Dynamics of Marriage and Childbearing in Long Term Displaced Situations, a Research Proposal

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Introduction

The design of this research is driven by the fact that the number of people living in long term displaced, so called protracted, situations is increasing, especially due to the changing nature of warfare in which civilians are increasingly targeted. Although exact numbers are difficult to obtain due to restrictions in definition and registration, the UNHCR estimated 9.9 million refugees (excludes 4.4 million refugees falling under the UNRWA in Palestine) at the end of 2006 (UNHCR 2007), whereas the Global IDP project reported 26 million internally displaced persons (IDPs) at the end of 2007 (IDMC 2008). Where the average duration of displacement was 9 years in 1993, at the end of 2003 this average has been increased to 17 years (UNHCR 2007).
As displaced people are likely to face loss, disrupted lives, dependency and poor physical and mental health conditions, they way these people are able to live their lives as they were used to, or intended to before displacement took place has been affected.

Displacement might prevent direct violent deaths, but puts people at greater risk of poverty and ill health. Loss of place, the exposure to stressful experiences, and the disruption of families and social networks are examples that affect the physical health as well as psychosocial well being of people as these experiences lay a heavy cognitive, emotional and socio-economic burden on individuals, families and communities (WHO 2008).
This burden might restrict the individual's ability to continue life and to take steps in order to improve the situation as feelings of uselessness, powerlessness, loneliness and anxiety can dominate daily thoughts and emotions.
The WHO estimated that more than half of refugees' mental health problems range from chronic mental disorders to trauma, distress and great deal of suffering (WHO 2008). In addition to mental disorders, millions of affected people suffer from psychosocial dysfunction, thereby affecting their own lives and their community (WHO 2008).

Stressors in displaced situations are various and in the case of emergency en displacement situations these stressors can be related pre-existing social problems like for example poverty, discrimination, marginalisation etc. which can be induced or intensified by emergency and displacement related events like family separation, disruption of social networks, destruction of community structures, resources and trust, and increased gender-based violence. The presence of

humanitarian aid can induce these problems as well when, for example, community structures or traditional support mechanisms are undermined (IASC 2007).

Research Problem

The importance of treating and preventing poor reproductive health outcomes and risks of people affected by emergency and displacement is acknowledged at the International Conference of Population and Development of 1994, after which governments and organizations increasingly implement reproductive health interventions within humanitarian assistance programs (UNHCR 1999; Krause, Jones et al. 2000; Esscher 2004).

Since the ICPD conference, reproductive health status of (post-) emergency situations has been explored and broadly described.

Reproductive health conditions are at risk when sexual and reproductive activities occur within unfavourable conditions. Displaced persons, who are often already marginalized groups within a society, face particular reproductive health risks due to a complex set of factors of which the disruption of health care systems and life trajectories, loss of income and social networks, changing population structure and power relations are some examples (Krause, Jones et al. 2000; Esscher 2004; UNFPA 2006).

Consequently reproductive health outcomes are various and its determinants can be very complex. Examples that contribute to these outcomes are; gender and sexually based violence as a result of changing population structure and power relations; vulnerability of adolescents due to instability in sexual and reproductive development; increasing number of unwanted pregnancies due to forced and unprotected sex, limited or interrupted access to contraception; and increasing (unsafe) abortions. Then, the lack of adequate nutrition, together with an increase of infectious diseases, affect the overall health, thereby indirectly affecting reproductive health condition (UNHCR 1999; Krause, Jones et al. 2000; McGinn 2000; McGinn, Casey et al. 2004).

Reproductive health interventions within the field of humanitarian assistance mainly focus on the provision of reproductive health services like emergency obstetric care, maternal health care and family planning services, treatment and counselling the consequences of abortion, rape or sexual violence, and the implementation of programs that target adolescents. Together with psychosocial interventions, these services are increasingly implemented within a community based Public Health approach of humanitarian interventions.

Although the importance of reproductive heath interventions in humanitarian crises has been acknowledged and is increasingly implemented within policy and programme designs, disparities in reproductive health status exist within and between displaced populations (McGinn 2000).

Overall it seems that knowledge and interventions are mainly focused on the needs which are determined by the situation, whereas little is known about the reproductive decision making process of those being displaced. This means that regarding reproductive (health) issues it seems that there is a lack of understanding about what (sexual) relations and reproduction actually mean to people in displaced situations which makes it difficult to understand and foresee reproductive (health) outcomes.

Approaching the consequences of crisis and displacement from a demographic point of view, reproduction and the reproductive health situation capture the attention for the reason that within the demographic field these issues are rarely studied among displaced populations.

There are some case specific insights in demographic patterns of emergency and displacement affected populations (Lindstrom and Berhanu 1999; Al-Qudsi 2000; Agadjanian and Prata 2002; Khawaja 2004; Randall 2004; Verwimp and Van Bavel 2005), but this knowledge is somehow limited to the impact on mortality, as well as to short term responses of fertility and nuptiality.

Obviously, short and medium term consequences are the result of conscious decisions (of couples) not to reproduce in times of emergency, spousal separation, and reductions in the frequency of intercourse. In addition, the consequences of malnutrition and stress on fecundity should be taken into consideration as well.

Reactions of demographic events on the long run are more difficult to understand and explain for the reason that various factors have to be taken into account. If we want to get a deeper

understanding of how these particular long term patterns evolve, more insight in individual behaviour and its determinants is needed.

Theoretical Framework

Within the discipline of demography a shift is taking place towards the study of people instead of populations only. Research is therefore increasingly focusing on understanding individual behaviour and decision making processes in order to understand, explain and predict aggregated demographic patterns as it are people who make decisions within a specific socioeconomic, political and cultural context with specific norms, values and beliefs towards certain behaviour. The Process Context Approach will therefore serve as a base for the construction of the conceptual model. This approach integrates both macro and micro level based on methodological individualism by Coleman (1990) where social outcomes at macro level refer to the aggregation of individual behaviour of the population under study, where the context refers to the construction of society determined by institutions and social systems (e.g. McNicoll 1994). At micro level, it are individuals whose choice, emotions, motivation, and interactions play a substantive role in the process of individual behaviour. In addition to the interaction between structure and agency, time plays a crucial role in the approach, due to the fact that processes as well as contexts are changing over time (De Bruijn, 1999). With this notion of time, behaviour within a changing life course results in the idea that generations or cohorts are the mechanism of social change (e.g. Giele and Elder 1998).

Changes over the life course, as well as social change are important aspects within the research, because those life course patterns that determine reproductive indicators might be disrupted by emergency and displacement. Employment, income, education, as well as traditional practices might be disturbed thereby affecting daily life and protection as social networks and support are reduced or completely lacking.

This disturbance of daily life exposes individuals, families and communities to stressful situations. As stress evolves from the interaction between the person and the situation, stress can be prevented or handled by the use of different coping skills, which result from the balance of present permanent stress factors and protective factors.
Protective factors are used against the negative consequences of too much stress. These factors are various, but can be distinguished between four categories; individual capabilities; favourable family conditions; conditions outside the family, and; individual characteristics that result from a process of personality development in which experience and interaction with the environment play an important role (De Jong, Komproe et al. 2003; Mollica, Cardozo et al. 2004).

De Jong (2002) gives some examples of important protective factors in situations of emergency and displacement, which are; the presence of a social network, including a nuclear or extended family; social support and self-help groups for empowerment and sharing; employment or other possibilities of income generation; access to human right organisations; recreation and leisure activities; performance of culturally prescribed rituals and ceremonies; political and religious inspiration as a source of comfort, meaning and a future perspective; camps with a limited size; coping skills, intelligence and humour (De Jong 2002).
These examples show that the environment provides very important opportunities and restrictions to deal with uncertain and insecure situations. Within this, health plays an important role. Poor health conditions influence the available protective factors, but also the capability to use them, thereby increasing vulnerability to stress. On the other hand health conditions can be put at risk at the moment the construction of other protective factors, like for example the generation of income, have higher priority.

Fertility behavior can be approached from many perspectives. Within the economic approaches motivations are determined by the opportunity costs that go along with the formation or extending of a family. Socio-psychological theories consider the value of children, whereas cultural and structural approaches deal with meaning systems that share and transmit values and information (De Bruijn 1999).

As fertility is embedded in the psychosocial, economic and cultural environment it is also a biological phenomenon that includes fecundity, gestation, foetal mortality and birth (De Bruijn 1999). The determinants of these biological aspects are described by many authors of which the framework of proximate determinants of Bongaarts and Potter (1983) is well known. The framework describes how changes in fertility can be traced to one or more of the following determinants; the proportion of women of reproductive age that are married as a proxy for sexual intercourse; the use and effectiveness of contraception; induced abortion; post-partum infecundability (related to breastfeeding); the frequency of intercourse; the onset of permanent sterility, and; spontaneous intra-uterine mortality (De Bruijn 1999)

Although there are some external factors that restrict the physiological capacity of people, it are motivations of individuals that determine the decision making process leading to reproductive outcomes, regardless whether they are economic, social or cultural at the end human being strive for reaching particular ultimate goals of which the maximization of physical and social well being is an example (Ormel, Lindenberg et al. 1999).
This means that behaviour motivated by lower level instrumental goals refer to the ultimate goals. It are for example preferences (e.g. desired number of children) within applied family strategies that determine reproductive goals. These preferences are the outcome of evaluations of various alternatives and their consequences that are involved in the overall decision making process. Indirectly these preferences serve to fulfil higher order goals. Reproductive goals can therefore be seen as instrumental goals that motivate behaviour at several levels in the motivation structure.

But not only insights in goals that motivate behaviour receive increasing attention within the discipline of demography, the ability of behaviour performance has to be understood as well. As needs motivate behaviour, behaviour can only be performed if the situation (external and internal) enables people to do so. For this reason the ability of individuals to perform an intended behaviour receives increasing attention.
As it are the reproductive rights that prescribe that each individual should be able to decide freely whether, when and how to have sexual relationships and to bear children, the overall social, economic, cultural and political context should enable individuals to do so, both in a matter of external material resources and the intrinsic capability of people to do so. For example, within the volitional family strategies it is mentioned that these strategies can only affect fertility if people believe that they have the ability and the right to control their reproductive behaviour. In addition they should be able to use the required material resources to reach the desired outcome, e.g. appropriate family planning methods and health care services. Without having these external and internal abilities reproductive outcomes do not necessarily meet people's preferences and could therefore put reproductive health at risk.

In accordance with these insights, Gage (2000) states that demography must adopt broader notions of empowerment to include psychological aspects such as the locus of control, self efficacy and self determination (Gage 2000). Others mention as well that empowerment is too often measured through indicators like education, employment, female age at marriage, the age difference between spouses, etc. By mainly focusing on these external aspects of empowerment, the subjective state, or intrinsic sense of empowerment, is not taken into account, thereby neglecting the fact that having power and using it are not identical (Batliwala 1994).
The above indicates that studying the intrinsic abilities of people is a very important aspect of doing research towards the understanding human behaviour.

Aim of the research

The situation of displaced populations diverges from populations that are living in a 'normal' situation for the reason that the usual protective factors are disrupted after which people have to apply certain coping strategies in order to deal with the problems they are facing.
We have some, but little knowledge about if, and how emergency and displacement affected populations are able to cope with their situation, whereas every person has different needs and

ways of coping; some people might be more vulnerable, while others might be more capable to deal with a particular situation.
Considering the disruption of life course careers and social constructs, the applied coping strategies might have implications for the reproductive (health) needs and risks of individuals.
Approaching this issue from a demographic perspective, the key interest of this research is to understand the dynamics and function of marriage and childbearing in coping with the (uncertain) situation of living in a long lasting displacement situation.
In relation to the research problem the question can be raised whether marriage and childbearing can be protective factors in long term displaced situations. If so, it is of interest to understand when and for whom these events are important. Finally the question could be raised if and how this would affect the reproductive (health) outcome of the displaced population.

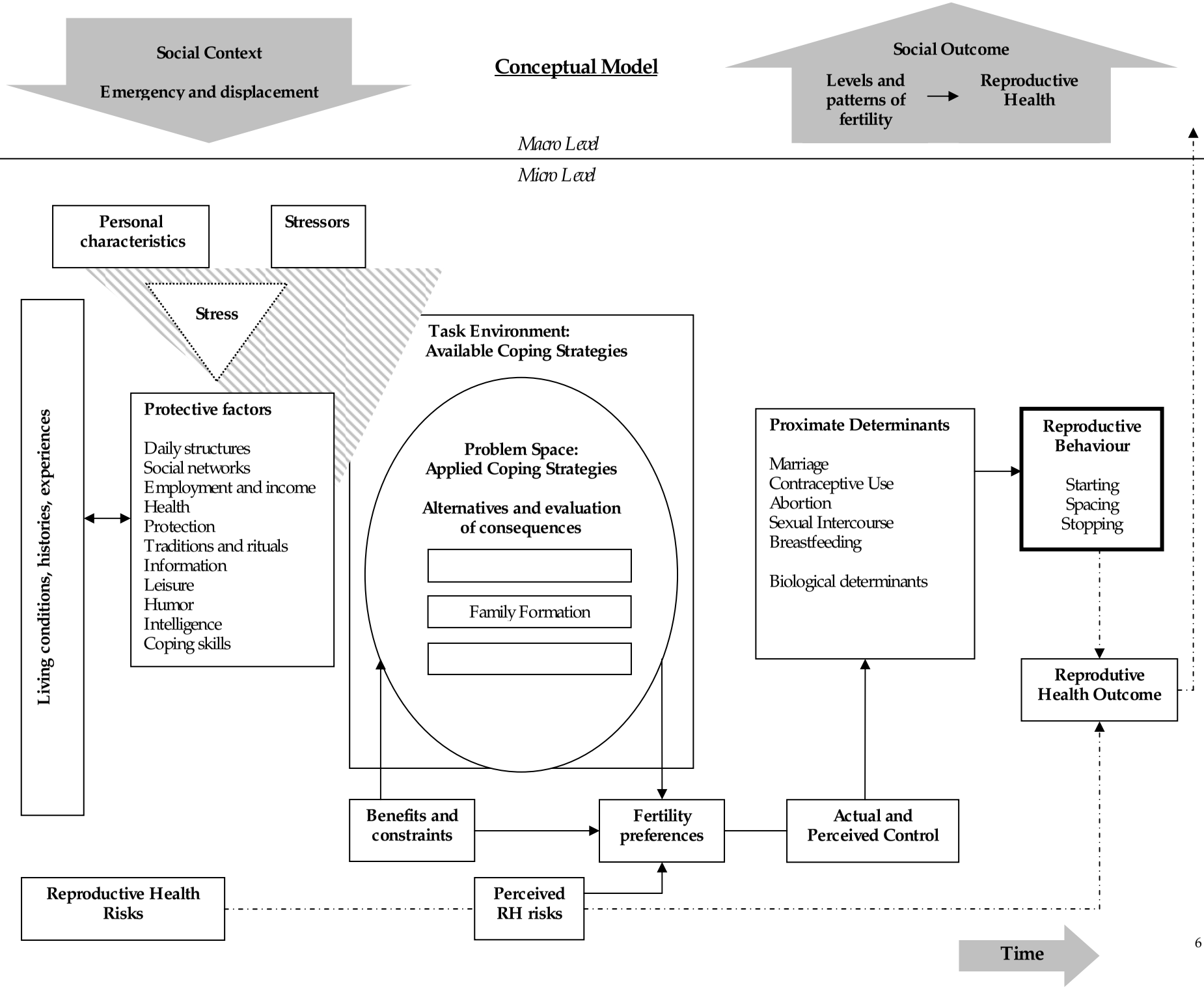
Considering the above, the goal of the research will be to:

Assess the timing and get insight in the function of marriage and childbearing, in order to assess who will be likely to form or extend a family in a long term displaced situation, thereby possibly putting their reproductive health condition at risk

By assessing the timing and function of these events within a long term displaced population the research enables to identify those women that are more vulnerable to poor reproductive health outcomes.
By focusing on motivation structures and decision making processes these outcomes are not necessary determined by the situation only, but are related to the coping strategies that are applied in order to deal with uncertainty and insecurity.
The reason for focussing on longer term displaced situation is because there is a lack of knowledge about how fertility and nuptiality patterns evolve when the duration of displacement elapses. In addition these situations can be seen as more 'stable' in which people are more likely to make conscious decisions about their lives.
Besides childbearing preferences experiences, preferences and values of marriage are assessed as well for the reason that in many cultures and societies marriage, sexual behaviour and childbearing are closely related. This means that marriage can put reproductive health at risk when women are for example too young, of low socioeconomic status, or with poor negotiation power.

Having insight in the function of marriage and childbearing enables to evaluate the importance of the family and children for several subpopulations after which several factors of actual and perceived control can be incorporated in order to assess the likelihood that preferences will be reached or not.
As it is known that the ability of women to control their sexual and reproductive life has influence on their overall health situation as on that of their family and environment, insight in the likelihood of (safe or unsafe) childbearing also enables to understand which women and their families might encounter other health problems.

Depending on the situation that will be selected for doing case studies, the research might be designed with a 'Research for Action' approach in order to bring the research findings back to the population under study. This approach then aims to improve the reproductive health status through implementing specific interventions that consider the influence of protective factors, coping strategies and their consequent reproductive (health) needs in their designs.


Social Context
Emergency and displacement
Conceptual Model
Social Outcome
Levels and patterns of fertility
Reproductive Health
Macro Level
Micro Level
Personal characteristics
Stressors
Stress
Living conditions, histories, experiences
Protective factors
Daily structures
Social networks
Employment and income
Health
Protection
Traditions and rituals
Information
Leisure
Humor
Intelligence
Coping skills
Task Environment:
Available Coping Strategies
Problem Space:
Applied Coping Strategies
Alternatives and evaluation of consequences
Family Formation
Proximate Determinants
Marriage
Contraceptive Use
Abortion
Sexual Intercourse
Breastfeeding
Biological determinants
Reproductive Behaviour
Starting
Spacing
Stopping
Reprodutive Health Outcome
Benefits and constraints
Fertility preferences
Actual and Perceived Control
Reproductive Health Risks
Perceived RH risks
Time

Research Objectives and Questions

1. Life Course Careers and Supportive Networks of Displaced People

The following research questions aim to get insight in several life course careers and supportive networks of displaced persons in order to get an overview of what patterns and daily life look like.

What do marriage and birth histories of the displaced population look like? Is, and how is childbirth related to marriage?

What do the careers of other important life courses, like employment and education look like?

How, and to what extent are social networks, sources of information, and the performance of traditions and rituals in the displaced situation different from the pre-displacement situation?

2. Stress, Protective Factors and Coping in Displacement

Subsequent questions aim to understand which protective factors are important for displaced people to deal with their situation. The question also tries to get insight in the consequences if they are lacking. In addition this section tries to assess how people feel about this and how they cope with these feelings.

The main aim is to get insight in the function and dynamics of family formation within the whole set of coping strategies. Thus the question aims at understanding whether these the events marriage and childbearing can be protective factors themselves, or a mean to (re) construct other protective factors.

2.1 Which protective factors are important to displaced persons and how do they feel having them?
2.2 Which difficulties are faced when these protective factors are less or not available?
2.3 How do people feel without these protective factors and what do people do to cope with this absence and consequent feelings?
2.4 What are the ideas of how to (re)establish protective factors by applying specific coping strategies and does the family have a particular function in this?

3. Fertility Preferences and Experiences of Having Children of Displaced Persons

Through having insight in the number of children people desire to have these questions allow to some extent to understand whether children can be a (mean to a) protective factor. In addition taking into consideration the benefits and constraints of having children enables to get insight if, and how these are transferred to others and whether the perceived contextual reproductive health risks are taken into account as well.

3.1 How many children do displaced persons prefer to have? When do they expect to get these children?
3.2 What is the influence of own and surrounding experiences of having children on the preferences of those that already have family?
3.3 What is the influence of surrounding experiences of having children on the preferences of those that do not have a family yet?
3.4 Are the perceived reproductive health risks taken into consideration in defining the preferred number of children?

4. Expected Regulation of Fertility Preferences

Knowing the preferences people have about their desired number of children, it is of interest to get insight in how people expect to regulate these preferences as it are these mechanisms that lead to actual reproduction or not, possibly poor reproductive health outcomes. Therefore this section aims at getting an overview of which proximate determinants will be likely to be applied. By doing so, the questions aim to take into consideration the actual and perceived control people have about their intentions to perform certain behaviour, which means that knowledge, the

available appropriate services, as well as perceived capabilities and entitlement are covered in this assessment.

4.1 What do people know about the available proximate determinants to regulate their fertility and what do they prefer?
4.2 Do people have actual access to these determinants?
4.3 Do people feel they are able to use these determinants?
4.4 Do people feel that they are entitled to use these determinants?

5. Reproductive Behaviour within Displacement
This question aims to assess the possible reproductive outcomes which are childbearing, spacing, or stopping by taking into account the function of childbearing together with the available protective factors, as well as the preferences for children and how to regulate this.
Having this insight enables to foresee who will be likely to bear children at which moment in time which is enable to improve the type and efficiency of interventions.

5.1 Who will be likely to bear, space or remain from childbearing considering the function, references and control over fertility?
5.2 When will these outcomes be likely to evolve?

6. Reproductive Health of Displaced Persons
This final question aims to get insight in which women will be at risk of poor reproductive health outcomes
6.1 Who are more vulnerable to poor reproductive health outcomes considering the likelihood of a certain reproductive outcome, the living conditions and personal characteristics?
6.2 Which poor reproductive health outcomes are likely to evolve?

Data and Methodology

Within the whole research process triangulation will be achieved in order to get a deeper, and more contextualised understanding of the situation and the used concepts in order to operationalise them in such a way that the research becomes valid and reliable.
On the basis of the theoretical framework and expertise of the three host institutions a displaced population will be selected on which the research questions will be applied.

Supervision of the project will be multidisciplinary; the Population Research Centre (PRC) will contribute to demographic and some anthropological guidance. As demographic aspects are the core of the research, the objective of the research remains within this institute; the Institute of Mother and Child Health (IMCH) enables to assess the medical aspects of the research problem as well as the interpretation of outcomes. The expertise of this institute can assist in assessing the particular (reproductive) health risks of mother and child in the particular displaced situation under study; the Network on Humanitarian Action (NOHA) gives guidance in exploring the emergency, displacement, humanitarian interventions and their consequences on the contextual background of the population under study; furthermore guidance on the psychological elements of the research is provided by the University of Groningen as well.

Primary Data Collection

As the research questions require more in-depth information as well as numerous cases in order to quantify these insights, the collection of primary data will be twofold, i.e. qualitative and quantitative. Ethical considerations will be present during the whole data collection process as it concerns intimate and private issues.

Qualitative data collection is required in order to get insight in the function of marriage and children, but also on the various coping strategies that are available and applied by displaced individuals, households and communities. Both men as women, adolescents and the elderly will be approached as they all influence the norms, values, perceptions and preference on others community members.
To avoid the application of western concepts to a non-western context, qualitative methods are also needed to provide understanding of, and insight in the contextual meaning of various relevant concepts.
The part of the research that focuses on the coping strategies of the community can be assessed by approaching local key informants like community or religious leaders. In addition humanitarian organizations, if present, might be approached in order to obtain insight in the provision of external resources.

Participant observation, focus group discussions and in-dept interviews will be the main data collection instruments to collect above information. At a later stage in the research design it will be decided upon which are the most appropriate methods to do so. The analysis of the qualitative data analysis will be based on grounded theory in order to extract the range and meaning of various concepts.

Quantitative data collection is needed in order to obtain a high number of respondents to be able to quantify and 'generalize' the obtained qualitative information. Hence, the insights gained from the qualitative research enable to design the quantitative data collection in the form of a household survey.
In order to obtain a broad spectrum of background information will be collected on various life events and personal characteristics.

Although the focus of the research will be upon coping with a displaced situation and not on the direct influence of displacement on nuptiality and fertility, displacement related factors, like the duration since displacement, but also consequences like the disruption of social, economic and cultural (protective) networks will be taken into consideration in the analyses as these factors determine in a way how people feel, think and act.

For this reason the household survey will partly be retrospective to obtain information on fertility, mortality and migration histories and contextual individual, household and community characteristics with the intention to assess individual histories, but also the utilisation of protective factors and coping strategies in the past.
This means that retrospectively marriage- and birth histories will provide insight in these life events patterns before and after displacement, together with the patterns of other important life course careers, e.g. education and employment. This information enables to get some understanding of how and for whom displacement has affected daily life but can also provide some insight in applied coping strategies. Using event history modeling is an appropriate method to get insight in these disrupted life course careers.

Besides retrospective information, the survey will focus on the current perceptions and preferences of marriage, (sexual) relationships and children. Investigating marriage and childbearing preferences is done through retrieving information about the desired number of children for both men and women. In order to understand how these preferences are established experiences with having children or being married will be taken into consideration. It is of interest to assess how the perceived benefits and restrictions of having children are taken into consideration in the establishment of individual preferences as it indicates how experiences are being communicated and evaluated. Several regression techniques will be used to obtain these insights.

Furthermore, domain specific self efficacy will be assessed through making use of the household survey. The efficacy scales will deal with the utilization of family planning and maternal health care services, where the scale represents the individual's beliefs in the ability and entitlement to use these services.
Actual control will be measured by collecting information on the actual knowledge and utilization of appropriate, i.e. available, accessible and affordable, family planning and maternal health care services. Factor analysis enables to establish these efficacy scales.

Research outcome
The research will on the one hand generate emergency and displacement related insights that can be incorporated in existing theoretical frameworks that deal with family strategies. On the other hand this research will contribute to the understanding of how long term displaced populations cope with their situation by shedding light on the dynamics and function of the formation of a family in this process.

As in the situation of emergency and displacement the overall context determines experiences and living conditions, it is very difficult to make generalisations about these dynamics. Nevertheless the research aims at getting insight in whether, how and for whom family formation can be a protective factor in a displaced situation. This implicates that the findings can contribute to the overall knowledge of possible coping strategies. Having this knowledge enables policy makers and program implementers to anticipate on these strategies by taking into account this knowledge in their project designs thereby trying to reduce the reproductive health related problems through providing beneficiaries with appropriate resources in order to let them decide freely and safely about their reproductive wishes in order to sustain or improve their (perceived) physical as well as mental well being.

The scientific contribution of this research will therefore be in the sphere of extending the existing knowledge of the determinants of the demographic and reproductive health situation of displaced populations and people. As the research focuses on displaced persons' needs and performance ability (in relation to reproduction) in a changing environment it contributes to the discussion of the role of reproduction, self efficacy and empowerment on gaining control over decisions, situations and life in general.
By incorporating the intrinsic capabilities of individuals in the research design, the research aims at adopting the broader notion of empowerment that the authors like Gage, Sen and Batliwala (2000) are recommending.

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