

Impact of Social Welfare Strategies on the Traditional Family systems: Evidence from selected Countries in the Asian Region

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Abstract

Family transition is a phenomenon experienced by many countries including the countries in the Asian region. The impact of its changing scenario is different to the western world because of the values embedded in traditional family systems. The core areas discussed at the commencement of the paper relate to family transition, its structure, family formation and functions, adducing prime reasons for changes occurring at various stages of these processes as evident in the countries of the Asian Region. The study has found the importance of formulating a family policy, which should focus on child care and child development through health care and education, maternal care, employment, needs of disabled and elders aiming at strengthening family unit. In conclusion, to facilitate the achievement of the aims of recommendations in the formulation of family policy the countries in the region can share their experiences on good practices and limitations of the existing welfare programmes for future planning, implementing, monitoring and reviewing. Thus, a comprehensive "Family Policy" will be a pro-active intervention, which will help uplift living standards of family members and contribute to national development.

Key words: Social welfare; Traditional family systems; Family policy; Social security.

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Introduction

Families in the Asian Region with only few exceptions are experiencing a process of transition that can mainly be identified as a change from the extended families to very small nuclear families. Worldwide, the family is still considered the basic unit in the society and the changes that take place within this unit will affect the society as a whole. The disintegration of the family will have an effect although it may not be the same on all of its members. Therefore, considering the family as the primary determinant of a society it needs to be strengthened so that it has become a healthy, dynamic, productive and resilient society. Concerted efforts by the Governments need to be established in order to ensure that the role of the family as the basic socializing, establishing and care agent for the vulnerable group of dependents is maintained. As a whole, a greater attention has to be paid to the social welfare policies of the Asian Region.

Objectives, Data Source and Methods

The objectives of this paper are threefold. First, to examine the values enshrined in the traditional extended families, the manner by which family solidarity has been weakened in selected countries of the Asian Region and the resulting changes in family functions. Second is to evaluate the social welfare programmes in operation in some of the countries of the region as to identify how effective they are in strengthening families with special focus on family functions and values. Lastly to make recommendations in formulating family policies incorporating a procedure for planning, implementing, monitoring and reviewing such programmes with the view of strengthening the family unit as a whole.

Transition of the Traditional Family System

With modernization, industrialization and urbanization the traditional social fabric began to dilute the values and obligations in the extended family unit that functioned in the past. In this process a vacuum gradually began to be created between the traditional ethical society and the modernized urban centered society. The concept of extended family fabric remained to be a thing of the past, which was a characteristic of the traditional society. Thus, transition towards nuclear concept has become the new trend in recent decades globally including the Asian region. Along with the transition, the nuclear family is facing tremendous challenges with regard to its formation, structure and its functions.

There are five basic trends that have contributed to the family transition in the region. First, the increase of women's age at first marriage and childbirth, both are causing a delay on the trends in family formation. Second, family structure, particularly its size has continued to be smaller. Third, the increase of stress on working parents in supporting younger and older members in the family. Four is the increase of the proportion of female-headed households. Finally, these factors culminate the increase of women's participation in the labour force (De Silva, 2003).

Family formation

Demographically, family formation is mainly centered around the age at first marriage of both males and females. In the Asian context, most of its countries have shown an increase in the age at first marriage due to socio-economic changes. A few examples can be cited as opportunity cost of female education, increasing status of females, female employment, migration of both males and females (Table 1). In all the countries referred to in the Table, apart from Sri Lanka in the South Asia region and Indonesia in the Southeast Asia region, the female age at marriage has increased at a higher rate than the male age at marriage rate.

Table 1: Average Age at Marriage (SMAM*) in Selected South and South East Asian Countries

Region and Country	Male			Female		
	1980s	Around 2000	2010	1980s	Around 2000	2010
South Asia						
Bangladesh	23.9	24.9	19.4	16.7	18.1	25.0
India	23.4	23.9	22.2	18.7	19.3	26.0
Sri Lanka	27.9	27.9	27.2	24.4	25.3	23.4
South East Asia						
Indonesia	24.8	25.2	27	21.1	21.6	23.4
Malaysia	26.6	27.9	-	23.5	24.6	-
Thailand	24.7	25.8	-	22.7	23.5	-

Note: * - Singulate mean age at marriage.

Source: *Patterns of First Marriage: Timing and Prevalence*, (United Nations, 1990); *World Marriage Patterns – Data sheet* (United Nations, 2000).

Furthermore, the past marriage unions were mostly arranged by the parents. But at present this system is fading away giving preference to love marriages where the young persons find their marriage partners on their own. In arranged marriages the parents of both parties ensure the initial as well as some proportion of the future social and economic stability for the couple. However, when the choice of partner is independent the prospective couple has to stabilize themselves first by finding employment and housing leading to the postponement of marriage. Family formation can also be looked into from the angle that postponement of marriage coincides with the postponement of child bearing.

Family Structure

Apart from the changes in family formation trends, a number of changes are taking place within the structure of the family. Fertility throughout Asia has shown remarkable reductions during the past several decades and some countries have even reached replacement or below replacement level fertility (Table 2). As per Table 2, reduction in total fertility levels can be seen in both South Asia and South East Asia region except for Sri Lanka and Indonesia. Sri Lanka which maintained a below replacement level of fertility has increased to 2.4 in the year 2012. Some of the reasons associated with this increase can be identified as the end of the civil war, Tsunami and the incentives given for large families with higher number of children. This decline in fertility observed in Asia has been the major cause of reduction in the family size (Caldwell, 1993; Jones 1995). The fertility declines have occurred due to socio-economic development as well as the well-planned family planning programmes introduced in most of the countries. The end result of both these factors is the increasing age at first birth or postponement of first birth, increasing gaps between births and the reduction of the total number of births a couple would have.

Table 2: Total Fertility Rate in South and South East Asian Countries, 1950-1955 to 2012

Region and Country	1975-80	2005-2010	2012
South Asia			
Bangladesh	5.6	3.0	2.3
India	4.8	2.8	2.5
Sri Lanka	3.8	1.9	2.4
South East Asia			
Indonesia	4.7	2.2	2.6
Malaysia	4.2	2.6	2.4
Thailand	4.0	1.9	1.4

Source: World Population Prospects - The 2004 Revision, Vol. I, United Nations (2005), World fertility survey

With regard to socio-economic developments contributing to the reduction in the size of the family, overall education especially female education and labour force participation of females have made a prominent contribution. In most Asian countries the status of the female is also comparatively high compared to the beginning of the century and this has permitted the female to take decisions with regard to her reproductive health without interferences. Apart from these factors, economic difficulties such as low levels of income, high cost of living, cost of educating children, and moreover, the desire to maintain a better standard of living have all contributed to the reduction of the family size. The quality of the children against the quantity has become the prevailing norm.

Apart from the reduction in the number of children, the process of moving away from extended families to form nuclear families is also a major cause of reducing family size. When the nuclear or the two-generation family replaces the extended multi-generational families, the nuclear family invariably becomes smaller and the structure of the family changes. The extended families in Asia took various forms such as the co-residence of three or four generations consisting of parents and one of their children with his/her off-spring living together. In some countries the extended family is incorporated by the co-residence of siblings and their families that make up one large extended family. Social and cultural factors remain favourable when the extended family co-reside permitting even non-relatives to live with the family. However, the deterioration of the subsistent economy created a situation where this form of family structure was not feasible.

Size of the Family

Traditionally, the family has been defined as a unit made up of two or more people who are related by blood, marriage, or adoption and who live together, forming an economic unit, and bearing and raising children. However, the available statistics are usually related to households, which are defined by location and not by family units. Population censuses and surveys simply cover households and not family households. Nevertheless, the latter type continues as a major proportion, enabling the characteristics of the totals to be identified as those family households (United States Census Bureau, 1977). Since average household size could be considered as proxy for the average family size, estimates obtained for the former for selected countries in the Asian Region are presented in Table 3. The average household size has declined in all parts of the region, for instance the Thai household size has declined from 5.7 to 3.9 members over the period 1970 to 2000. By the years of 2011/2012 the family sizes in these two regions have further reduced where the lowest can be identified as 3.2 in Thailand. However, the family size of India indicates as negligible at 5.3 for the period of 2011/2012, where it has been 5.4 during the period of 2000.

Table 3: Average household size in South and South East Asian countries

Region and Country	1970s	1980s	2000	2011/2012
South Asia				
Bangladesh	-	5.7	5.0	4.3
India	-	5.5	5.4	5.3
Sri Lanka	5.2	4.9	4.5	3.9
South East Asia				
Indonesia	-	4.9	4.3	3.9
Malaysia	-	5.0	4.5	4.3
Thailand	-	4.8	3.9	3.2

Source: Demographic Yearbooks, (United Nations, 1973, 1987, 1995); UN-HABITAT Data base; DHS Data Base.

Internal and external migration in the Asian region is profound. There is a constant change of living arrangements demanded by individuals and job needs influenced by financial, educational and health facilities for the family. The nuclear family has a high capacity for 'mobility' compared to the extended family. Therefore, the necessity and the advantage of moving from place to place at a short notice can also be cited as a reason for small nuclear families becoming popular. Migration from rural to urban sectors for employment by both husband and wife causes difficulties in child bearing and rearing in an alien culture with no extended family and devoid of child care assistance. This is aggravated by lack of incentives for large families and at times demotivated by limiting maternity benefits to a specified number of live births. Certain countries under their family health programmes have introduced family planning with incentives for practicing such methods.

In the past, families in Asia were quite stable once these were formed. However, at present it is observed that there are comparatively high rates of divorce and separation taking place. In Thailand for instance, between 1960 and 1990, the number of divorces increased by 12 times. Also between 1993 and 2001 the divorce rate increased from 9.7 to 23.4 per 1000 marriages. It is clear that in almost all South Asian countries the divorce rates have increased.

Parental divorce affects children's well-being in many ways. The short-term marital separation can be traumatic, disruptive and painful to children. The mid and long-term consequences are not very clear or indicative. The consequences of divorce however would be based on the manner in which the divorce procedure is managed by the two parents. Among the consequences, a high level of continued conflicts between the two separated parents, material hardship, loss of contact with the non-resident parent, disruption to education and lack of contact with peer groups due to geographical mobility are evident. The material hardships can arise out of

non-adherence to maintenance through delays or non-payments. All these factors contribute towards disrupting children's welfare.

In the Western World, the breakup of marriages leads the children to continue living with one parent. One parent moving away affects the family structure and its functions negatively. Apart from family disintegration due to divorce and separation, mortality also contributes to the disintegration. Mortality levels in Asia has improved considerably with only a very few exceptions. With the reduction of maternal mortality, female life expectancies in most countries are now higher than males. These factors have resulted in the increase of female-headed households in Asia (Table 4). In the past when a mother was divorced or widowed, her extended family set up was ready to take her and the children to their fold. However, this practice is not ensured at present and thus the lone female continues to function as a female head of household. Apart from death and divorce, female-headed households have begun to exist also due to migration and non-marital fertility (Bruce and Lloyd, 1992).

Female Headed Households

The decline in fertility has been experienced in many Asian countries and the reduction in the proportion of married people has very often coincided with the decline in marital fertility or at times preceded it. If the tendency of single adults living on their own continues, the proportion of single member households will be on the rise. The highest proportion of female-headed households in South Asia can be observed in Sri Lanka where the figure has increased from 19 per cent in the 1990s to 20 per cent in 2000 (Table 4). Such considerable increase of female headed households can be observed in all of South Asia and the highest has been reported from Sri Lanka in the year 2014. This situation has risen because of men migrating elsewhere for employment, civil unrest and displacement of families. Hence, the typical situation is the contraction of family size. In some of the contemporary Asian countries over one-quarter of the households are headed by women such as seen in Thailand (25 per cent) and Vietnam (35 per cent). Female-headed households have begun to exist due to a variety of reasons such as widowhood, migration, non-marital fertility and marital instability (Bruce and Lloyd, 1992).

Table 4: Percent of Households Headed by Women in South Asian Countries

Region and Country	Percent of households headed by women		
	1990s	Around 2000	2014
South Asia			
Bangladesh	8.7	10.1	12.5
India	9.2	10.3	14.4
Sri Lanka	19.2	20.4	22.6
South East Asia			
Indonesia	-	12.3	14.8
Malaysia	-	18.5	-
Thailand	24.3	25.0	-

Source: DHS Data Base; UN-HABITAT Data base; World Bank Report, 2014

Today, the world is increasingly marching towards urbanization. In this urban setting, the extended family system rarely exists due to the prevailing physical, socio-economic and political constraints. The key practical problem that arises in an urban setting is living in compact high rise buildings or sub-standard buildings with inadequate infrastructure facilities in an alien environment. In this form of limited facilities, adequate space is not available either for large number of children to live together or to care for the elderly, the sick and the disabled. Thus, it compels the elderly to live away from their children, the sick to be hospitalized and the disabled to be housed in homes for incurables. This is the beginning of the disintegration of families (De Silva, 2005).

From the elders' angle, with urbanization, several social problems affecting them tend to arise. The elders cannot adjust themselves to the westernized type of society existing in the new environment. They tend to lose the companionship they had with the neighbours and friends in their traditional environment. As such they too are not ready to move with the nuclear family.

Female Participation in the Labour Force

In an urbanized society, limited income through the bread winners of the nuclear family is an economic constraint for leading a socialized life in comparison to high income earning neighbours. They forgo the one time supplementary income from home gardening and rearing of livestock. On the other hand the political constraints are the conglomeration of housing complexes in high rising buildings with common amenities devoid of an eco-friendly environment. These constraints compel the families in the new set up to adapt to alternative restrictive measures to circumvent the issues.

Deregulation of labour markets and the “feminization” of many jobs traditionally held by men have resulted in the weakening of income and reduction in opportunities for men (Standing, 1989). The declining ability of men to earn a “family wage” along with the growing need for cash for family maintenance has resulted in an increasing number of female members (particularly the wife) in the family engaging in economic activities (Lloyd and Duffy, 1995). As a whole in the Asian countries female share in the labour force has increased. For instance the female share has increased from 25 per cent to 36 per cent over the period of 1970 and 1995.

Family Functions

Universally, the family has been recognized as the basic unit of the society. And it is emphasized over and over again; the family is the natural environment for the development of its members, particularly the children. In achieving an acceptable balance between material growth and societal development in a country, it is necessary to lay a greater emphasis on building resilient families and a more caring society. This background will advance towards promoting the concept ‘family first’.

To uphold its position in society, a family has to perform several functions. These can be mainly categorized as reproductive, social and economic. In the fast changing socio-economic scenario, families are undergoing a massive transformation and the reproduction function or bearing and rearing of the children which is mainly concentrated within family units are changing. Apart from this biological function, the family mainly concentrates on its social and economic functions. Under social functions, the family is entrusted with the process of socialization of the children, caring for the elders, the sick and the disabled. The family is also responsible for the development of interaction between its members and the community. This is a necessity as no family can survive alone. The most important economic function of a family is to provide food on a regular basis to its members. It is stressed that a family should be economically sound, if not it will be a liability to the society. These tasks were handled and shared by all adult members within the extended family.

In the traditional family comprising of three generations, the convention was that it is the obligation of the healthy elders to nurture and care for the younger ones when their parents were at work. In return, the adult children provided the food and other needs of the elderly members. There were no day care centers or pre-schools for the children and the educational, cultural and religious training of the children were fulfilled by the elders forming institutions of their own. However, this scenario has completely changed today. Education of children is considered priority and parents of today are concerned of the quality of children that they produce. Although the

caring of the school aged children undertaken by the school during school time, the parents rely on other sources such as day care centres and paid caregivers to look after the children after school hours because most families have moved away from the extended set up towards nuclear families. There is a debate whether the socialization process could be achieved to the desired level by some of these paid caregivers, particularly in Asian countries. This is so because, in these countries, it is mostly the female who cannot find decent employment in the formal sector that take up employment as paid caregivers or domestic helpers.

Caring for children takes a different form if a family has children who are disabled or with a prolonged illness. Caring for children who are severely disabled either at birth or subsequently, pose number of problems for the parents, particularly the lone mothers. Caring for them entails repetitive set of service functions causing physical taxing, mental exhaustion, and monotonous life styles (Glendinning, 1983). Parents will experience emotional stress arising out of anxieties as to what would happen when they grow old or during illness and death. Added to these emotional costs are the effects on other children, relatives and their partners in the family.

Employment of mothers will be affected in the process of providing childcare to the disabled children. The father will be the sole breadwinner in such circumstances who will also be mentally and physically exhausted. He needs to perform extra work to earn additional expenditure on hospital charges, food, fuel, children's clothing, and transportation to hospitals for specialized treatment. Manual workers will have to take time off from their employment to attend on the child. The non-manual workers on the other hand might have to forgo their promotions and transfers losing monetary benefits. These factors will lead the families with disabled children to a lower standard of living and financial difficulties. Social factor would be the breakup of families leading to 'lone mother' dilemma. All these factors would result in mothers experiencing a higher level of stress. It is necessary to conduct an in-depth study on the disabled children's experience as to how they cope up with a society with normal children. They live in a society with a few or no child companionship and isolated in schools.

The informal care giving in families have five dimensions (Allan, 1999). First, informal care is care provided for others. Thereby, the individual's care can be met by relatives and friends. Second, 'informal care' is non-institutional care. It is the care within the 'informal sector'. Third, informal care is unpaid care. Fourth, informal care is provided through the bonds of kinship. Fifth, it is a long-term need for help and support. It is important to note that no other social institution is able to provide this care except the family. However, due to several socio economic factors such as female employment, migration, poverty, and small houses, the family is finding it very hard to perform these functions.

Another aspect which should be taken into consideration when discussing about family functions is the role of the parents. There is no argument that it is the parents or the working age members in a family that take over the major task or functions while the children and the elderly mainly play the role of dependents. In the past, most families consisted of only biological parents according to Millar. The obligations of natural parents are absolutely unconditional. There were other forms of parenting such as surrogate mothers where a relative of the mother was married to the father in the case of a mother's death and the role of the mother continues without a distress to the children. However in contemporary society we observe the form of step-parents. This arises due to two reasons. Firstly a proportion of married couples could be found without children. In extended families, couples who did not have children had no fear of their old age security or lacked the benefits of small children because they were surrounded by nephews and nieces. However, after shifting to nuclear families, if a couple did not have a child there was no way to fill this void other than adopting a child. Secondly, unlike in the past, now we observe a high rate of divorce and separation of parents. As such, a considerable proportion of children live with a step parent (Allan, 1999).

Hence, the functions of two parents lie with one single parent. This is due to the fact that unlike in the past high proportions of lone mothers are emerging. According to Millar lone mothers are likely to face a number of negative consequences.

The section to follow has been designed to describe the legal settings of the respective governments, the supportive roles played by non-governmental organizations and voluntary organization in the provision of social welfare to the vulnerable groups of the population in the respective countries under reference.

Impact of Social Welfare Strategies on the Family System

As a continuation of the previous section, this section has been designed to stress the importance of examining social welfare services in Sri Lanka, India, Thailand, China, Singapore, Vietnam and the Philippines directed towards identifying salient features of social welfare policies and programs and their impact on the family and to make suggestions on family policy for strengthening the family unit in the society.

Emergence of Social Welfare

Social Welfare has emerged as a survival strategy of the human being. Mutual help was needed for the tribal society to survive. This need

existed for centuries and even today traditional societies rely much on family or community networks rather than organized government and/or non-government interventions. Family still continues to be the most important and essential component of social security network for its members. However, influenced by a number of factors, the Governments or the States were compelled to implement programmes for the well-being of the citizens and the activities of these programmes (transformed the Governments or the States to be "Welfare States") created a new version of government interventions. The new State was called a "Welfare State". The philosophy behind the welfare state concept was that it is the duty of the State to provide ways and means of meeting human needs and to ensure that citizens are leading a "quality" life. Hence, policies were formulated to provide "universal social welfare" and/or "selective" or "targeted social welfare". In this article, the terms, "social welfare" and "social services" have been used interchangeably as done by many writers.

Definitions of Social Welfare

According to Ponsioen (1962) the term "social services" is not used in the same context in different countries. On the continent of Europe the term is restricted mainly to relief services. In the United Kingdom and the countries which are and have been under British administration, the term has a wider sense and embraces the services such as health, education, housing, welfare services and relief services.

Kahn (1979) also includes health, education and public housing as well as welfare services to the children, family and ageing, various counseling and assistance programmes in schools, hospitals and similar facilities as social services. Friedlander and Apte (1980) define social welfare as a scientific program to ensure the satisfaction of basic human needs, thus developed only in industrialized societies. Further, he identifies social welfare as a function for social order.

The most recent definition of social welfare is referred to as the institutional response of a society for tensions of production and reproduction in the current social and economic arrangements (O' Connor et al, 2003). Midgley (1997) observes social welfare as a state or condition of human well-being. According to Midgley (1997) human well-being exists when social problems are managed, human needs are met, and when social opportunities are maximized. It can be applied to individuals, families, associations, organizations, communities and even societies.

Social security and social protection are also two terms frequently used in social welfare literature. "Social security is a programme of protection provided by social legislations against sickness, unemployment, death of wage earner, old age or disability dependence and accidents – contingencies

against which the individual cannot be expected to protect himself," observes (Freindlander and Apte, 1980). Social insurance programmes such as pensions, provident funds, compensations and health insurance are covered by social protection measures.

Social services commonly offer help to needy people by providing financial aid, material goods or 'in-kind' services. These provisions could be categorized as personal social services and public social services. Personal social services are directed towards the welfare of the individual whether he is a member of a family or not. Public social services are offered to the community as a whole. Some programmes are residual while some are universalistic. Residual social welfare is for a selected target group. The criteria of selection may differ from programme to programme. Universalistic social welfare is for all without any discrimination. For example, in Sri Lanka, health and education services are universalistic while poverty alleviation or public assistance programmes are selective.

Generally, financial aid programmes belong to insurance type programmes where recipients should contribute stipulated amounts of money to qualify for financial gains and grant programmes which are based purely on need in the absence of sufficient resources to meet basic needs. The criteria for deciding the eligibility are through a "means test".

The more recent approach to social welfare is the Social Development model. Midgley (1995) defines "Social development as a process of planned social change designed to promote the wellbeing of a population as a whole in conjunction with a dynamic process of economic development." Further, he observes that social development approach is not primarily concerned about meeting individual needs, but directed to enhance the wellbeing of all citizens. Social development approach visualizes economic development as a prerequisite for social welfare and welfare service provision as a positive contribution for economic development. Midgley (1997) has further, identified development as a means of enhancing people's welfare and to achieve this, harmonization of social intervention with economic development effort is necessary. Midgley (1997) conceptualizes social development as an approach to promote the wellbeing of people. Social development encompasses all aspects of human life and expects to have a qualitative development of a society, which leads to peace and harmony. However in some social work literature social development connotes empowerment of disadvantaged or marginalized groups in the society through social policy initiatives. Further the social development model emphasizes the participation of the client in the national development process. Welfare services are provided to facilitate the participation of disadvantaged people.

The New Order model of social welfare aims to restructure the social, political, economic and ecological global order. The underlying principles emphasize maximum participation of people in their own development, the

pursuit of peace, the satisfaction of basic needs of people everywhere and the protection of the planet's fragile ecosystem (Macarov, 1995).

In a welfare society, it is anticipated that involvement in welfare activities of profit and non-profit organizations will ease the burden of the state in providing welfare services to the needy and will play a major role in withdrawing the state from providing direct services to the citizens. It will help voluntary and private organizations in fiscal measures and support systems. In this process privatization of state welfare programmes is a common feature. However, studies indicate that privatization always does not deliver the expected results and some of the programmes have failed without fulfilling the envisaged goals.

In the past one could analyse welfare services in a national context, but today the boundaries have been broadened and therefore one has to analyse them in a global context as welfare is now associated with "Human Rights" and other socio-economic and political processes. Some countries emphasize on economic development assuming that economic development will help to resolve problems such as poverty, inequality etc. However, experience clearly indicates that economic development alone does not help to eradicate poverty or to mitigate disparities of income distribution but widens the gap between rich and the poor, inequality of distribution of income, wealth, and increased poverty. This phenomenon has been precisely explained by Das Gupta (1978). His conclusions seem to be universally applied in analyzing prevailing development processes. He commented on the failure of development and summarized it on three points.

- Development has actually led to relative poverty by benefiting only a handful of people.
- Development has led to the creation of inequality by forcing the poor to carry the major burdens of industrial progress such as pollution, ill health and so forth.
- Inequality and discrepancies have led to tensions in society, tension has led to unrest, unrest has led to aggression, aggression has led to violence, and violence has led to "mini-battles" and confrontations within the intra-societal frame.

Social Service Provision in the Region

The social services offered by government and non-government sector could be categorized as targeted welfare as these services are directed towards a selected category of people. At present social services are directed to the individual in the society. The service providers' main concern is the individual but their services indirectly influence the well-being of the family.

The beneficiaries are the mothers, children, sick, disabled and elders. In Malaysia social welfare programmes for care, protection and rehabilitation of children, disabled and elderly can be predicted to have an interrelationship with community development programmes (The Government of Malaysia, 2006).

Mothers

Working mothers bring changes in family functions. They bring income to the family. Most of the working women are expected to become mothers during their working years. However, the growth in the number of working mothers gives rise to the development of childcare businesses arranged through volunteer, private or governmental organizations (Macarov, 1995).

Maternity Benefits

Maternity benefits are a method of encouraging higher birth rates, as well as promoting health among parents and children. These benefits are limited to working mothers with certain disparities between the public sector and the private sector. The employees in the former enjoy better rewards. As a whole of these benefits take the form of leave with pay, financial help, continuity of service, reduction in working hours for a specific time period, granting of nursing hours etc. All the countries under review have maternity benefit programmes though they differ in scope, coverage and benefits.

Vietnam provides 120 days of maternity leave for the government and private sector employees. This entitlement is job protected and statutory and covers childbirth as well as adoption. The employee has the option to obtain unpaid maternity leave up to 180 additional days. Paternity benefits are given only in special circumstances.

In Philippines every pregnant woman whether she is married or not is entitled for 60 days maternity leave in case of a normal delivery, abortion or a miscarriage but she has to be a member of the social security system which is the social protection for all private sector employees. If the delivery is through a caesarian operation the employee is entitled to 78 days. Paternity leave is granted for 7 days.

Singapore provides 12 weeks maternity leave for an employed woman. She is entitled to 4 weeks leave before delivery and 8 weeks after delivery. Maternity benefits are not applied in the cases of abortions or miscarriages.

Female workers are entitled to 90 days of maternity leave in China. Contract workers are also entitled to maternity benefits as any other permanent employee. A Maternity Insurance scheme is introduced as an experiment in some urban areas where Urban Enterprise employers contribute to this scheme. The scheme is managed by local labor and security bureau. The individual employee does not contribute for this scheme.

India limits its maternity leave to the organized sector where a woman could get 12 weeks maternity leave. To qualify for maternity benefits, a woman should work 80 days prior to the expected delivery. If any illness occurs as a result of the delivery the worker can get an additional one-month leave.

In Thailand maternity benefits are extended to all employees in the private formal sector and public sector. Maternity benefits are delivered under Social Insurance System, which is a tri-party contribution. Employee, Employer and the government contribute 1 per cent each of the wage of the employee. Social Insurance systems finances maternity, disability and survivor benefits. Sri Lanka offer 84 days paid leave for state employed women and for 84 days 50 per cent paid leave and another 84 days unpaid leave. Further Sri Lanka offers paternity leave for 3 days.

Children

Child Development, Welfare and Protection

Every country in the region adopts child development programmes revolving on health, education, welfare and protection. They include early childhood and child education programmes, nutrition programmes, child care programmes such as day care and institutional care, prevention of child trafficking, prostitution, child labour and programmes for disabled children. Though they sound theoretically well and effective, most of the programmes are not achieving the expected results due to many factors. In fact almost all the countries are adopting universal compulsory child education programmes. But expected results cannot be achieved due to lack of resources. .

Education

Thailand has identified early childhood education as an important measure for adult development. Nevertheless early childhood education is not compulsory or free of charge. The government is involved in the education of children in the age group of 3 – 5 years. Private and NGO sectors are also engaged in providing early childhood education. In Thailand preschools, kindergartens and childcare centres are available for 3-5 year old children. However, very few opportunities are available for children of 0-3 years. Though some interventions have been directed towards early childhood education, welfare and child rights protection, they are mostly operated in big cities and not in rural areas.

Thailand has made constitutional provision for fundamental education for children not less than 12 years. From age seven to sixteen years, education is free and compulsory. A child has the right to nine years of education. In 2002 Thailand literacy rate for males was 94.9 per cent and 90.5 per cent for females. The youth literacy rate is reported to be around 98 per cent.

India recognizes the citizens' right to education as a fundamental right from ages 6-14 years. It is expected to achieve universal elementary education for all children in the age group of 6-14 years in year 2010. Elementary education is free and compulsory for children between the ages of 6-14 years. For the students who are not entering the mainstream, Department of Education of India provides non-formal education. This category of students include working children, school-dropouts, children who do not have easy access to schools, children of urban slums, tribal and desert areas.

In China, while national policies on education are formed by the central government, implementation of such policies is entrusted to local authorities. In 1983 during the 13th Communist Party meeting, guidelines were formulated in relation to pre-school education. This made some unevenness in education as local areas are experiencing many problems with financing. Early childhood education is not compulsory in China. The nurseries and kindergartens are supplemented by institutions, communities, individual donors and governmental bodies. The parents have to pay fees and share other institutional expenses on early childhood education. It is a known fact that a sizable proportion of family income is spent on child education. At present most parents are paying special attention to it. Early childhood education and care in remote areas is provided through residential boarding schools, mobile kindergartens, play centres, children's activity centres, toy libraries and touring instructional teams. Apart from these facilities, seasonal classes, weekend classes and mixed age group classes are offered to children.

The interventions by the Government of Singapore on early childhood is up to six years and services are provided through pre-schools and childcare centres. Childcare centres cater to children from 2 months to 6 years, while pre-schools cater to children between the ages of 4 to 6 years. It was estimated that in 2006, 90 per cent of children between the ages of 4 to 6 years attended pre-schools.

In Vietnam pre-school education is offered to children between the ages of 3-6 years by government and private sectors, which is not compulsory. In Vietnam children up to two years are catered to by childcare or day-care centres. The needs of children between the ages of 3-5 years are fulfilled by kindergartens and children between the ages of 5-6 years by pre-schools. Children enter formal school at the age of six years (www.childpolicyintl.org/countries/).

In Sri Lanka, formal schooling is from six years on wards. Education is compulsory for children between the ages of 6-14 years. Primary, secondary and tertiary education are offered by the state free of charge. Early childhood education is mainly provided by individuals, community based organizations and voluntary organizations. Some local authorities also operate day care centres and pre-schools. Pre-school education is decentralized through provincial councils and policies differ from provincial council to provincial council.

In Malaysia for the purpose of preparing children of rural families for formal education, pre-school classes have been set up under the community development programmes. It has been reported that a total number of 1,310 pre-school classes have been established for the benefit of about 36, 570 children (The Government of Malaysia, 2006).

Health and Nutrition

India introduced an integrated Child Development Service in 1974 where it provides a package of services to children up to six years, and also pregnant and lactating women. It could be the world's largest programme for most vulnerable sectors of the population. It is said that today the project provides services for 13 million children up to six years and 3 million pregnant and lactating women. 500,000 paraprofessionals are providing services through 250,000 centres for people in urban slums, tribal and other disadvantaged people groups in rural and remote areas of the country. This programme provides the following services.

Immunization

Supplementary nutrition

Health check – ups and referral

Pre – school education for children aged 3-6 years

Health and nutrition for women.

In India the overall literacy rate is 52 per cent. The literacy rate difference between men (65.5 per cent) and women (47.7 per cent) is high. 65.5 per cent men and 47.7 per cent women are literate. Compared to the literacy rate in other Asian countries, India's literacy rate is very low.

Protection

China is adopting a one child policy since 1970s. This has many implications for population structure, family care and welfare. Influenced by Confucian ideology and tradition, Chinese family was a major source of

security for its members. Thus, children, elderly, sick and the disabled were cared for by the family. However with the introduction of one child policy the family had lesser number of people to look after its members. Therefore the demand for services for children such as day care facilities is increasing. Child centres provide facilities for children less than six years. In urban areas it was 15.9 per cent, while in rural areas it was only 2.5 per cent. The state is requesting industrial establishments and other organizations to run day-care services for their staff.

In Singapore the child care centres are normally opened from 7.00 am to 7.00 p.m. and the centres serve children of working parents as well as non-working parents. Some centres provide flexible times to suit the needs of working parents, especially for parents working part time. A childcare subsidy is available through child care centres. Further, a financial assistance scheme is operated through child care centres for poor families, providing opportunities for children of rich and poor families to attend the same child care centre in the neighborhood. Children with disabilities attend special schools which are run by voluntary welfare organizations. These schools are partly funded by the government. In Singapore four years of primary education for children is free of charge.

Philippines in 2002 introduced a five-year early childcare and development programme, expecting it to be a good investment for the future. Its other aim is to achieve the provision on UN Convention on the rights of children and address the plight of children of poor and disadvantaged families. The programme is for children up to six years. The policy making body of the programme is the Council for the Welfare of Children. The council has Task Forces and sub- Task Forces to ensure fulfillment of the needs of children. The responsibility of fulfilling the needs of children lies with the Task Forces.

Attempts are made to eradicate commercial sexual exploitation of children under a sub – Task force. Early child development programmes are concentrated on child mortality, immunization and overall development of children, child-focused services for parents, caregivers and service providers. Further, measures have been taken to involve community at all levels and to hand over the ownership to them. Elementary and secondary education is free and compulsory. However, due to inadequate resources practical difficulties arise for quality educational service provision.

In Vietnam it is interesting to note that the family looks after 57 per cent of children up to three years, while the family also cares for 45 per cent of children between the ages of 3-6 years. Vietnam emphasizes the role of parents and families in early childhood education and care, which pays dividends. Childcare facilities are tailored to suit the needs of parents and thus day care centres are opened full day or half-day in the morning or afternoon. Some centres care for the children of parents working the night shifts. Home based childcare services are also available. Vietnam is concentrating on state

interventions for early child development in the poorest areas. The country also encourages local communities and individuals to provide child care services. Vietnam is the only country in the region which offers diverse options for parents for the care of their children (www.childpolicyintl.org/countries/).

In Sri Lanka Day care facilities are supervised by provincial departments of Probation and Child Care Services. Sri Lanka defines a child as a person who is under the age of 18 years. The children who are in conflict with law are dealt by Juvenile Courts and in many instances they are referred to the Probation Officers. Special services are provided for children with disability. These include special schools, institutions, inclusion programs, CBR programs and vocational training. Children's Homes are mostly run by voluntary organizations and cater for orphaned, deserted and destitute children. Most of the children in Children's Homes are destitute children, which give evidence to show that if the families are financially supported, these children could be with their own families. Foster care in the western concept is not popular in Sri Lanka. However there are few programs known as "Sponsorship Programmes" for needy children to continue education and be with the family (Ministry of Child Development and Women's Empowerment - Sri Lanka, 2006). .

Elders

Elders and Care

In Most countries in ancient Asia, traditional family provided care for its members. This is not an exception even for aged members. Specifically the female members of the family were cared for by its members as they were attending on the household chores. The three-generation or more in a family provided enough members to attend to each other's needs and wants. With the withering away of the extended family and also limiting its number of children through family planning strategies paved way to problems of care giving.

Every country has its own social security programmes for formal sector employees but not for all citizens. Therefore, many aged persons are not covered by social security schemes. In Sri Lanka destitute aged people are offered a very small monthly financial assistance by the government. In some instances the governments as well as voluntary organizations provide institutional care. Apart from such service provisions, Sri Lanka Social Security Board is implementing a pension scheme for self-employed people not covered by any other social security system. Agricultural and Agrarian Insurance Board implements farmer's' pension and social security scheme for farmers between 18-59 years of age. It covers health insurance and crop insurance schemes. The people engaged in animal husbandry are also eligible to be members of programmes implemented by the Agricultural and

Agrarian Insurance Board. The fisheries sector has a pension scheme and fishing equipment insurance scheme through the Agrarian Insurance Board. In Sri Lanka under the patronage of the state, societies of aged people are formed at village level and divisional level. These societies are functioning as "self-help groups".

Malaysia recognizing the importance of the socio economic implications of the increasing proportion of the elderly, shifted programmes from a welfare approach to a development approach to ensure active and productive ageing. Under this programme emphasis has been on community participation to include healthy life styles, social and recreational activities.

Welfare Services to be Designed for Dependents

In the Asian Region a sizeable dependent population of children, women, persons with disability, unemployed persons, people with HIV/AIDS, and aged people continue to remain needy for social welfare aid. Unemployment is a threat and challenge to the society as countries are unable to fully utilize the labour force and thus increasing the dependency rate which leads to lower the living standards of working people.

Graying of population is significant in some countries in Asia such as Sri Lanka. Aged is also a category of dependent persons. The family as the major caring unit of the society, no longer exist in the same spirit and the needs of the aged people have to be met by the state and society.

Children

Child labour, child prostitution, trafficking, juveniles (children who are in conflict with law) and child marriages are major problems faced by children. Women are also facing forced marriage, bonded labour, prostitution and trafficking (www.childpolicyintl.org/countries/).

In Singapore, to protect the Rights of the child, employment of children less than 12 years is prohibited. Children between the ages of 12-16 years could be employed in light work. A medical certificate is necessary for fitness of the child to work. However children can work in a family enterprise. Employment laws pertaining to children are enforced effectively in Singapore. Though law prohibits trafficking of persons, it is reported that trafficking is happening in Singapore. Singapore has become a transit place for trafficking of young girls to other countries.

Thailand is enforcing laws to combat child trafficking and also for child labour. Minimum age for employment is 15 years but children below this age group are frequently working in family farms and other establishments.

Very young girls and boys are trafficked into Thailand from Myanmar and Cambodia for sexual exploitation, labour work and also to work as beggars. It is reported that poor families sell their young children for trafficking. Rehabilitation programmes are conducted by government and NGO's for victims of child trafficking.

In Philippines employment of children under the age of 15 is prohibited, but has the provision to employ them under the direct supervision of parents and guardians. Though government and NGO's implement various programmes to combat child labour, it is extensively taking place in the informal sector. Child and women trafficking is also taking place in Philippines. Another problem faced by children is the forced recruitment or abduction by armed groups.

Trafficking women and children in Vietnam is prohibited. However women are trafficked to Cambodia and China for sexual exploitation and forced marriages. Other destinations of trafficking are Singapore, Hong Kong, Macau, Thailand, Taiwan, England and America. Women and children are also trafficked within the country. The minimum age for employment in Vietnam is 18 years but establishments can employ children between the ages of 15 to 18 years by obtaining the consent of parents or guardians and the approval of the government.

Indian constitution prohibits forced labour or bonded labour. However it is widespread that forced prostitution, female bondage and trafficking of women and children are problems prevailing in India. Devadasis, prepubescent girls are offered to Hindu Temples as "Servants of God". This is regarded as a common practice which provides sexual gratification for Hindu priests and high class Hindus. Some reports indicate that these girls are sold to brothels as sex workers. Children and women are trafficked within the country and also serve in transit points in India. The children under the age of 18 years who are in conflict with the law are dealt by Juvenile Justice Act adopted in year 2000. The government and voluntary organizations run homes to rehabilitate young offenders.

People with Disabilities

Disability is a life contingency occurring in human populations which has economic, social and demographic implications (Kevin and Velkoff, 2001). The levels of disablement differ according to age, sex and other sub groupings such as children, adults and elderly. In most of the countries in Asia, attention has been focused on physical disablement in their social services programmes to cover the disabled persons mentioned earlier.

The Government of Malaysia has a programme to provide care and support for disabled persons (The Government of Malaysia, 2006). The

purpose of this programme is to ensure that disabled people are educated on the availability of the services under the programme. During the plan period, 313 community-based rehabilitation centers have been established benefiting 8453 disable people. As an inducement to the disabled for continuing work and supporting themselves and their families, those who are earning lesser are entitled to a monthly allowance which started in 2004.

When an ageing of population takes place, the prevalence of disabilities also tends to increase. This is particularly true in the contemporary third world countries due to lower levels of health care utilization and lack of nutrition in younger ages in comparison with people in developed world countries (Chen and Jones, 1989). Recent trends in fertility, mortality and international migration experienced in Sri Lanka has created an ageing population (De Silva, 2007a). Contemporary Sri Lankan population demonstrates a low mortality but with high morbidity conditions in which an increasingly large proportion of elderly tends to gain increased longevity but with some disabilities (De Silva, 2007b; Nugegoda and Balasuriya, 1995).

A number of surveys on disability had been done by various government and non-government institutions in Sri Lanka during the past many decades with the objective of providing social services. The salient factor revealed was that most of the disabilities occur at birth rather than subsequently. However, as the contemporary Sri Lankan population is experiencing the phenomenon of rapid ageing, the incidence and prevalence of disabilities are expected to increase. Apart from ageing, civil disturbances experienced in recent times have also aggravated this situation. No matter what the cause of disability, in general it has economic, social and demographic implications of many aspects (De Silva, 2007b).

With the introduction of such social services programmes, the families are relieved of an enormous burden on the caring of the disabled members of the family.

Preventive Health Care: STIs & HIV/AIDS Related Issues

Among the Sexually Transmitted Infections (STIs), HIV/AIDS has a great social and economic impact on the family by losing assets and income earners. This prolonged illness causes additional burden on the family by incurring expenditure in health care, losing income, reallocation of work and responsibilities. Children are psychologically affected through the stigma leveled at them by their peers in society.

HIV/AIDS is a major threat to some of the Asian countries as they have to divert limited resources to address issues of HIV/AIDS affected persons. Prostitution is a promoting factor of STIs including HIV/AIDS (De Silva, 2003).

Sexually Transmitted Infections (STIs) are becoming a serious problem in some countries of the Asian region such as India and Thailand. However Thailand has been able to control the HIV/AIDS epidemic successfully and it is reported that new HIV infections have decreased by 83 per cent. This is mainly due to transmitting knowledge and information to risk groups and influencing their behaviour.

On the contrary India is having a sharp increase in HIV infected persons. Estimates caution that India will face a major problem on the spread of HIV infection and will be a threat not only to the region but also to the world.

In any country an unfortunate situation is children orphaned due to their parents being victims of HIV/AIDS. The Philippines has also kept the HIV epidemic under control. The government is taking the leadership with NGO sector initiatives for successful implementation of HIV/AIDS control programmes.

The common feature of the region is the traditional values of the family and the prevalence of extended family to some degree. Ageing, HIV/AIDS, trafficking of children and women, migration for employment abroad are other major problems faced by Asian countries. Thailand is effectively managing the spread of HIV/AIDS by various programmes and Sri Lanka is exceptional in controlling HIV/AIDS epidemic and it has been identified as a good example of effective control of spreading of the virus.

The illness or deaths of an earning family member can deplete the family structure. The children will be debarred from parental love, protection and care. When children lose their parents they can be school dropouts (De Silva, 1998).

Social Security Scheme

Most of the Welfare States are undergoing financial constraints in organizing welfare programmes to provide adequate services for the needy families. It is therefore recommended that a financial authority be established to raise funds from different organizations including, NGO sector, business establishments and individuals.

Financial Resources

As indicated earlier in this paper, funds for the implementation of a family policy could be obtained from the contributions of the government, beneficiaries and cess levies. Further, all NGOs and INGOs operating in the country should contribute to the family policy fund. The percentage may be decided through a dialogue between government and respective NGO, INGO

force, which ought to be not less than 5 per cent of their total budgets of the programmes running in the country.

All members of a family should contribute to the social security scheme by determining a percentage of contribution through a scientific means test. A minimum limit of contribution should be determined and the upper limit should be open for the choice of the recipient. As in a general insurance scheme, maximum age of enrolment and the installment and benefits at maturity should be clearly stated. An effective enrolling promotional programme is a must and installments and beneficiary payments should be made at the lowest possible level as to be a contributor friendly scheme.

The Government of Malaysia allocates an annual grant to Non-Governmental Organizations to implement their activities and also to undertake programmes on capacity building of volunteers and caregivers (The Government of Malaysia, 2006).

In Sri Lanka health and educational services are provided free and therefore they are universal social welfare while programmes such as poverty alleviation are targeted programmes. With the implementation of a family policy the health and educational services provided by government should be compensated with fees levy through health insurance and educational insurance. Further, in Sri Lanka without any differentiation, all are equally entitled for free health services and educational services including free schoolbooks and school uniforms. To be free from a consumption based approach, it is much more vital to have targeted social welfare programmes instead of universal service provision. Through an income ceiling, eligibility for free education and health should be identified and much resource could be saved and could be diverted to improve existing facilities. Well to do people therefore should be encouraged to use private health and educational insurance and by tax incentives they could be motivated to enroll in such programmes. Even from the low-income families who are coming under the health and education insurance programmes a contribution should be made for health and education through their respective insurance schemes.

A number of assistance programmes for disabled people are available in Sri Lanka and offered by the government, private and NGO sectors. The funds of these services could be diverted to a "Disability Social Security" programme. The experiences indicate that in some places, even the recipients of public assistance are enrolled in social security programmes conducted by the Sri Lanka Social Security Board. This shows that if people are motivated and enlightened on the benefits, they are willing to contribute towards social security programmes (Sri Lanka Social Security Board, undated).

The aged people who were in the formal sector are receiving pensions and at retirement Provident Fund benefits are given to those who have contributed to such schemes. The Sri Lanka Social Security Board is operating

as an insurance programme for self-employed persons while Agriculture and Agrarian Insurance Board is implementing insurance schemes for farmers and fisherman. Incorporating all the existing social security programmes, it is suggested that a family policy to be implemented through a social security authority. The government should establish this authority legally. Apart from the government contribution a 'cess' from tobacco, liquor, agricultural and animal husbandry and all industrial production at the selling point may be levied. The cess may be around 0.03 per cent to 0.05 per cent depending on the volume and scope of the social security programme. Apart from the provision of financial needs of family members through insurance schemes, supportive services such as counseling, specifically family counseling, budget counseling and vocational counseling should be provided. To link with existing welfare programmes, a coordination mechanism has to be developed at the national level and decentralized to the lowest possible level, thus creating opportunities for self-employment, finding markets for production and to maintain quality of goods and services through standardization. As the beneficiary is the owner of the social security programme he is very likely to take the responsibility of the scheme.

Unemployment security is usually a short-term intervention. The recipient has to be pursued to undergo training in some trade and guided to find employment or encouraged for self-employment. Along with the provision of family services, credit facilities from financial institutions, facilities for cultivation, animal husbandry and fishery etc. has to be provided. Thus family policy should be a productivity-based policy, which helps national development. Therefore family policy should be development focused and promote the living standards of people by helping them to solve their problems by themselves.

Conclusion

Strengthening of Family Through a Family Policy

Generally a family policy originates from national policies of a government, but NGOs and private sector also could contribute. The attempts to strengthen families in a society through family policy can vary from country to country. The countries that show positive attitudes see a family as a social value and adopt a family policy to aid them. In Sri Lanka in previously, the married employees in the public sector enjoyed an allowance called "married allowance".

Social welfare policy needs to be geared towards strengthening the family and children in three main forms. First, to grant monetary compensation and/or benefits such as tax concessions even partly needed for additional cost of having children. Second, is to grant time-off from work with pay when they give birth. Third is to provide childcare benefits and allowances for caring

for disabled members and elders of the family.

The goal of a family policy is to help solve problems and enhance family well-being as the family structure has changed during the past few decades and is deviating from the traditional family composition.

Generally a family is defined by sociologists as the basic unit of society consisting of husband, wife and their own or adopted children living in one place. However there are different versions of family provided by social scientists. According to structure functionalists, a family is defined by the greater society and the structures of people which are functioning to meet the needs of its members. According to institutionalists, a family is a traditional, biological, procreative and a child – rearing structure. They also emphasize the biological relationship among family members. Interactionists define family based on the voluntary assumption of family related role behaviours. Situationalists emphasize it as a socio-cultural and physical force which control the behaviour of family members and forced to assure family related roles. Psychoanalysts have applied other criteria to define family. According to them the developmental stage and the unconscious needs has to be considered in defining the family. Developmentalists concern is on physical growth and maturity of the person and how the society identifies a family. Economists define family as a production and consumption unit.

Macarov (1995) defines family policy as “an attempt to influence the structure and functions of families by means of conscious and deliberate planning”. But this seems to be a narrow definition. A comprehensive family policy should address family problems which are based on economic, social, interpersonal and spiritual environments and facilitate family members to overcome such problems. However, they should be country specific taking into consideration the values and tradition of society. Further, a comprehensive family policy should address the problems families are facing and facilitate welfare of all family members without any discrimination. Therefore a comprehensive family policy should cover the total life cycle of persons as well as economic and other related needs of family members. Especially the health needs, educational needs, employment needs, and needs of the aged. Though such a programme should cover total population of a country, yet, to make best use of available resources a targeted social security programme is suggested and these programmes will be discussed in detail and the financing of such a programme is the key issue in implementation.

Though different disciplines apply different perspectives to define family, the role and the functions of the family are very similar in most of the cultures. This is very much true for Asian countries. Through various personal and public social service programmes, family members are supported individually and collectively.

In Sri Lanka, Department of Social Services under the Ministry of Social Services and Social Welfare and Provincial Departments of Social services provide personal social services such as public assistance to needy people, sick allowances for patients like TB and Leprosy, while widespread distress allowances for families in distresses such as floods, droughts and earth slips (Ministry of Social Services and Social Welfare – Sri Lanka, 2006). The poverty alleviation programmes such as “Samurdhi” is also directed for family welfare. The social security programmes for farmers, fisherman and self-employed people are personal social security programmes just as the pension and Provident Fund schemes for formal sector employees are also personal social security programmes in Sri Lanka (Amarabandu, 1995). However neither Sri Lanka nor any other Asian country has developed a comprehensive family policy.

The formal sector pension schemes and provident fund schemes are to be continued as it is much needed and new programmes specially directed for families to be introduced. The major emphasis is to cover health costs of low-income families and provide educational facilities for children of such families. A family policy should also cover unemployment, disability and old age.

The social services provided in the region to fulfill needs of needy people is not achieving its goals for many reasons. Some of these are (a) unstated or unclear goals and objectives, (b) beneficiaries were not aware or not adequately informed about service provision, (c) inadequately informed about services (e) instead of empowering and emancipating service users through service provision it is creating a dependency syndrome in them, (f) not reaching the mostly needed members in the family (g) inadequate or unavailability of a feedback mechanism and an evaluation process (h) inadequate resources.

In a comprehensive family policy, goals and objectives should be clearly indicated and beneficiaries should be informed accordingly. An in-built feedback mechanism should be incorporated and active participation of beneficiaries should be obtained at every possible level. The ownership of a family policy should be with the beneficiary.

There is a need of creating a conducive environment for facilitating the family policy which is productivity oriented. The service user is requested to use social service as an interim and investment strategy and be motivated to engage in some productive venture and contribute to the national development of the country. To realize this expectation he/she has to be provided with facilities such as skills, technology, resources, markets etc. Otherwise service provision will be futile.

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