (especially women) say they do not talk about how many children they want because they are afraid of the reaction of their spouse. It should be noted, however, that very few respondents had a fatalistic attitude, with answers such as "it is God's will."

Table 21.3 – Wives having discussed the subject of fertility with their husbands (percentages)

Area	Have already discussed the subject with their husbands	Do not know the desired number of children
Urban	48.5	11.2
Rural	13.8	31.3

Source: KAP survey, 1996, provisional report.

The results of both surveys show that the contraceptive prevalence rates (all methods) increased by about 12 percentage points in urban areas (from 26% to 38%) and by about 23 percentage points in rural areas (from 4% to 27%) between 1993 and 1996. They also show that the difference between the knowledge and use of family planning and the lack of communication between spouses on issues concerning family planning persisted between 1993 and 1996. Therefore, the reasons behind the fact that despite the availability of several modern methods traditional methods are still used, need to be investigated. How are decisions concerning family planning made; and what are the reasons behind the increase in the use of contraception?

The KAP survey and (to a lesser degree) the DHS have certainly improved our knowledge on questions concerning decision-making in the family, and they highlight the importance of the topic. The present study will improve our knowledge concerning fertility issues and will complete the information provided by the DHS and KAP survey.

A Future Research Programme

At the Governmental Level

The National Population Council (CONAPO) (Ministère de l'Economie, des Finances et du Plan, 1996b) included in the section of its research programme dealing with socio-cultural and demographic themes a research project (which has not yet been started) on "The Transition from Traditional to Modern Family Planning Methods." The objective of this project is to identify and observe populations using modern contraceptive methods, in order to gain an understanding of their behaviour. This information will be used to develop a strategy for improving the use of modern contraceptive methods among other populations.

Our study, whose objectives are described above, will more than satisfy CONAPO requirements by improving knowledge on population issues in Burkina Faso. In fact, it covers more questions and will target users and non-

users in order to gain a better understanding of the differences between the two groups.

At the Level of National Research Institutions

Among other studies being conducted is one entitled, "Determinants of Fertility: Socio-anthropological Research", which is being carried out by the Community Health Laboratory (*Laboratoire de Santé Communautaire*), a project aimed at providing health and family planning services in Bazega Province in Burkina Faso. The study is limited to a single province, but it includes quantitative and qualitative data.

As in the case of the CONAPO research project, the scope of our study is wider since it deals with several questions and targets two additional ethnic groups: the Dagara and the Nuni. This will allow comparative analyses indicating possible differences among these three ethnic groups (Moosé, Dagara and Nuni) and from one region to another for the Moosé.

METHODOLOGY

Data Collection

Data Sources

Two types of data will be used to attain the objectives of the study: a) quantitative data, which will be gathered by individual interviews; b) qualitative data, to be gathered by interviewing focus groups. The combination of these two types of data was used successfully in the Central African Republic in the elaboration of the People and Family Code. Moreover, these two methods are complementary approaches and hence they are essential in gaining an understanding of such a complex phenomenon as the decision-making process involved in questions such as fertility and the management of the family. In fact, the individual interviews provide detailed information about the lives of the respondents, whereas the focus groups provide information on the respondents' opinions (based on their own experience and their knowledge of the community being studied) on important topics that are difficult to deal with in individual discussions. Moreover, the focus groups allow respondents to exchange opposing or contradictory points of view, making it ultimately possible for a consensus to be reached.

The individual interviews will be conducted before the focus group meetings. There will be more individual interviews than the number of participants attending the focus group meetings. However, all focus group participants will undergo an individual interview with the purpose of identifying them. Therefore, except for age, the selection criteria for the participants will be the same for the individual interviews as for the focus groups. In fact, any married mother over the age of 15 may be interviewed individually whereas, as

explained further on, participants must belong to specific age groups to take part in the focus groups.

Data Collection Methods

- Individual Interviews

The interviewing of each participant will be based on a questionnaire. The exact number of participants for the individual interviews will be decided later, on site. We expect to have approximately 125 people for each site.

- The Focus Groups

Contrary to the individual interviews, in which we expect to obtain detailed information on the lives of the respondents, the technique of the focus groups is used to obtain information of a general nature based on opinions expressed during discussions and which may be contradictory. The discussions or debates are conducted anonymously without any pressure being exerted on the participants. In fact, although the interviewers know the identities and situations of the respondents, their right to speak is not linked to their status. The first thing required for this method is the selection of the participants and the composition of the groups, which are made up according to two types of independent variables: homogeneous and heterogeneous variables.

The homogeneous variables are used to select the people who will take part in the study. These variables represent the characteristics which make the participants homogeneous. In other words, all the participants must share the same values for these variables, which must be considered as controlled effect variables. Heterogeneous variables are important because their effects are evaluated in the study, and they are used to make up the focus groups. As with the homogeneous variables, the members of a given group must share the same values for the heterogeneous variables. The idea is to compare the answers of one group with the answers of another for the concepts discussed. The differences obtained are explained as being the effects of the differences between the groups, therefore of the heterogeneous variables. Hence, contrary to homogeneous variables, the participants must have different values for these heterogeneous variables from one group to the next. On the basis of the above, in studies using focus groups only the variance between groups is explained, since the variance within a group is, by definition, zero.

The study of several heterogeneous variables provides more information but requires the creation of several groups, which in turn increases the cost and duration of the study. Therefore, because of limited time and funding, only a restricted number of heterogeneous variables have been taken into consideration. The variables examined in this survey for the focus groups are described in the two boxes:

Homogeneous Variables

1. Marital Status: All participants must be currently married (all definitions of marriage included except consensual unions).
2. Place of Residence: All participants must be residents of the capital city of a district (rural area) with a population predominantly made up of Dagara, Moosé, or Nuni (to be identified), having access to a complete range of contraceptive methods and to education.
3. Education: In Burkina Faso most of the residents of rural areas cannot read (except for retired people who have returned to live in their villages of origin, civil-servants working in these villages or people who have been taught to read and write). Since education is considered as an important variable, all people who are literate will be interviewed individually (if they meet the selection criteria for participants in the survey), and will take part in the focus groups. Education is defined in terms of literacy, since we believe it is an indication of the degree of success of formal education or basic schooling.
4. Use of Contraceptive Methods: The prevalence rate for contraception is low in rural areas. As a result, it would have been preferable that all the users identified through family planning clinics or individual interviews should take part in separate focus groups. However, after talking to the health staff (midwives) it became apparent that this would not be the best approach, since many of the women using contraceptive methods in rural areas do so without their husbands' consent. Therefore, these women would refuse to be selected for groups according to such criteria. Since ethics require transparency we have to respect the respondents' wishes.

Heterogeneous Variables

1. Age: Three groups will be considered (15-25, 30-45, and 50-70 year-olds). The first two groups were chosen because we believe they have different points of view, but are both of reproductive age and are therefore targeted by family planning programmes. The third group (the older one) was chosen because it includes the parents-in-law and uncles and aunts who can influence the members of the first two groups. If it proves to be difficult to determine age, the following criteria will be used to select participants: young married couples with children aged under 10, for the first group; couples who have been married for some time with children aged 10 and over, for the second group; couples married and having at least one son-in-law or daughter-in-law, for the third group.
2. Sex: Male or female.
3. Ethnic Group: The people interviewed will be either Dagara, Moosé or Nuni.

Although contraception is not a criterion for selecting participants for the focus groups, knowledge of this information will be used to interpret the discussions of the focus groups attended by users of contraceptive methods. The advantage of putting women who use contraceptives with non-users is that the former can indirectly influence the latter by making them aware of the advantages of family planning during the group discussions.

Age groups will be formed according to the women's ages. The husbands of these women will therefore tend to be older since men generally marry later than women. Therefore, there will be fewer focus groups for men whose ages will tend to be concentrated. We are aware that it would be preferable for the age groups to be continuous in covering the ages from 15 to 70 years, so that all persons belonging to this interval would be a part of the target population. We have decided to take three groups in a discontinuous manner for the focus groups because: a) many categories would increase the number of focus groups which would in turn increase the cost and length of the survey; and b) these three groups provide a good representation of the differences that are interesting for this study.

From these variables, a maximum of 18 focus groups will be made up (3x3x2, in other words the three age categories times the three ethnic group categories times the two sex categories). However, the actual number may be smaller because, as already stated, there may be fewer focus groups with men. Each ethnic group will be represented by a maximum of six focus groups. For each ethnic group two additional groups will be made up for participants who can read and write (one for men and one for women). Each group will have a maximum of 10 participants and a minimum of eight people. There will therefore be a maximum of 240 people taking part in the focus groups.

Data Analysis

The Variables

- Independent variables

In addition to the variables chosen for the focus groups, the following variables will be ascertained in the individual interviews: religion; migration; type of occupation (whether or not the activity generates income); age at marriage; type of marriage (monogamous or polygamous); level of knowledge (contraception, sexually transmitted diseases, family code, etc.); degree of autonomy; degree of interpersonal communication between spouses; preferences for children of each sex; degree of contribution of spouses to the needs of the household in terms of current consumption goods and consumer durable goods; degree of intervention of the extended family in the lives of nuclear families.

- Dependent Variables

Use of contraception and fertility.

Table 21.4 provides a summary of the hypotheses to be tested, while Tables 21.5 and 21.6 indicate the variables needed to test each hypothesis.

Tableau 21.4 – Summary of hypotheses of objectives 1 and 2

Number	Hypothesis
1.1	Women have power because they take part in making decisions concerning the number of children they want, the number of children they conceive and the use of methods of contraception. This power can be different from the power exercised by men in the same areas.
1.2	The prospect of increased decision-making power for the woman through her offspring (translated into increased security) influences the number of children she wants and conceives as well as her decision whether or not to use contraceptive methods. As a result, the more children a woman loses the more she will conceive.
1.3	The older a woman is and the more surviving children she has the more she takes part in decision-making both in her nuclear family and in her children's families.
1.4	Decisions concerning the number of children conceived, the use of contraception and the management of the family are more often negotiated between spouses today than was the case in the past. As a result, couples belonging to younger generations communicate better with one another and discuss a wider variety of topics and the wife participates more openly in decision-making.
1.5	The degree of involvement of members of the extended family in the nuclear family's decision-making process has diminished over time.
1.6	Among young couples, women have greater autonomy.
1.7	Women protect their daughters with whom they have a cooperative relationship. On the other hand, they are hard and strict with their co-wives (in polygamous couples), their sisters-in-law (wives of their brothers) and daughters-in-law with whom they have relations characterised by rivalry. As a result, their participation in decision-making concerning their daughters will be different from that of decision-making concerning the other women.
1.8	There are no direct links between the number of children desired and conceived, the use of contraception and the woman's contribution to the needs of the household in current consumption and consumer durable goods.
1.9	The greater the woman's contribution to the household's needs, in current consumption and consumer durable goods, the more she takes part in decision-making in her home and the more autonomy she has.
1.10	The woman plays a more important role than the man in the traditional education of the children (boys and girls up to the age of 7).
1.11	The woman also plays a role which is as important as, if not more so, that of the man in the spacing of births and the resumption of sexual relations after the birth of a child.
2.1	Contrary to countries in Southern Asia, in sub-Saharan Africa (at least among the Dagara, Moosé and Nuni in Burkina Faso) parents do not make a conscious and calculated effort to treat boys better than girls.
2.2	The natural composition of offspring by sex influences the number of children born, since couples want both sexes to be represented among their children.

Table 21.5 – Variables required to test the hypotheses linked to objective 1:
to establish links between fertility, the use of contraceptive methods
and women's decision-making power

Hypothesis	Variables to be examined	Method of data collection
1.1	Sex (male/female); Participation in decision-making (number of children desired, conceived, use of contraception); Number of surviving children	Individual interview Focus groups
1.2	Insecurity (yes/no); Number of children desired, conceived, and surviving; Use of contraception	Individual interview Focus groups
1.3	Woman's age; number of surviving children by sex; number of decisions for which the woman is consulted (nuclear family/child's family)	Individual interview
1.4	Participation in decisions: Number of children desired, conceived; Use of contraception; Number of surviving children; Management of the family (education of the children [yes/no]; contribution to the needs of the family [current consumption and consumer durable goods]; communication between spouses; Age (man/woman)	Individual interview Focus groups
1.5	Degree of involvement of the extended family; Age (man/woman)	Individual interview
1.6	Woman's autonomy; Age (man/woman)	Individual interviews Focus groups
1.7	Mother-in-law/daughter-in-law relations; Relations between sisters-in-law; Treatment wished for daughters-in-law; Treatment wished for daughters	Individual interview Focus groups
1.8	Number of children desired, conceived and surviving; Use of contraception (yes/no); Contribution to the needs of the family (current consumption and consumer durable goods)	Individual interviews
1.9	Contribution to the needs of the family (current consumption and consumer durable goods); Number of children desired, conceived; Use of contraception; Number of surviving children; Degree of autonomy	Individual interview Focus groups
1.10	Education of the children (yes/no); Sex (man/woman)	Individual interview Focus groups
1.11	Participation in decision-making (birth intervals; Resumption of sexual relations) Sex (man/woman)	Individual interview

Table 21.6 – Variables required to test the hypotheses linked to objective 2: to determine whether there is a preference for boys instead of girls

Hypothesis	Variables to be examined	Method of data collection
2.1	Practises: care/food given to boys/girls	Individual interview
2.2	Number of children wanted; Number of children conceived and number of surviving children per sex	Individual interview

Methods of Analysis

Each objective will be the subject of an article for publication. For the individual interviews, the questions have been designed in order to obtain the data needed to attain each objective and sub-objective. Therefore, an analysis using percentages and multivariate regressions will be done based on the individual questionnaire.

For the focus groups, the opinions obtained will be analysed using appropriate software programmes. The results of these analyses will also be used to test the hypotheses, as will the results of the individual interviews.

Survey Sampling and Sites

The target population will come from the capital city of a district (to be determined) of Ioba Province for the Dagara, from Barsalogo, capital city of a district of Sanmatenga Province for the Moosé, and from the capital city of a district (to be determined) of Sissili Province for the Nuni. These provinces have been chosen by taking into account the distance from the nation's capital, Ouagadougou (the researcher's place of residence). Ioba Province is located in the south-western region of the country, Sanmatenga Province is located in the central northern region and Sissili Province is in the central southern region.

Apart from ethnic predominance, the criteria for choosing study areas are: Each must be the capital city of a district, with a Medical Centre or a Medical Centre with a Surgical Unit. In either case, the complete range of modern contraceptive methods must be available. The existence of a literacy programme registered with the Institut National d'Alphabétisation (INA - National Literacy Programme) is also required.

The sample unit will be the couple (monogamous or polygamous) with one or more children (all wives will be interviewed in the case of polygamous households). As already indicated, the women from the couples targeted in the survey must be at least 15 years old for the individual interviews, and must belong to one of the age groups 15-25, 30-45, or 50-70 for the focus groups. The men will be chosen as the spouses of these married women. From this population identified in each district capital city (without taking into account the place of origin of the interviewees), a random sample of at least 50% of the couples selected will be interviewed individually and some of them will take part

in the focus groups. In the individual interviews spouses will be interviewed at the same time but separately.

However, in order to evaluate the impact of polygamy and monogamy, the sample will be selected taking into account the proportions of polygamous and monogamous households in the villages being studied. The households of village and land chiefs, if there are any, will be excluded from the target population. In fact, these households could possibly bias results because of their special characteristics (a greater than average number of wives and children).

LIMITATIONS OF THE SURVEY

Africa being a vast continent, it would have been interesting to conduct this study in other countries to allow comparative analyses. Moreover, the study in urban areas of the targeted ethnic groups would be very interesting. But because of a lack of time and funding, only rural areas and Burkina Faso will be studied.

Another major limitation concerns the methodology used for gathering the data. Given the fact that the focus is on the process of decision-making and how it has changed over time, the most appropriate data would be data collected longitudinally, or in any case over quite a long period and repeatedly. However, because of insufficient time and funds a longitudinal or multiround survey cannot be conducted. Since the respondents are from different age groups, we hope it will be possible to gather important information on the decision-making process in families and on how the process has changed.

Among the techniques used for gathering qualitative data, the focus group has been criticised by anthropologists, who prefer in-depth individual interviews or participatory observation. This is because they believe that focus groups provide biased information on the subject being studied. Although such a point of view may be well founded, we believe the problem will be minimised in this study, since focus groups will be used for gathering complementary information on specific themes. Most of the information will be gathered during the individual interviews.

Since the interviews will be conducted in Dagara, Mooré and Nuna, to ensure homogeneity it would have been necessary to translate the questionnaires into these languages before the survey. However, this will be impossible due to lack of time and funds. We will try to make up for this problem by giving the interviewers a handbook providing them with definitions for all the concepts used in the questionnaire. The handbook will instruct the interviewers on how to conduct the interviews.

It would have been interesting for each ethnic group to be represented by at least two sites in rural areas. However, once again, due to lack of time and resources, only one site per ethnic group will be studied.

Lastly, given ICPD recommendations and the results of several studies, this study should focus on adolescents and single people, who take part as well as married people in negotiations concerning sexuality and which have an impact on fertility. Besides the lack of time and resources repeatedly referred to in this presentation, we have decided to limit ourselves to couples who are legally married since in the rural areas chosen for this survey sexual relations outside marriage are usually the exception (KAP survey, 1996). Moreover, when such relations do occur they are so severely punished that they cannot be the object of an interview.

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