at later stages of Thailand’s fertility transition and in a context in which the costs of education were borne mainly by children’s parents rather than by the state.

This point was emphasized in a four-country analysis of the effects of excess fertility, unintended births and children’s education. In the Dominican Republic and the Philippines, the children of couples who had had unwanted or mistimed births obtained less education. In Kenya and Egypt, however, no such effect appeared. The study in the latter two countries looked at conditions prevailing at an earlier stage of the transition to low fertility, when the costs of educating children were largely assumed by the state and did not fall directly on the parents.

These researchers conclude by pointing to a “virtuous circle” linking mothers and their children. The children of women who are able to avoid unintended or excess fertility benefit through better education; as adults, they will be better equipped to manage their own fertility and will do a better job of providing an education for the next generation. This point echoes an earlier researcher’s conclusions about positive links between fertility decline and poverty reduction at the societal level: Helping women to avoid excess or unwanted fertility helps them, their children and the society in which they live.16

A puzzle in interpreting these linkages is that while the poor may indeed want more children and may not be all that irrational in doing so, they are less likely to realize the aspirations that motivated them to have children than are the better-off, whose children are better-fed, better-educated and more likely to succeed in the face of the rapidly changing economic and social conditions found in many poor countries.

New research has also broadened the scope of inquiry into the links between household demographics and welfare, with particular focus on factors affecting gender relations in society and within households. These studies reveal an interplay of forces far more complex than the links between family size and welfare outcomes. Such research points to a number of reasons why parental expectations about the benefits and costs of rearing another child may not be realized or could lead to a reduction rather than an improvement in their own and their children’s well-being.19

- Public economic policies may distort markets, particularly for low-income labor, and may lead members of poor households to expect a higher return from their children’s labor than is actually possible.
- The market conditions on which individuals base their childbearing decisions (for example, their expectations about the value of the labor of an extra child) may change as a result of shifting demographics (rapid alterations in the age composition of a given population associated with fertility decline, for instance) or changing economic conditions (such as new technologies or globalization).
- Because poor people are usually at the trailing edge rather than the leading edge of the processes of economic, demographic and institutional change affecting the outcomes of household decisions, they are more likely to be losers (and the rich to be winners) in the longer run.
- Poor people probably have less access to the information and fewer of the physical and human capital assets that they need to take advantage of the window of opportunity afforded by fertility reductions.
- Where women and girls are in less-powerful bargaining positions than are men and boys when it comes to resource allocation, women not only bear a disproportionate share of the costs of high fertility, but also are less likely to reap the benefits of having smaller families.

The disadvantaged position of poor women is evident in special tabulations prepared for the World Bank on two indicators from the Demographic and Health Surveys—using a contraceptive method, and having a trained birth attendant present at the time of delivery.* They reveal large differences in both indicators between poorer women and richer women in the two regions in Table 1 that had the largest numbers of poor people: Sub-Saharan Africa and South Asia (see Figure 1). The overall proportion of deliveries by a skilled attendant was higher in Africa than in South Asia, but both had very large differentials by poverty status. South Asia had a higher average level of contraceptive use than Africa, and the gap between rich and poor was less than for having a skilled birth attendant.

One reason that the rich-poor gap is smaller for contraceptive use than for the presence of a skilled attendant at delivery is that family planning is less dependent on health infrastructure, particularly in countries like Bangladesh, where the family planning outreach effort is vigorous. Political will may also play a role in the difference between the two reproductive health indicators, because organiza-

*These indicators were selected to measure progress across countries toward the achievement of “universal access to reproductive health services,” a goal agreed to at the five-year follow-up meetings for the major international conferences conducted in the 1990s—the International Conference on Population and Development (held in Cairo in 1994), the Fourth World Conference on Women (held in Beijing in 1995) and the Social Summit (held in Copenhagen in 1995).