JOINT INSTRAW/UNFPA TRAINING SEMINAR
ON
WOMEN, POPULATION AND DEVELOPMENT

22 - 26 May 1989
Santo Domingo

AGENDA

Monday, 22 May

Morning session

I. INAUGURATION

10:00 - 12:00	Opening of the workshop
	Welcome by Alfonso Chan, Chief Administrative Officer, INSTRAW
	Representative of the Foreign Ministry
	Krishna Ahooja-Patel, Deputy Director, INSTRAW
	Juan Aguirre, Programme Officer, UNFPA
	Nomination of rapporteur
	Adoption of the agenda
12:00 - 2:00	Lunch

Afternoon session (Chair: UNFPA)

II. OPENING SESSION

2:00 - 2:30	"What is INSTRAW?" film
	Explanation of the main theme of the seminar: Krishna Ahooja-Patel (INSTRAW) Juan Aguirre (UNFPA)
2:30 - 4:00	Presentation of participants in working groups
4:00 - 4:15	Break
4:15 - 5:30	Plenary meeting
	General Discussion on the main theme and evaluation

Tuesday, 23 May

Morning session (Chair: INSTRAW)

III. POPULATION POLICIES AND PROGRAMMES

9:00 - 10:00	Plenary meeting
	Global overview: UNFPA Central American Subregion: Soledad Parada Caribbean Subregion: Pat Sinclair Questions/Discussions Audiovisuals
10:00 - 11:00	Working Groups
	Presentation of casestudy Exchange of views among participants Preparation of group presentation
11:00 - 11:15	Break
11:15 - 12:30	Plenary meeting
	Group presentations General discussion on the main theme and evaluation
12:30 - 2:00	Lunch

Afternoon session (Chair: UNFPA)

IV. ECONOMIC CONTRIBUTION OF WOMEN IN DEVELOPMENT

2:00 - 2:45	Plenary meeting
	Women in the economy: Krishna Ahooja-Patel (INSTRAW) Audiovisuals
2:45 - 4:00	Working groups
	Presentation of casestudy Exchange of views among participants Preparation of group presentations
4:00 - 4:15	Break
4:15 - 5:30	Plenary meeting
	Group presentations General discussion on the main theme and evaluation

Wednesday, 24 May

FREE DAY

Thursday, 25 May (Chair: Central American Participant)

Morning Session

V. WOMEN, POPULATION PROGRAMMES AND DEVELOPMENT POLICIES IN CENTRAL AMERICA (COSTA RICA AND GUATEMALA)

9:00 - 10:00	Plenary meeting
	Work and Family: Krishna Ahooja Patel (INSTRAW) Fertility patterns in Costa Rica: Hannia Sileski Family structures in Guatemala: Judith Cruz Moran Questions/discussions Audiovisuals
10:00 - 11:00	Working groups
	Presentation of casestudy Exchange of views among participants Preparation of group presentations
11:00 - 11:15	Break
11:15 - 12:30	Plenary meeting
	Group presentations General discussion on the main theme and evaluation
12:30 - 2:00	Lunch

Afternoon session (Chair: Caribbean Participant)

VI. DEVELOPMENT OF FAMILY WELFARE PROGRAMMES BY SELECTED COUNTRY STUDIES OF THE CARIBBEAN (GUYANA, HAITI AND CUBA)

2:00 - 3:00	Plenary meeting
	Design of family Welfare Programmes in Guyana: Sybil Patterson Implementation of Family Welfare Programmes in Haiti: Edith Lataillade Impact of Family Welfare Programmes on the Status of Women in Cuba: Martha Nuñez Questions/discussions Audiovisuals

3:00 - 4:00	Working Groups
	Presentation of casestudy Exchange of views among participants Preparation of group presentation
4:00 - 4:15	Break
4:15 - 5:30	Plenary meeting
	Group presentations General discussion on the main theme and evaluation

Friday, 26 May

Morning session (Chair: UNFPA)

VII. EVALUATION OF POPULATION AND DEVELOPMENT PROGRAMMES AND PROJECTS

9:00 - 10:00	Plenary meeting
	Evaluation Methodologies: UNFPA General Evaluation techniques on Women in Development: Borjana Bulajich (INSTRAW) Questions/discussions
10:30 - 10:45	Break
10:45 - 12:00	INSTRAW Programme on Monitoring and Evauation: Fred Stangelaar (INSTRAW) Communication/information support: María Helena Alves (INSTRAW) Question/discussions
12:00 - 2:00	Lunch

Afternoon session (Chair: INSTRAW)

VIII. EVALUATION OF THE SEMINAR

2:00 - 2:30	Plenary meeting Explanation of the evaluation procedure Questions/discussions
2:30 - 3:30	Working groups
	Evaluation of the seminar in working groups Preparation of group presentations
3:30 - 3:45	Break
3:45 - 6:00	Plenary meeting
	Presentation of all group evaluations Filling-in of final evaluation form Closure of the workshop

POPULATION PROGRAMMES AND DEVELOPMENT
(POLICIES IN CENTRAL AMERICA)

GUIDELINES FOR RAPPORTEUR AND CO-RAPPORTEURS
ON USE OF MATERIAL IN WORKING GROUPS

We suggest you start discussions with some of the general articles on population:

Other themes are:

POPULATION POLICIES AND PROGRAMMES

GUIDELINES FOR RAPPORTEUR AND CO-RAPPORTEURS
ON USE OF MATERIAL WORKING GROUPS

We suggest you start with some of the general attitudes:

Other themes for discussion include:

THE ECONOMIC CONTRIBUTION OF WOMEN IN DEVELOPMENT

GUIDELINES FOR RAPPORTEURS AND CO-RAPPORTEURS ON USE OF WORKING GROUP MATERIAL

We suggest you start with some of the general articles on women's economic activity.

-	Advancement of Women	PP 36 - 38
-	Women in Economic Activity	14 - 24
-	Women in the World Economy	11 - 13
-	An Overview of Women in the Caribbean	1 - 10

Themes for discussion include Migration PP 25 - 29; pp 49 - 60; Health and Economic Activity pp 42 - 45; Improving Statistics pp 61 - 65; A UN Country Programme: Cuba pp 39 - 41.

DEVELOPMENT OF FAMILY WELFARE PROGRAMMES

GUIDELINES FOR RAPPORTEURS AND CO-RAPPORTEURS ON USE OF WORKING GROUP MATERIAL

We suggest you either read before or use for discussion the general articles.

- Women's Rights in UN Legislation pp 42 - 62
- The Common Wealth Caribbean Community 91 - 101
- Trends in Social Welfare Policy 38 - 40

You could then continue a start discussion with Latin America and the Caribbean: Strategies to the Year 2000 pp. 3 and follow with other articles from Women At Work.

The articles on pregnancy bith and maternal mortality to be discussed are on pp. 7 - 17: pp 18 - 24; pp. 31 - 36; pp 81 - 89.

General health care programmes, primary health care and community involvement pp 25 - 28; pp 66 - 80; pp 90.

LIST OF PARTICIPANTS
INSTRAW/UNFPA SEMINAR ON WOMEN, POPULATION AND DEVELOPMENT
Santo Domingo, 22-26 May 1989

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42. Socorro Jiménez
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Secretarial Support:

43. Solange del Rosario

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Pre-Training Assessment

UNFPA/INSTRAW Workshop on
WOMEN, POPULATION AND DEVELOPMENT
Santo Domingo, MAY 22, 1989

1. List topics and concepts you would like dealt with during the training.

_____

_____

_____

_____

_____

2. What is your understanding of Women in Development (WID)?

_____

_____

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_____

_____

3. Have you applied the WID checklist to policy formulation? _____YES ____No
Explain._____

_____

Programme and/or project design _____YES ____NO

_____

_____

Programme or project execution _____YES ____NO

_____

_____

Programme or project evaluation _____YES ____NO

_____

_____

Programme or project review _____YES ____NO

_____

_____

Programme or project analysis _____YES ____No

_____

_____

United Nations International Research and Training Institute
for the Advancement of Women
(INSTRAW)

Statement by
Ms Krishna Ahooja-Patel
Deputy Director-INSTRAW

Joint INSTRAW/UNFPA Training Seminar
on
Women, Population and Development

22 - 26 May 1989
Santo Domingo

1. On behalf of INSTRAW, I have great pleasure in inaugurating this Subregional Training Workshop for the Caribbean and Central American Countries on "Women, Population and Development". This workshop is jointly organized with UNFPA, who has made concerted efforts to introduce the population dimension in WID issues at various levels of policy making and programming. INSTRAW, on the other hand, until recently has concentrated its attention on bringing about a change in existing methodologies on women's economic contribution to development. Traditional views have frequently hidden the place of women in the production process; while highlighting their role as reproducers of future generations. By combining production and reproduction, the workshop will attempt to analyse women in their life cycle and their work cycle so that their contribution can be assessed more completely. The main objective of the workshop is to exchange views and experiences in order to secure more programmes and projects which would directly benefit women, their families and society at large.

2. In any development strategy, focusing on people first as the guiding force, some elements are crucial: popular participation including women, consideration of human resource potential including women, and family support systems including women's contribution. This would call for new types of data and social indicators which could guide the process of development. Within the UN system, INSTRAW has been mandated to launch research and training programmes which incorporate new methodologies for WID that advance women's equality. This has meant that a systematic and scientific approach is made towards quantifying a whole range of women's economic activities in international standards and decisions, as instruments and national policy-making mechanisms.

3. Since its establishment, INSTRAW has made efforts towards building of sound data bases which would adequately reflect the role and position of women in society, involving survey and analysis of current methods and concepts most widely used in data collection and compilation - definition of additional basic indicators on the situation of women in different spheres of women's lives; fostering a constructive dialogue between producers and users of statistics in order to increase the availability of relevant indicators on the situation of women from the existing sources; and to provide new concepts and methods for adequate estimates of women's work and her position in society.

4. Since 1983, INSTRAW has participated in the Committee on Coordination of Administrative Questions (CCAQ) Staff Training Subcommittee in order to place WID on the agenda of the UN system so that in the regular induction, briefing and other courses of the United Nations WID activities are incorporated. In April 1987 INSTRAW was given the responsibility to prepare WID training modules which could be used in such courses for different target audience in order to train the trainers on this important subject. The staff members of the UN system need this training in order to acquaint themselves with the evolving subject called Women in Development, so that designing of programmes and projects in developing countries reflects the economic and social realities of those countries. Training of trainers at the national sub-regional or regional and international levels requires capturing the policy makers as well as the development practicioners. This workshop attempts to bring together target audience which in any country is the promoter of the advancement of women.

5. This seminar is the second of a series organized by INSTRAW, jointly with UN bodies and agencies in a co-operative effort to examine how best the WID dimension could be introduced in mainstream subjects. The first seminar was organized by INSTRAW with UNDP and UNFPA in November 1988 where WID issues were considered from the point of view of gender analysis in designing and formulating projects. Until recently, women and development has been confined WB&raditional concepts and the subject was treated as a separate area of Research and Training. It was soon realized that within the UN system and outside, this narrowed the focus to programmes and projects which were specially designed for women in development issues. In order to introduce the women in development dimension, in various subjects, it became extremely important to evolve methodologies which are flexible and innovative, as shown by INSTRAW experience on training at the international, regional and national levels.

6. This meeeting takes a step forward from the earlier workshop INSTRAW jointly organized with UNDP and UNFPA in November 1988. Some of the conclusions that emerged from that workshop focusing also on the Caribbean countries were: that those who are convercent with WID are not always acquainted with the population dimension; that those who are population experts do not necessarily design or analyse projects keeping in mind the gender issues; those who do not take WID into account no matter which project they are designing or executing are a category apart. Thus, there is a need to bring a heterogeneous group of people together, so that gender analysis in development plans and population policies becomes a normal activity in any project.

7. Introducing women's dimension in mainstream subjects is beginning to be called gender analysis. While the new terminology is controversial and there is a vast difference between "women's issues" and "gender issues", for the purpose of this seminar the process of teaching/learning would be simplified. The question that immediately arises relates to two vast areas: development and population. The two pilars on which rests the inter-connection of this subject of women's issues are production and reproduction. What is the connection and what are the main interlinkages which influence women's work and fertility? Recent research, studies and surveys indicate that in order to assess the economic contribution of women, it is extremely important to focus on how fertility affects their participation on the labour force.

8. INSTRAW has been engaged in a continuous process of critically asssessing, analyzing, documenting and sharing new insights on the dynamics of change in the field of Women in Development (WID). It is also fully involved in efforts to translate, into positive and effective actions, the "Nairobi Forward-looking Strategies for the Advancement of Women" adopted at the "World Conference to Review and Appraise the Achievements of the United Nations Decade for Women: Equality, Development and Peace", held in Nairobi, Kenya, 15-26, 1985.

We would like to greet each of the participants on behalf of the Director and INSTRAW staff, wishing you a pleasant time in Santo Domingo full of work and fun.

DISCURSO DE APERTURA DEL TALLER "MUJER, POBLACION Y DESARROLLO"

por Krishna Ahooja-Patel, Subdirectora del INSTRAW

Santo Domingo, 22 de mayo de 1989

A nombre del INSTRAW, tengo el placer de inaugurar este Taller Subregional para América Central y el Caribe sobre Mujer, Población y Desarrollo. Este taller está organizado conjuntamente con el Fondo de Población de las Naciones Unidas (FNUAP), organismo que ha hecho grandes esfuerzos para introducir el aspecto "población" en los asuntos de la mujer en el desarrollo, en los distintos niveles de planificación política. Por su parte, el INSTRAW se ha esforzado por modificar las metodologías existentes que se refieren a la contribución económica de la mujer al desarrollo. Los puntos de vista tradicionales con frecuencia esconden el lugar de la mujer en el proceso de producción, destacando en cambio su papel como reproductora de futuras generaciones. Combinando producción y reproducción, el taller tratará de analizar a la mujer en su ciclo de vida y en su ciclo de trabajo, de manera que su contribución sea contada más integramente. El objetivo principal del taller es el intercambio de ideas y experiencias para asegurar que haya más programas y projectos que beneficien a la mujer, a su familia y a la sociedad en general.

En toda estrategia de desarrollo, al enfocar primero al individo como la fuerza-guía, algunos elementos resultan cruciales: 1) la participación popular, incluyendo a la mujer; 2) la consideración del potencial de los recursos humanos, incluyendo a la mujer; y 3) un sistema de apoyo familiar, que incluya la contribución de la mujer. Esto conllevaría la creación de nuevos tipos de datos y estadísticas sociales para guíar el proceso de desarrollo. Dentro del sistema de las Naciones Unidas, al INSTRAW se le ha encomendado llevar a cabo programas de investigación y capacitación que incorporen nuevas metodologías para la mujer en el desarrollo a fin de

garantizar su igualdad. Esto significa que se quiere contabilizar de manera sistemática y científica una amplia gama de actividades económicas de la mujer en los modelos de clasificación internacionales, como instrumentos y mecanismos de planificación de políticas nacionales.

Desde su fundación, el INSTRAW ha hecho esfuerzos para construir bases de datos confiables que reflejen adecuadamente el papel y la posición de la mujer en la sociedad, involucrando encuestas y análisis de los metódos y conceptos actuales más usados en la recolección y compilación de datos. El INSTRAW provoca un diálogo constructivo entre productores y usuarios de estadísticas a fin de incrementar la disponibilidad de indicadores relevantes sobre la situación de la mujer, usando fuentes ya existentes. El INSTRAW busca proveer nuevos conceptos y métodos para la estimación adecuada del trabajo de la mujer y su posición en la sociedad.

Este seminario es el segundo de una serie organizada por el INSTRAW, conjuntamente con varias agencias y organismos de las Naciones Unidas, en un esfuerzo cooperativo para examinar cual sería la mejor forma de introducir la dimensión de la mujer en el desarrollo en el marco institucional. El primer seminario fue organizado por el INSTRAW con el Fondo de las Naciones Unidas para el Desarollo (PNUD) y el FNUAP en noviembre de 1988. En este seminario, los asuntos de la mujer en el desarrollo se consideraron desde el punto de vista del análisis de género en el diseño y la formulación de projectos.

Algunas de las conclusiones a que se llegó en ese taller, dirigido también hacia América Central y el Caribe, fueron: aquéllos que se ocupan de los asuntos de la mujer en el desarrollo no siempre están familiarizados con la dimensión de población, aquéllos que son expertos en población no necesariamente diseñan o analizan los projectos teniendo en cuenta la problemática de género, aquéllos que no toman en cuenta los asuntos de la mujer en el desarrollo, sin importar el projecto que diseñan o ejecutan, conforman una categoría aparte. Por lo tanto, existe una necesidad de reunir un grupo heterogéneo de personas a fin de que el análisis de género en los planes de desarrollo y políticas de población resulte normal en cualquier proyecto. Este es el propósito del seminario que inauguramos hoy.

Los dos pilares en los cuales se basa la interconexión desarrollo/población/asuntos de la mujer son la producción y la reproducción. ¿Cuáles son los principales lazos que influyen en el trabajo y la fertilidad de la mujer? Recientes investigaciones, estudios y encuestas indican que si se quiere contabilizar la contribución económica de la mujer, es muy importante examinar cómo afecta la fertilidad su participación en la fuerza de trabajo.

El INSTRAW se ha comprometido en un proceso permanente de contabilizar, analizar, documentar y compartir de manera crítica nuevos señalamientos acerca de la dinámica de cambio en el campo de la mujer en el desarrollo. Asimismo, el INSTRAW está involucrado en los esfuerzos por traducir, en acciones positivas y efectivas, las "Estrategias de Nairobi Orientadas hacia el Futuro para el Adelanto de la Mujer", adoptadas en la "Conferencia Mundial para el Exámen y la Evaluación de los Logros del Decenio de las Naciones Unidas para la Mujer: Igualdad, Desarrollo y Paz", celebrada en Nairobi, Kenya, 15-26 de julio de 1985.

A nombre de la Directora y del personal del INSTRAW, agradecemos a cada participante por su presencia y les deseamos una laboriosa y placentera estadía en Santo Domingo.

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23 May 1989

Economic contribution of Women in Development (WID)

Notes by Krishna Ahooja-Patel for Discussion

"Women in the Economy": An INSTRAW Study.

1. The study published by INSTRAW came up with the following conclusions on the place of women in the world economy.

2. First, the study examines the quality of life indicators: health, education and economic activity, to draw a sweeping view of the position of women in a changing world. Female employment by sectoral activities and by regions is then considered, examining how women are doing in trade and finance, agriculture, industry and the services, and in relation to technological change.

3. The study goes on the analyze the long term trends at work in the international economy, assessing their impact on women. In short, the study concludes that the international context has affected the economic lives of women everywhere, perhaps even more than the lives of men. Changes in international markets have interacted with sexually divided patterns of activity to produce differential effects by sector and by region in men's and women's economic position.

4. For instance, in industry, where women have gained a considerable increase in paid employment, most women's jobs are concentrated, in both developed and developing countries, in poorly-paid, relatively labour-intensive branches. Nevertheless, considering that industry pays slightly better salaries, one beneficial change for women that can be adscribed largely to international market changes in this relatively strong demand for female labour in industry. In 1980, more than a quarter of the total industrial labour force in developing countries was made up of women, compared to one fifth twenty years earlier.

5. In Agriculture, the effects have been more complex. Mechanization tends to eliminate female-labour tasks linked to harvest. In Africa, the failure to increase food productivity has led to a steady decline of women's income in this sector. In services, the pattern of activity is complex and heterogeneous, compounded by huge weakenesses in available data, specially for the informal sector.

6. The economic crisis unfolds in roughly three stages: stabilization, structural adjustment and long-term restructuring of the economy. In this there is a relationship between external requirements for achieving balance in current accounts and the longer term need to increase the capacity of the country to generate income. The three stages correspond in many countries to short-medium-and long-term aspects and the interrelationships among them are complex and subtle. Short-term measures have long-term consequences and long-term solutions frequently must be based on careful short-term choices. Within this context, all countries in the world are

affected in one way or another by the economic crisis regardless of the development level or the economic system. It is clear, however, that to deal with the problems emerging from the crisis requires a long-term perspective and policies which fall within the kinds of strategies set out clearly in the Nairobi FLS. The overall analysis shows that the fundamental relationship between the crisis and advancement of women is to exacerbate the existing inequalities and the policies to deal with the problem must also be directed at these underlying causes.

Women's Contribution: A Global View

7. In 1985, the number of women workers in the industrial sector of the world stood well above 166 million and was still showing an upward trend. Of these women, more than half were in the developing countries. The emergence of women as a major industrial workforce , particularly in the UN Decade for Women, understandably brought contradictory responses from the researchers as well as from the policy makers. In many ways, there were disturbing aspects in this new trend. The majority of women workers in industry were observed to be employed in occupations that were ill-paid, repetitive and with poor career structures. Moreover, a vast number of women found employment precisely in the areas that are vulnerable to threats of automation. Only a narrow range of industries, such as electronics, food-processing and textile, sought and recruited women workers for unskilled and semi-skilled work. These jobs required little training and hence could rely upon a workforce that has the image of being prone to a high turnover.

8. Many case studies found indications of responses of women to the crisis. In general, few identified a relationship between the crisis and moving employment levels. In one instance, there was an indication of a fall-out of older member of the labour force and particularly women due perhaps to earlier retirements. One case study identified a fall in the rate of increase of the remunerated labour force as a percent of the total employed female agricultural labour force. This was not the case with males. There was also an indication of a fall in the ratio of unpaid family workers to total employed workers although changing definitions created problems in adequately assessing the effect of the trend. Shifts in industrial components of the labour force were observed for both men and women, but were more pronounced for men. The reductions in the public sector was particularly evident as also the sift to services. Shifts were also observed to taking place in respect of the status of employment with marked movements towards own account work. An area of focus in many studies related to the formal and informal sectors. Problems relating to a proper evaluation of shifts in this area related to unavailability of data, particularly in the informal sector in some countries. In some case studies, in inferences rather than observations supported by data were made.

Structural Readjustment Programmes

9. The alleviation of socio-economic consequences of structural adjustment policies for women should not be treated as an add on. Adjustment programmes have to be designed in a way that does not restrict human resource development in the long run.

10. Women can contribute a lot to an effective adjustment process. So far women have been overburndened but yet their economic potential has not been fully utilized. Adjustment policies have to be shaped in a way that enhances women's access to resources and training/education.

11. Budgets can often be restructured by postponing prestigious capital-intensive investments like specialized clinics and universities, that require foreign exchange, and redirect these funds to expand primary health and education facilities. It is important to ensure that measure that measures taken can ease the time-constraints reproductive activities have for women.

11. Long term investments in the health and education sectors are indispensable for development. Development assistance could help to finance some of these programmes.

12. Whereas, it is of crucial importance to stimulate domestic food production not only via price incentives but also through an improved access to resources, it is equally imperative to cushion the effects of an immediate price jump for basic goods for the poor. Subsidies on basic staple foods, or food stamps and supplementary feeding programmes for special groups tend to be more cost-effective than non-targeted subsidy schemes.

13. Empirical studies on the change in the social and economic status of women in the course of adjustment are needed. When enhancing the capacity of government institutions to collect relevant statistical data on the consequences of adjustment as a basis for policy decisions, data on women have to be an integral part. Household-and other statistical surveys that contain data disaggregated by sex on the following topics have to be developed and implemented:

- time allocation for productive/reproductive activities;
- productivity levels for various activity levels;
- intra-household allocation process for income and resources;
- access to production inputs and extension services ;
- access to public services ;
- household income by source;
- change in household consumption patterns;
- change in consumer prices;
- response of farmers to price incentives (change in production-levels and -patterns;
- nutrition levels/status of health;
- working conditions.

IMPROVING AFRICAN WOMEN'S ROLE IN THE INFORMAL SECTOR
An integrated United Nations project

Women comprise the majority of those engaged in the informal sector in many African countries. They generally work as petty traders, dressmakers, weavers or food vendors. They are usually poor and illiterate, they frequently work under unhygienic and hazardous conditions and have little access to credit facilities or training.

Given the conditions under which women work, any attempt to ameliorate their situation needs to be multi-faceted. Interventions need to range from changing the policy environment to increasing their productivity through training, investment, improved technology and improved institutional framework. Such an approach requires precise quantitative information on the role and situation of African women in this sector.

Within the UN system, INSTRAW has been given the responsibility for implementing the statistics component of an integrated project funded by UNDP, Improving African Women's Role in the Informal Sector Production and Management. The project is a co-operative effort of several UN bodies and agencies to pool their experience and expertise to confront the problem.

The policy component of the project is being implemented by the Economic Commission for Africa (ECA), which is also the executing agency, and the Organization of African Unity (OUA). Its aim is to improve the policy environment and strengthen the institutional framework of planning through greater awareness of policy options and composite strategies. The training component, which is the responsibility of the International Labour Organisation (ILO), seeks to increase awareness among policy-makers. UNIFEM is responsible for the credit component.

An inter-agency steering committee, comprising of UNDP, ECA, UNIFEM, ILO, INSTRAW, the United Nations Statistical Office (UNSO), and OAU advises on the co-ordination of the different components. The project findings are made available to relevant bodies where decisions concerning regional and national adjustment programmes are made, as the worsening economic crisis has caused changes in the policy environment of the informal sector.

Statistics component

The immediate objective of the statistics component is to establish approaches and techniques for the compilation and analysis of statistical sources of information on women's contribution to, and conditions of, production in the informal sector in Africa in order to assist policy makers.

A first consultative meeting was held between INSTRAW and UNSO in February 1988 to establish the modalities of co-operation for the implementation of the project in three phases.

The first phase, which began in October 1988 and ends December 1989, includes data collection and compilation of statistics, and the preparation of two technical handbooks. The handbooks are designed to assist statistical offices or units within governmental and non-governmental organizations, as well as individual

researchers, to compile and analyse statistics on women in the informal sector related to industry, trade and services drawing from data already available in the country.

The second phase, which ends July 1990, is devoted to the organization of two regional workshops, one for English-speaking and the other one for French-speaking countries in Africa. These workshops will be attended by high level personnel from the governmental ministries, statisticians and policy makers. The technical handbooks will be presented for critical comments on their relevance, usefulness for national use and improvement of their content.

During the third and final phase, which begins August 1990 ending 1991, four national training workshops will be held one in each project country, namely Burkina Faso, Congo, Gambia and Zambia. The workshops will bring together producers and users of statistics for training and discussion of issues related to women in the informal sector, compilation of statistics on these issues and recommendations on how gaps in the data may be filled.

First phase

For the purpose of the compilation exercise, the term "informal sector" is referring to household or individual enterprises with no regular non-family employees; the whole agricultural activity per se is excluded, the processing of crops and other agricultural products being included under manufacturing. The sector is sub-classified according to the International Standard Industrial Classification of All Economic Activities (ISIC).

In this phase, INSTRAW will:
- identify primary and secondary sources and available tabulations for sex-disaggregated statistics on participation and production in the non-agricultural informal sector;
- review relevant data collection instruments in use and recommend additional tabulations needed for analyzing women's contribution to the informal sector;
- identify areas in which additional information should be collected in censuses/surveys to ensure adequate coverage of women's contribution in production in the informal sector.

First results

The first data collection mission undertaken by technical adviser and INSTRAW coordinator Grace Bediako and by consultant Lourdes Urdaneta-Ferrán to Gambia. The mission collected statistics on women's participation and production in the informal sector from secondary sources of data. The coordinator also undertook another mission to Zambia with the primary goal of assessing the availability of data on the informal sector and identifying potential sources from which data could be drawn during subsequent missions.

The preliminary enquiry showed that sex-disaggregated data on the informal sector in Gambia does not exist. In Zambia, some data are potentially available

from the most recent labour force and demographic surveys, but they are not yet published and therefore not readily accessible. Since the data compilation exercises are contingent on data availability, this called for a review of the approach proposed, such as gathering relevant data from primary sources. This was undertaken by the consultant in March 1989.

It became apparent that in each country, and even within the various ministries and offices, the concept of informal sector is applied to different context. Therefore, the definition of the informal sector needs to be more clearly spelt out, not just for the statistics component but for the project as a whole, so that the analysis and case studies from the various components are consistent.

Furthermore, other sources of data need to be considered: for instance, technical assistance projects directed to women could be used systematically as a source of information on women in the informal sector. Although some of the activities of the government ministries and of non-governmental organizations yield useful information on the informal sector, the potential of the information routinely collected by these offices are not recognized. These other sources of data could be assessed and recommendations for their improvement made.

Considering the dearth of statistics on the informal sector in Gambia, INSTRAW conducted a survey in four markets in Banjul. The information collected will allow an estimation of the sex ratio of the traders in the markets, show the types of commodities traded and whether the goods sold are produced or processed by the traders.

The main results of these missions will be put together in country reports on the feasibility and methods for compilation and analysis of statistics on women in the informal sector. On the basis of the experiences of the project personnel in the field, a technical handbook on statistics on women in the informal sector will be prepared.

United Nations
International Research and Training Institute
(INSTRAW)

"WOMEN, DEVELOPMENT AND DEMOGRAPHIC TRENDS IN CENTRAL AMERICA: A GENERAL OVERVIEW"

by Soledad Parada

presented to
Joint INSTRAW/UNFPA Training Seminar on
Women, Population and Development

22 - 26 May 1989
Santo Domingo

CONTENTS

Introduction

At the World Conference to Review and Apprise the Achievements of the United Nations Decade for Women: Equality, Development and Peace, was stated that forward-looking strategies for the advancement of women at the regional level should be based on a clear appraisal of demographic trends so as to provide a realistic context for their application.

Taking these considerations into account, the following document sets forth an analysis of those demographic changes during the period 1950-1980 in Central America which have had the greatest bearing on the status of women, and should be considered in the design of development policies.

The first chapter deals with the fertility patterns in Central America.

The second chapter concerns mortality among the female population and underscores the great strides made during the period 1950-1980 in increasing women's life expectancy at birth. Emphasis is also placed, however, on the fact that a great could still be done by the governments to further reduce mortality in the region. Reference is made in this section to the main causes of death among women, and a number of examples are given in order to illustrate the extent to which the various causes of death have been an influential factor in changes in the life expectancy at birth of the female population.

The third chapter focuses on changes in the age structure of the female population which are chiefly attributable to the decreases in fertility and mortality, as well as on the implications of these changes for the design of policies concerning women. In this regard, the need for more information concerning the status of older women is stressed.

The fourth chapter contains information concerning migration by women, both within countries and internationally.

This paper includes among other sources information contained in a more comprehensive document prepared by this author for the Fourth Regional Conference on the Integration of Women in The Economic and Social Development of Latin America and The Caribbean, organized by ECLAC in Guatemala City, from 27 to 30 of September, 1988.

I. WOMEN'S REPRODUCTIVE BEHAVIOUR

The adequate information concerning women's fertility would facilitate the work of the organizations responsible for formulating policies on employment, health, education, housing and, in general, all policy measures whose objective is the creation of conditions of well-being for women.

In addition, fertility statistics and indicators are necessary in order to ascertain the extent to which the women of the region have an equal ability to exercise their right to freely decide the number and spacing of the children they will have.

Furthermore, the awareness of fertility trends is an especially important factor in the design of social policies aimed at making it easier for women to reconcile motherhood with their participation in all spheres of society as active agents of development.

1. Fertility patterns in Central America

The change in fertility patterns has been associated with the course taken by the development process in the countries of Central America. The average number of children per woman thus varies from one country to another in the region, as well as within each country, depending on the level of modernization that has been attained.

One indication of this change is the drop in the average number of children per woman (as measured by the total fertility

rate) 1/ which is to be observed in the period 1980-1985 as compared to the period 1950-1955.

In Costa Rica and Panama, countries classified as being at an advanced stage of modernization. 2/ 3/ showed a drop in fertility from high levels for the period 1950-1955 (an average of about 6 children per woman) to medium levels in the period 1980-1985, when the average had fallen to around 4.

In Mexico, a country where modernization has been rapid an uneven, fertility also dropped from high to medium levels.

In those countries where modernization is still an incipient process (El Salvador, Guatemala, Honduras, and Nicaragua), fertility rates are still high despite the fact that a slight decrease has been recorded. For these countries as a group, the rate stood at over 6.5 children per woman at the beginning of the period in question; by its end, the average remained above 5 in all of these countries and was still over 6 in most of them.

In addition to these differences in fertility levels from one country to another, reproductive behaviour varies markedly among different groups of women within the same country depending on the socioeconomic stratum to which they belong, whether they reside in urban or rural areas, and their differing personal traits.

In Honduras, a country where modernization is still an incipient process, the fertility rate as of 1980 was still high. In this country, the total fertility rate in areas defined as being major urban centres dropped from 5.6 to 3.7 children per woman between 1960 and 1980. In the rural areas of Honduras, however, the rate held steady at about 8 children per woman during this period. This means that whereas the total fertility rate for women in rural areas was 1.6 times greater than the

rate for women in major urban centres at the beginning of the period, by the end of the period this gap had widened to 2.2.

A similar situation was observed in regard to the decrease in fertility among women according to the socioeconomic strata to which they belong. While the total fertility rate for women in the upper-middle stratum declined between 1960 and 1980 from 6.0 to 3.8 children per woman, the rate for women belonging to the low-income agricultural wage-earning stratum remained above 8 children per woman. In other words, the difference between the rates for women in the low-income agricultural wage-earning stratum and those belonging to the upper-middle stratum rose form 1.3 in 1960 to 2 in 1980.

The persistence as of 1980 of such high fertility rates both in rural areas and in the low-income agricultural wage-earning stratum may either be a reflection of the actual state of affairs or may be due to problems associated with the quality of the data or to the use of invalid assumptions as a basis for the own-children method that was employed in estimating the total fertility rate.

It is interesting to note that even in Costa Rica, a country at an advanced stage of modernization in which, as stated earlier, a sharp decrease in fertility has taken place, differences among the reproductive behaviour of the various sectors of women, although they have tended to lessen, continue to exist (Rosero, 1981).

Between the years 1960 and 1979, the fertility rate for women in urban areas fell from 5.9 to 3 children per woman while, during the same period, the total fertility rate for women in rural areas dropped from 9.0 to 4.0 children per woman. This means that whereas in 1960 the fertility rate for women in rural areas was 1.6 times higher than the rate for women residing in

urban areas, in 1979 the average number of children per woman in rural areas was 1.3 times higher than that recorded in urban areas.

Information concerning the differences in the average number of children born to women belonging to the various socioeconomic strata is not available for the period 1960-1979 in the case of Costa Rica. Nonetheless, in view of the close relationship between women's educational levels and their membership in given socioeconomic groups, it is useful to compare female fertility rates on the basis of educational levels. The fertility rate for women having less than three years of formal education decreased from 9 to 4.8 children between 1960 and 1979, while the rate for women having over seven years of schooling dropped from 4.4 to 2.8 children per woman during the same period. In other words, whereas women at the lowest educational level had 2.1 times more children than more educated women in 1960, in 1979 women with fewer years of schooling had 1.7 times more children than women having a higher educational level.

2. The control of fertility

At the Nairobi Conference in 1985, as well as at the International Conference on Population, the need was underscored for governments --regardless of the nature of their population policies-- to promote access to family planning services.

In Central America, most of the information concerning awareness and use of methods of contraception has been supplied by the World Fertility Survey, specific surveys dealing with contraceptive use and the surveys conducted by Westinghouse Health Systems (Rosero, 1981). Nevertheless, this information is not complete. Data are not available for all the countries, and

total agreement has not been reached as to which methods should be included in the definition of contraceptives, with the major point of disagreement being whether traditional methods should be included or not. The information used in this report refers to all contraceptive methods except the prolongation of breastfeeding and postpartum abstinence.

There are grounds for stating that there is a widespread awareness of the existence of contraceptive methods in Central America. In most of the countries of the region for which information was gathered by the World Fertility Survey, nearly 100% of women who had ever been married or who had participated in consensual unions had heard of the existence of methods for controlling fertility. This awareness was lower only in Mexico (88%).

Nonetheless, actual access to methods for controlling fertility is not equally widespread and appears to differ markedly depending on the degree of development achieved by the country in question (United Nations, 1984).

In the countries at an advanced stage of modernization for which information was available, the proportion of the women who were married or were participating in consensual unions who were using some type of contraceptive method at the time the surveys were taken (around 1980) ranged between 50% and 64%. However, in countries where the modernization process is incipient, the level was only about 20%.

In addition, in all the countries of the region for which data could be obtained, marked differences were observed between urban and rural areas as regards the use of contraceptive methods, and these differences were even greater in countries where modernization has been a more recent process.

It might well be argued that the differences existing both between and within countries as regards the proportion of the women who are either married or participating in consensual unions who use methods of contraception should not come as a surprise, it being assumed that this divergence is simply associated with differences in prevailing reproductive patterns. Nevertheless, in attempting to assess the extent to which women in the region are able to avail themselves of their rights, it is important to try to find out whether women, as participants in the human partnership, have access to the necessary means for freely taking a decision as to the number of children they will have.

One way of learning more about this phenomenon is to compare the proportion of women stating that they have had at least as many children as they desire with the proportion of married women or women in consensual unions who use some type of contraceptive method. Since the women using contraceptive methods include not only those who do not want their family to grow any more, but also those who wish to space out the births of their children, it is to be expected that the proportion of women using some type of method of contraception will be greater than the proportion stating that they have had at least as many children as they desire.

However, among the countries for which information was available, this proved to be the case only in Costa Rica and Panama belonging to the group described as being at an advanced stage of modernization.

The difference between the proportion of married women or women in consensual unions who use some type of contraceptive method and the proportion stating that they have had at least as many children as they desire was seen to be greater within countries according to the women's place of residence.

In most of the countries, this difference was positive in the large cities, which would indicate a greater degree of access to methods of contraception.

The situation was just the opposite, however, in rural areas. Only in Costa Rica was the proportion of women using some type of contraceptive method larger than the proportion stating that they have already had the number of children they desire.

3. Abortion in Central America

A discussion of women's reproductive behaviour in the region would not be complete without mentioning the incidence of abortion.

One of the consequences of limited degree of access to the use of methods of contraception (i.e., women's socio-cultural, economic and geographic possibilities of using contraceptive methods) is the existence in the region of what is almost always a hidden problem: the practice of an undetermined number of abortions, many of which are carried out under conditions that place the life of the woman in question at risk.

Induced abortions are legal only in Cuba. In all the other countries of the region, such abortions constitute an offence which is punishable under the corresponding country's legislation.

For this reason, it is extremely difficult to ascertain the actual frequency of abortion. There is, however, general agreement as to the fact that the number of induced abortions which take place is high. The various studies conducted on this subject all indicate that a large number of induced abortions are carried out in the region using primitive, dangerous and

septic procedures and that the death rate in this connection is four times greater than that associated with pregnancies carried to full term (Weisner, 1986).

Abortions practised under such conditions frequently endanger the life of the mother and usually have a severe emotional impact and serious physical repercussions on the women concerned, along with the resulting family-related and social consequences.

In Costa Rica, a number of research projects on abortion in San José have indicated that the proportion of aborted pregnancies ranges between 8.7% and 11.9%. A survey taken in Managua in 1968 indicated that 10% of all pregnancies ended in abortion (Rosero, 1976; Pérez, 1970).

According to the information gathered in these same surveys, the proportion of pregnancies ending in abortion increases substantially in the case of women aged 30 years and over. For instance, in Panama City 50% of the pregnancies of women between 40 and 44 years of age were aborted.

The proportion of aborted pregnancies is a useful measurement because it provides information on the frequency of abortions among women exposed to the risk of abortion (i.e., pregnant women). However, since this is a measurement of the risk of abortion in terms of the number of pregnancies and therefore depends upon the frequency of the latter, it does not provide a measurement of the real incidence of abortion.

In order to ascertain the actual incidence of this phenomenon, the ratio of abortions to women of childbearing age should be examined. Based on the above, by analyzing the proportion of abortions among women of childbearing age, it may be seen that, in absolute terms, the incidence of abortion is

greater during the prime years of the reproductive period (i.e., among women between 20 and 34 years of age), which is the age group in which the frequency of pregnancy is the highest.

II. FEMALE MORTALITY

The Nairobi Forward-Looking Strategies for the advancement of Women called for "the creation and strengthening of basic services for the delivery of health care with due regard to levels of fertility and infant and maternal mortality and the needs of the most vulnerable groups and the need to control locally prevalent endemic and epidemic diseases". Furthermore, governments which had not already done so were urged to "undertake, in co-operation with the World Health Organization, the United Nations Children's Fund and the United Nations Fund for Population Activities, plans of action relating to women in health and development in order to identify and reduce risks to women's health and to promote the positive health of women at all stages of life".

1. The decrease in female mortality in the region

During the period between 1950 and 1980, a significant decrease in female mortality was recorded in the region, along with a consequent increase in longevity. This decline in mortality can be detected by means of an analysis of life expectancy at birth.

Two of the countries at an advanced stage of modernization (Costa Rica, and Panama) had moderately low female mortality rates at the beginning of the period, with life expectancies at birth of over 56 years. A relatively large decrease in mortality was recorded in these countries during the period concerned and, as a result, by the end of the period the life expectancies in these cases had risen to over 72 years.

Mexico had moderately high mortality rate at the beginning of the period, with a life expectancy at birth in 1950-1955 of around 52 years. By the end of the period, the life expectancy of the female population had risen to over 66 years, for a gain of more than 14 years in the life expectancy at birth.

Those countries in which the modernization process is incipient (Guatemala, Honduras, El Salvador and Nicaragua) had a high female mortality rate at the beginning of the period with life expectancies at birth of about 45 years. Mortality showed a major decrease in these countries, with gains of over 15 years in the life expectancy at birth. In most of these countries, women's life expectancies at birth are now over 61 years.

The data referred to above indicate that women's life expectancy at birth has increased more in the countries where mortality rates were very high at the beginning of the period. This increase was made possible by the application of low-cost measures which succeeded in raising the life expectancy of the female population substantially. However, an analysis of female mortality by cause of death provides a number of examples which indicate that many women still die as a result of diseases that could have been prevented. Governments could still accomplish a great deal, therefore by implementing health policies designed to further reduce female mortality and thereby increase the life expectancy of women in the region.

In designing policies aimed at creating healthful conditions for women, it is important to consider the fact that the increase in the life expectancy of the female population has been accompanied by a broadening of the gap between the life expectancies of men and women. This gap, which during the period 1950-1955 was approximately three years in most of the countries, is currently about six years.

As will be discussed below, there is some debate as to the reasons why women have a greater life expectancy at birth than men.

On the basis of these differences, it might be mistakenly concluded that women are in a better situation than the male population as regards matters pertaining to their health. However, although women probably do have a genetic advantage in this respect, there are indications that this advantage is not fully manifested, as will be seen later on, due to sex discrimination against women in the field of health care.

2. Causes of death among the female population

As noted above, in designing health policies for the female population it is particularly important to have access to adequate statistics on causes of death.

Information concerning the distribution of causes of death can help guide the efforts of health organizations in the most appropriate direction; furthermore, if these data are available at an appropriate level of disaggregation by age according to area of residence as well as other characteristics which help identify the women belonging to certain socioeconomic groups, then the efforts of such organizations could also be directed towards the most vulnerable groups within the female population.

However, the information available in the region concerning causes of death suffers from severe limitations which hamper its widespread use.

Among the countries at an advanced stage of modernization, the top-ranking causes of death for both women and men are those diseases whose decline is associated with scientific progress,

such as malignant tumours. Given the fact the populations in these countries are older, other main causes of death include degenerative diseases, cerebro-vascular ailments and heart disease.

In contrast, in countries in which the modernization process is not as advanced, the major causes of death include diseases whose decrease is associated with the adoption of environmental health measures or the expansion of basic health care services. Some of these causes are enteritis and other diarrhoeic diseases, measles and other ailments.

3. Causes of death and their relation to changes in women's life expectancy

If adequate information were available on the causes of death among the female population, it would be possible to gain a more in-depth understanding of the impact of each such cause in terms of changes in life expectancies between any two given periods or between different populations. 5/

Purely for purposes of illustration, some of the most significant results obtained by applying the Pollard method in Guatemala City, and Mexico City will be discussed below. These findings provide a more detailed picture of how female mortality has changed and point up some aspects of these changes which should be studied more extensively (Pollard, 1986).

In Guatemala City, the life expectancy of women rose by 7.6 years during the period 1969-1979. By applying the Pollard procedure, it can be seen that the most important factor in this increase was the decline recorded in some of the causes of death which are classified as being preventable. For both sexes, the greatest contribution to this increase in the life expectancy at birth was made by the decrease in the incidence of causes

considered to be "preventable by environmental sanitation measures" (with the decrease in such causes of death resulting in an increase of 3.4 years in the life expectancy of women at birth); the second most important factor was the reduction in causes of death regarded as being "preventable by vaccination", which accounted for 0.3 years of the increase in women's life expectancy at birth (Díaz, 1987).

On the other hand, however, within the category of preventable causes of death, those considered to be "preventable by early diagnosis" (e.g., breast and uterine cancer, whose frequency increased during the period in question) had an adverse impact on life expectancy, as did those diseases described as "preventable by means of a combination of measures".

In the case of Mexico, the life expectancy of women increased by 7.3 years 6/ during the period 1969-1982, with four years of this increase being due to the reduction in deaths attributable to preventable causes. Among these, the factor having the greatest positive impact was the decrease in deaths that could be prevented by the adoption of environmental sanitation measures and by means of a combination of measures designed to reduce the incidence of diseases associated with respiratory infections and pneumonia (Rodríguez, 1988).

In contrast, death that could have been prevented by means of a combination of measures during early infancy and deaths by violence had a negative effect as regards the change in the life expectancy of women.

As the above examples indicate, in all two cases the adoption of environmental sanitation measures and the implementation of mass vaccination programmes have helped to reduce mortality among the female population.

Despite the progress made in increasing the life expectancy of women, it is clear that much could still be done to improve the health conditions of the female population and thereby further increase women's life expectancy. this was clearly shown by a hypothetical exercise carried out in Guatemala City in which estimates were prepared of how much the life expectancy of women would increase if certain types of preventable causes of death were to be entirely eliminated. It was calculated that women's life expectancy at birth would rise by 1.53 years if all deaths attributable to diseases that could be prevented by vaccination and preventive treatment were to be eliminated, by 0.44 years if all those that could be prevented by early diagnosis and treatment were to be eradicated, by 4.2 years if all deaths that could be prevented by environmental sanitation measures were avoided, and by 4.8 years if all the causes of death that could be prevented by a combination of measures were eliminated.

4. Differences between the causes of death among men and women

As remarked earlier, women are known to have a greater life expectancy than men.

Even though the experts are not in complete agreement as to the reason for this phenomenon, one major school of thought relates this fact to genetic differences associated with women's reproductive functions.

It is important to be aware of the fact, however, that the lower level of mortality observed among women is not systematic in all age groups and that differences between male and female mortality are not similar with respect to all causes of death.

When the Pollard method was applied in the case of Mexico City to compare the differences between men and women as regards

the impact of the various causes of death, it was found that in some age groups female mortality attributable to preventable causes was higher than that of men. This fact points up the negative impact of cultural factors associated with the ways in which women are discriminated against in society.

While it is true that during the period 1980-1981 women in Mexico City had a life expectancy at birth that was 7.2 years greater than that of men, mortality among girls aged 1 to 4 years higher than among boys of the same ages as a result of the deaths occasioned by all the preventable causes. If it is assumed that preventive vaccination drives, the available means of early diagnosis, environmental sanitation measures and the possibility of avoiding death by accident or violence are the same for both sexes, then the possibility must be considered that the prevailing cultural patterns within the society are such that families may tend to devote greater attention to male than to female children.

In addition, higher female mortality was also observed from the age of 25 years onward in the case of Mexico City as a result of deaths that could have been prevented by early diagnosis. Unlike the difference observe in the 1-4 year age group, this was due to the impact of diseases that affect only women, such as breast and uterine cancer.

Finally, the causes of death having a negative influence on women's life expectancy as compared to that of men --apart from those particular to women-- include one high-incidence disease -- diabetes-- which systematically reduces the life expectancy of women in relation to that of men and which figures among the 10 main causes of death in all the countries of the region.

5. Maternal mortality

Among the causes of death affecting the female population, maternal mortality warrants special attention. This term is understood as designating the death of women during pregnancy or within 42 days after the termination of the pregnancy, regardless of its duration or site, due to any cause related to or aggravated by either the pregnancy itself or the medical care given in connection with it, but not those deaths due to accidental or incidental causes (PAHO, 1986a).

It is generally agreed that most of the deaths associated with pregnancy are preventable. As remarked in a document issued by PAHO, a maternity-related death in the world of today is as anachronistic and illogical as deaths by freezing (PAHO, 1986b).

Nonetheless, high levels of maternal mortality still exist in Central America. In fact, for women in their childbearing years, complications during pregnancy, the birth process and the puerperium are in many cases one of the five main causes of death of women in this age group.

Although maternal mortality did decrease during the period 1950-1980, even the lowest rates of maternal mortality existing in the region as of the period 1980-1984 were substantially higher than those found in the developed countries.

In many Central American countries, the proportion of such deaths is currently over 30 per 10 000 live births, whereas in Canada and the United States the figure is 0.5 and 0.8 per 10 000 live births, respectively.

The striking differences in the incidence of maternal mortality within the region correspond to the level of

modernization achieved by the various countries. Maternal mortality in the region is highest in: 1) countries having high levels of fertility, due to the high proportion of births occurring in high-risk age groups; 2) countries in which relatively few births take place in health care facilities; and 3) countries having high rates of abortion, which form a clinical standpoint, is regarded as one of the main causes of maternal mortality. Whereas maternal mortality rates in most of the countries that are at an advanced stage of modernization range between 3 and 6 per 10 000 live births, in countries where the modernization process is still incipient these levels vary between 20 and 50 per 10 000 live births.

In Central America the greatest decrease in maternal mortality has been seen in Costa Rica where the rate is now one-half of what it was two decades ago.

III. CHANGES IN THE FEMALE POPULATION'S AGE STRUCTURE

In designing policies geared towards women, it is important to consider the relative size of the female population in the various age groups. In the following discussion, reference is made to the relative size within the countries of the region of the female population from 0 to 19 years of age (equivalent to the pre-school and school-age population), from 20 to 59 years of age (the working-age population) and to those over 60 years of age (old people or the aged).

As a result of the decline in fertility, in particular, and, to a lesser extent, of the drop in mortality and the type of international migration which has taken place, Central America which has traditionally been regarded as a "young" region, has experienced a change in the age structure of its population, with the tendency being towards the aging of the population.

In terms of the course taken by the demographic transition process, the Central American countries can be classified as falling into one of the four following groups:

a) Countries with very young age structures. Guatemala, Honduras and Nicaragua are in this group. The proportion of the female population which is under 19 years of age is high in these countries, and the proportion of the female population between 20 and 59 years and over 60 years of age is low.

b) Countries with relatively young populations. In Central America, El Salvador is in this group. The size of the female population under 19 years of age is large in this country as

well, and the proportion of the female populations between 20 and 59 years of age and aged 60 or over is relatively low, but is slightly higher than in the countries in the first group.

c) Countries having relatively old populations. In Costa Rica, Mexico and Panama although the proportions of the female population under 19 years of age and from 20 to 59 years of age are still high and the proportion of the female population aged 60 years and over is relatively low, projections of the future course of the demographic transition process indicate that, unlike the countries belonging to the above two groups, the populations in this group of countries will be classifiable as "old" in the near future.

In this group of countries is thus clear the necessity to devote special attention to the status of older women, as was repeatedly emphasized during the United Nations Decade for Women, constitute one of the most vulnerable sectors of society.

IV. FEMALE MIGRATION

1. Internal migration

In Central America a great proportion of women who are now residing in the cities have migrated there from rural areas.

Most of the them have little schooling, are subject to substandard living conditions upon their arrival and face serious problems in adapting due to separation from their original family units and often from their own children, as well as to the fact that the prevailing cultural patterns in their new environment differ from those they incorporated during their socialization process.

These countries therefore have a societal duty to regard the women involved in internal migration as a group within the female population which deserves special attention. The relevant policies therefore need to be developed in order to help these large sectors of the female population to adapt to their new environment, to enter the labour market, to deal with the housing problems they face and thereby to improve their living conditions.

It is generally agreed that there were more women than men among the Central Americans women who migrated from the countryside to the cities during the period 1950-1970. This numerical predominance of women over men was even greater in the migratory flows towards the larger urban centres (Gatica, 1980).

Migration from rural to urban areas has slowed during the past decade. This overall change in the trend has been much less

marked, however, in the case of women.

It is difficult to ascertain the actual status of the women who have participated in internal migration, however, due to the limited statistical information existing in this connection.

One indication that the female population continues to migrate from the countryside to the cities is provided by the extremely high sex ratios of men to women, existing in rural areas, according to the information furnished by censuses taken around the year 1980: the ratios of men to women within all age groups in the rural areas of the countries of the region are far higher than what would be expected in a population not subject to migration.

In all Central American countries the sex ratios in rural areas are over 100.

An examination of this index by age group in rural areas shows that higher ratios exist in the older age groups. This could be an indicator of the migratory flows of earlier decades, but the fat that the male population is far larger than the female population in the younger age groups in rural areas as well lends greater plausibility to the hypothesis that women continue to emigrate to the cities.

In addition, rural-rural migration has become a particularly important phenomenon in the case of women during recent decades. This type of predominantly temporary migration involved men almost exclusively in the past. Now, however, women constitute a very sizeable proportion of temporary agricultural workers.

2. International migration by women

While women who migrate from one location to another within

their own countries find it difficult to adjust to their new environment, the adaptation process is much more complex in the case of women who move from one country to another.

The Nairobi Forward-Looking Strategies for the Advancement of Women stressed the need to devote special attention to migrant women, who are often the victims of discrimination on two counts: as women and as migrants. In this connection, emphasis is placed on the need to take the necessary steps to safeguard and maintain family unity and to ensure that such women will have access to employment opportunities, health services and social security benefits in general on an equal footing with the rest of the population in the host country.

The formulation of policies for protecting the rights of migrant women is deemed necessary in view of the fact that these women are faced with especially serious problems due, firstly, to the often difficult process of assimilating the way of life prevailing in the host country and, secondly, to the loss of their customary environment when they leave their countries of origin.

The analysis of the most prominent features of international migration by women which is presented below is based on the information collected by the IMILA research project on international migration in Latin America conducted by CELADE. As part of this project, the data recorded in each country's census concerning the aliens present at the time of the census has been compiled.

This information indicates that during recent decades there has been both an intensification in population shifts within Central America and an increase in the number of Central Americans in the United States, Canada, Australia, and the European countries.

During the period 1970-1980, increases were recorded in the presence of foreign-born persons in Costa Rica and Mexico.

As part of these international population movements, there was a noticeable growth in international migration by women. Indeed, unlike the international migratory flows of earlier periods, which were made up primarily of men, in the 1970s and 1980s women have been a majority in many migrant groups.

The most noteworthy examples in this respect include the predominance of women in virtually all the groups of Central Americans currently residing in the United States and Canada.

This increase in international migration by women is associated with various types of quite different factors. In some cases, an important factor is the growth in demand in the labour markets of neighbouring countries for people to perform what are often thought of as "women's" work (one prime example being employment in the personal services sector), while in other cases such increases have ben the result of adjustment policies which have motivated women (and often highly qualified ones) to seek better job opportunities in more developed countries. Finally, during the past few decades international migration has been strongly influenced by the existence of armed conflicts and emergency situations in various areas of the region.

The second factor mentioned above is illustrated by the case of the 1.951.742 Latin American women (mostly Mexicans, Cubans and Dominicans) who were residing in the United States in 1980. As of the time of census, all the various groups of Central American women residing in that country had high labour force participation ratios (with activity ratios of over 50% in most cases) and, with the exception of the female population from Mexico, were highly educated as well, with most of them having

over 12 years of schooling.

To women who have had to leave their countries as a consequence of armed conflicts or emergency situations represent a different case altogether. As stated in the Nairobi Forward-Looking Strategies for the Advancement of Women, "the international community recognizes a humanitarian responsibility to protect and assist... refugee and displaced women" who, as is noted in the same document, "are exposed to a variety of difficult situations affecting their physical and legal protection as well as their psychological and material well-being".

While acknowledging that a lasting solution for the problems of refugee women should be sought in the elimination of the causes of their displacement, the above document also underscores the need for programmes aimed at providing legal, educational, social, humanitarian and moral assistance to women in this situation.

Although these factors gave rise to migratory flows in the past as well, in some areas of the region such migration began to take place on a much larger scale in the 1970s and 1980s.

One example of this is pointed up by a analysis of the composition of immigrant women in Costa Rica, where the resident alien population as of 1984 was 93% larger than it had been in 1973. Obviously, this increase coincided with the intensification of armed conflicts in Central America: in 1984, 43.559 alien women were living in Costa Rica, of whom 22.533 were Nicaraguans and 4.674 were Salvadorians. The difference between the status of those women and those described in preceding paragraphs is reflected in the corresponding labour force participation ratios. Thus, for example, in 1984 the activity ratio for immigrant Nicaraguan women in Costa Rica was 18.2%,

which was far lower than that of the migrant women discussed earlier (Pellegrino, 1988).

The above-mentioned situations attest to the fact that international migration by women of the region is far from being a marginal phenomenon; therefore is needed the design of policies to safeguard these women's rights.

Notes

1/ "The average number of children that would be born per woman if all women lived to the end of their childbearing years and bore children according to a given set of 'age-specific fertility rates'; also referred to as total fertility. It is frequently used to compute the consequence of childbearing at the rates currently observed", Manual X. Indirect techniques for demographic estimation (ST/ESA/SER.A/81), published by the United Nations in English and Spanish in 1983, Sales No.: E.83.XIII.2.

2/ This classification of countries according to their level of modernization is based on Germán Rama, "La evolución social de Amrica Latina (1950-1980): transición y cambio estructural", a paper presented at the Seminar on Development Options in Latin America, Bogotá , 1984.

3/ The classification of Latin American countries in terms of their degree of social modernization proposed by G. Rama includes four categories:

a) Countries at an advanced stage of modernization: Argentina, Chile, Uruguay, Costa Rica, Cuba, Panama and Venezuela.

b) Large countries where modernization has been rapid and uneven: Brazil, Colombia and Mexico.

c) Medium-sized and small partially-modernized countries: Ecuador, Paraguay, Peru and the Dominican Republic.

d) Countries where the modernization process is incipient: Bolivia, El Salvador, Guatemala, Haiti, Honduras and Nicaragua.

4/ The system of classification proposed by J. Chackiel (1987) establishes the following rating based on the proportion of death certificates lacking information on the cause of death:

Under 15%	= very good
15%-24%	= fair
25%-39%	= unreliable
Over 40%	= poor

5/ John Pollard (1986) determined the ratios needed in order to calculate the impact of each cause of death in terms of changes in life expectancy.

6/ These are preliminary findings based on unadjusted data.

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U N I T E D N A T I O N S

INTERNATIONAL RESEARCH AND TRAINING INSTITUTE

FOR THE ADVANCEMENT OF WOMEN

(INSTRAW)

WOMEN, POPULATION AND DEVELOPMENT

-THE CASE OF JAMAICA

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HISTORICAL OVERVIEW

Jamaica under British Colonial rule (1655 - 1962) developed primarily into a mono-crop export propelled economy based on the sugar plantation system.

With the extinction of the indigenous Arawak Indian population during the earlier period of Spanish occupation, the British transported West Africans to the Caribbean. They were perceived to be the cheapest and most effective labour force and were already accustomed to the tropical climatic conditions. Thus, the Caribbean region was populated by persons forcibly transported from another continent and then enslaved.

Jamaica became one of Britain's most valuable colonies of exploitation. Its ideal geographic location and its natural harbour led to its recognition as a most important seaport in the region. Jamaica developed into a major port of call for European vessels bringing in supplies and contraband. More legally, however, it was the major trans-shipment port in the Caribbean for sugar to Europe.

In addition to the plantation owners and other personnel, there were also missionaries who came to convert the slaves to Christianity and acculturate the slave population. The degree of social interaction between the slaves and the various groups mentioned above including the plantation owners took place through sexual relationships with the slave women. Consequently, a new group emerged known as "coloureds".

Most of them were free persons and benefitted from the education system introduced into the colonies for the local white population. The influence of the European culture was assimilated through education and religion. With the termination of slavery and the introduction of the apprenticeship period, indentured labourers were brought into the region from India. Interaction among the various groups through multiple forms of contact throughout Jamaica and the Caribbean region facilitated the emergence of a conglomerate of cultural forms. This is manifested in language, traditions and multi-racial characteristics of the population.

The occupational roles, the family structures and the economic system were all influenced by the peculiarities of the region as stated above. The family unit's function was that of reproducing the labour force. The family structure was dismantled and discouraged from developing into stable family units. Familial relationships were encouraged as a matter of expediency when it was necessary to increase the labour force through producing more slave children. Among the slave owners and the white social groups the conjugal family structure existed. A high level of concubinage was practiced and encouraged alongside the conjugal relationship.

The black women in addition to their principal occupational role were, many of them, entrepreneurs involved in food distribution at the Sunday markets. However, their vital contribution in the maintenance of the economic system was not usually acknowledged.

History, tradition and culture testify to the crucial role women have always played both in reproductive and productive terms. In West Africa, the region from which the slaves came to the Caribbean, women were held in high regaard, and in particular mothers. The woman's role of bearing children was regarded as significant and important to her as an individual and to the total community.

JAMAICA PERSPECTIVE

The reality today, however, is that the diversity and importance of the economic and social roles played by women in the society are not sufficiently recognized. In order to gain a fuller understanding of how women's lives are affected by the development process it is necessary to take into account the factors which impinge on women's role in the society.

1. The variety and complexity of the family forms existing in the society.

2. The multiplicity of roles played by woman as it relates to the family participants in the Jamaican situation where there is an increasing number of households headed by women.

3. The multiplicity of roles played by women in all aspects of the society.

4. The high level of unemployment among women.

5. The high level of recorded female participation in the labour force.

6. The continuing practice by development planners of directing development projects primarily at the men and projects for social welfare at the women. The programmes are usually marginal in economic development activities.

7. The nature of the migration pattern which either increases the work load for the women left behind when the men migrate or restricts the woman's role when they migrate. Both instances are usually economically motivated and linked to familial responsibilities left behind.

A very crucial factor is that of culture as the family structure, the kinship systems and legal codes affect the position and role of women in various ways.

GLOBAL PERSPECTIVE

Women's place in the society is determined by at least three principal inter related networks:

a) They are the social structures which define a set of rights and obligations and generate material and other returns.

b) The economic structures which determine their conditions of access to productive resources and define the context within which their labour is expended and the resulting produce is shared and

c) The political structures which subject them to laws, and determine the extent to which they can play some role in shaping these.

These networks must be analysed within a historical and development context and in relationship to each other at different periods of the country's development.

It must also be acknowledged that the full integration of women in development is a rather recent objective within international development fora, highlighted during the decade for women. Despite this, women's involvement has still not received the recognition due and their unique reproductive role is often used as a means of discriminating against them. Helvi L. Sipila, Secretary General for International Women's Year 1975 expressed this poignantly as she states, "Only women can give birth to children and thus provide the world community with its human resources, without whom there would be no development. Unfortunately, this is not recognized as a unique contribution to development and of necessity would require special attention to the well-being of the mother and the child".

ROLE OF WOMEN IN THE DEVELOPMENT PROCESS

Measures designed to promote women cannot be segregated from the overall development strategy. Conversely, development programmes which do not involve women fail to realize their full potential.

The issues related to women's role in the development process within their society are very complex. The restrictions and constraints which

have prevented women from being full participants in their society differ in various countries. Various reasons account for this to include culture, tradition, religion, historical development, political system and the economic life. Even within one single country the extent to which women are able to play an active role depends on the opportunities, the existing obstacles/barriers, social pressure and attitudinal restrictions.

Respective Governments are beginning to acknowledge the inter-relationships existing between the status and condition of women and the opportunities to participate fully in development efforts and the impact of their participation in enhancing development.

Every individual should participate in the development effort and every individual should have a share in its benefits. During the last two decades there has been a heightening awareness that the development process must have as its central aim the improvement of the well-being of the individual. This will require a unified approach to economic and social development and the utilization of all human resources. However, despite this awareness, the traditional model of development is still functional and is adhered to by the developing nations.

This model is based on large-scale capital intensive, highly specialized industry. Economic growth is equated with development and one of the indicators of measurement of this kind of development in progress is the per capita income of the country.

Expansion to the economic structure of a country would inevitably result in increased benefits to the society. Rapid economic growth, however, does not necessarily and has not always resulted in widespread economic and social benefits to the majority of people in the society. This type of capital intensive industry is also unable to produce or sustain high levels of unemployment. There have been major changes in the global economy since the late 1960s.

The manifestation of this in Jamaica by Government has been the adoption of National Policies on women and on population. On the issue of population, there is increased concern with the degree of population growth and the proportionate resources existing in the country to deal with the increasing growth. However, the critical link between women's economic role and their role as producers of the human resources of the country is still a fundamental issue of contention as they are still not recognized and acknowledged. The issue of equality between men and women is still seen more as a human rights issue with no real impact on the development of the country.

The development of a National Policy on Women in 1987 is an indication that cognizance has been taken of women's situation with a view to improving the situation of women through the implementation of the Policy on Women.

FEMALE EMPLOYMENT AND POPULATION GROWTH

Employment of women is particularly important in the lesser developed countries. It makes positive contribution to economic production and also has negative effect on fertility. This may well prove to be the more significant consequence. Most developing countries and in particular the Caribbean and Latin America which are trying to increase the rate of economic development usually have surplus of unskilled labour. This poses a dilemma as the demands are for large injections of capital and skilled labour force. Where the struggle for economic development has become a tussle between capital accumulation and population growth, high fertility is a major obstacle to the improvement of per capita income. The recruitment of women into the labour force will help to induce a decline in fertility by changing the character of family and reproductive behaviour. It ought to be an important development strategy. The extent to which women are forced to contribute to economic production depends upon the compatibility of their economic and family roles.

Participation of women in certain kinds of paid work outside the home, increases with economic development.

It is not accurate to deduce or conclude that women's work participation increases with economic development. In some countries despite high levels of work participation, the social and economic conditions remain acute, in others where high levels of productivity have been achieved, there may be relatively low levels of female participation.

The decline of employment in the subsistent sector may be faster than the growth of employment in the modern sector, so that the total participation rate falls. One area of concern is the level of food production in the country. Women's role in agricultural production has not received adequate attention, despite the high percentage of women involved in all aspects of agriculture. There is a tendency of women's participation in labour and economic rewards to decrease as the traditional subsistence farming gives way to more modern commercialized agriculture. However, if women's production is low because of inadequate tools, limited technical information and assistance, then the total agriculture production will be affected at a time when there is a serious food production problem throughout the world.

In the long run the economy benefits from the upgrading of women's work in the modern sector. Thus, the more accurate impression is that the participation of women in certain kinds of paid work outside the home increases with economic development.

Women's participation in the labour force is patterned by both the organization of the economy and the prevailing family system.

Some of the changes associated with economic progress actually make it difficult for women to work.

Where work becomes separated from home there are physical as well as social inconveniences involved in leaving the home and children to go to a separate place of work.

Since the trend in economic development is toward large-scale economic units, it appears that change must be made in the family structure if women are to work for wages.

In fact such modifications as:

1) postponement of marriage
2) lowered fertility and
3) a general implication of family structure and duties are typical of a country going through some degree of industrialization.

Therefore, women's participation rates cannot be explained by levels of economic development alone, but the historical relationships between the family and the economy must also be taken into account.

The rate at which women's participation in the economy accelerates proportionately to economic progress is determined by how expenditious is the adjustment between family and work.

Movement out of private domestic service into other industries, also have some effects on home and family life. Economic progress is not achieved merely by shifting workers out of services and commerce into manufacturing, but by raising the productivity of workers of all sectors.

With development - new opportunities for women ought to arise, changes in family system follow. Family roles of women ought to be redefined

making them less burdensome. Economic functions of the home are shifted to commercial establishment to some extent. The home also begins to operate as a daycare centre as other women are now provided with employment to take care of children while their mothers work outside the home environment. However, this type of service is not considered and is therefore not given the type of support as would be done in a commercial day care facility. The activities in the home are not acknowledged regarding the nurturing and maintenance of the human resources of the country.

A reduction in family size is imperative as high fertility is costly. The fact that the nuclear family replaces the extended family units, rather than sustains economic development by allowing more women to participate in the labour force, diminishes pressure of population on resource and capital.

The issue of development may be perceived in various ways such as economic growth; growth and structural change/transformation and as a multifaceted process with economic, social, cultural and political dimensions. (Norman P. Girvan). Regardless of the approach employed in the difinition of development, developing countries measure development primarily in relation to economic growth. This presents a warped vision of what development ought to be for people in the Caribbean.

When tackled from an economic perspective, women's role in the economic process although a major component, is not given due value. This is so because women's work is not recognized as part of the national economy as they have been deprived of sufficient opportunities to actively penetrate the market economy in a way which is accountable.

On a macro-level mainstream development models mean integration of developing countries into the international market system where "growth" is evident by increased economic production. This however, remains illusive as most developing countries, Jamaica included, become victims of the international monetary system as they enter the debt world and become overpowered by it.

However, if "development is to bring about sustained improvement in the well-being of the individual and of society and to bestow benefits on all" (Hanna Papanek p. 14) then half of the world's population must be included and be involved with development planning. Because of the systematic exclusion of women in this process, it is necessary now to evaluate the role and status of women so as to interpret the impact that development is having on them.

This is of paramount importance as women's roles and employment are a vital part of development. Indeed women should play a part and influence positively economic and social policies as these impact greatly on their lives.

Very seldom are women's interests considered in the process of bargaining, a decision making that is involved in development planning. This is most evident in the discussions preceeding the establishment of multinational Free Trade Zone in Jamaica and the Caribbean. The focus in this regards has been to integrate women in the labour force, usually young, single women. What is not considered, however, are the

peculiarities of Jamaica and indeed the Caribbean where the above requirements also include women who are heads of households with at least one or several children.

Uppermost in the minds of governments in their attempt to realize "development" is to lure multinationals by offering incentives such as exploitation of natural resources - (human and otherwise) tax concessions, laxed health and safety standards, subsidised services, already established infra-structure and chief among the amenities is a cheap labour force. Their perceived benefits of increased employment, quick capital and foreign exchange earnings necessary to meeting balance of payment deficits remain rather negligible and in fact may actually be non-existent as the debt incurred to facilitate multinationals may create an even greater disadvantage.

Hence the farce is perpetuated that the encouragement of multinational investment in the region is considered necessary for rapid economic development.

In Jamaica, the Free Trade Zone provides over 20,000 jobs for women who were previously unemployed. Emphasis was placed on labour-intensive industries such as textile factories as this would provide job opportunities for a large number of women. The remuneration in turn for unskilled women were low wages and long working hours under adverse conditions such as poor sanitary conveniences, over crowding in work areas, poor system of transportation requiring additional costs to travel to where the factories are located and no child-care provisions.

Given the position of many of these women, the severe hardships encountered on the job were often tolerated as it was their only source of income. For many it was the first time they could gain a measure of economic independence which they grasped regardless of the other negative aspects. In fact, some actually see it as a means to facilitate personal development.

The situation, however, is extremely complex as women are engaged in multiple roles creating a double burden as they seek to balance home and family life with stressful working conditions. Hence, women become the victims of development.

Undoubtedly, multinationals do influence the development process. It is debatable, however, to what extent is it a positive influence . To entice multinational investments, countries invest large amount of capital in the infrastructure. This has meant loans from international funding agencies and therefore consequent spiraling debt. Thus, Jamaica, like many other Third World countries has been forced to undergo structural adjustment measures.

The changing circumstances of the national economy, reliance on structural adjustment programmes and their conditionalities suggest that special efforts need to be made to incorporate women and development issues in policy planning in all sectors. Such alternative approaches to policy initiatives would recognize the importance of investing in women's productivity and might actually contribute to prevent further deterioration

and instead provide a sound basis for recovery. This is crucial as women must have the necessary means to contribute more to the development of their country.

Hence the need for defining women's role in development as active agents and contributors and not just as beneficiaries - a pre-condition that is indispensible in establishing a policy and organizing appropriate programmes. Articulation of a clear definition of women's involvement in development, highlighting priority areas, available and required resources necessary to facilitate this must be foremost.

THE EFFECT OF STRUCTURAL ADJUSTMENT ON WOMEN

Macro-economic policies of structural adjustment have had to be developed in many countries as a means of coping with the deteriorating international, economic environment, and are in particular necessary in order to service the debts. Of necessity, effective re-adjustment of the resources and fundamental changes in the economy have had to be established. The economically disadvantaged members of the society which are primarily women have been affected especially by the price movements in basic foods, most of which have had subsidies removed and than prices decontrolled. The impact is particularly severe for the one third (1/3) women who are heads of households. At the same time there have been price increase on essential items for example, cooking gas and electricity for the urban households. Electricity rates were increased by one hundred and sixteen percent (116%) within a three-month period in 1984 and there have been large increases in the rate charged for other utilities.

In Jamaica the section most seriously affected was the service sector, where seventy-five percent (75%) of women in the labour force are employed. The intensity of the impact has varied with different groups of women, especially those involved in the production of goods and services, particularly in the agricultural and informal sectors. This is the consequence of specific measures such as the removal of subsidies, reduced expenditure and social services, retrenchment in the public and private sectors resulting in many women being made redundant.

Many of the women who were made redundant embarked on small business enterprises, now referred to as Informal Commercial Importers, some in the production of non-traditional goods for export; and others also involved in training to retool themselves for other markets.

Unemployment is more prevalent among the persons living in visiting and common-law unions; with persons in the visiting relationships, experiencing higher levels of unemployment. In recent years the level of female unemployment has been rising steadily. The overall unemployment rate among women far exceeded the national unemployment rate and in October 1987 was 144,100 for women compared to 80,100 for men.

The situation among rural populations is even more critical, particularly in villages that are not in close proximity to rural towns. Among the age groups that had significant increases in unemployment were 19 - 24, 45 - 54 and over 55 years. Women accounted for 39% of all household heads, many of whom are unemployed (18%). As many as 40% employed women are often undervalued as they are perceived as not requiring any particular

skills. Example of this exists in the government and in some assembly type industries in which large numbers of women are employed and are usually considered low skilled and are paid low wages. Approximately 30% of all employed women earn less than the national minimum wage J$85.00 per week.

The low income households account for most of the unemployed women and they constitute those homes with family sizes far exeeding the national average of four persons per household. In fact, the thrust is on encouraging families to have two children per family.

Poor women are more seriously affected by the economic situation, they are usually within the less productive sector and demand more assistance in social services. The existing family structure reinforces many of these negative situations and the reverse situation is also true.

MEASURES

The complexity of Caribbean family life has made it difficult to implement any one means for improving the status of women. A combination of strategies which will challenge the existing structure which militate against their total development.

Government has made a concerted effort to integrate women at all levels of development in terms of its macro policies and more particularly

through the adoption of a National Policy on Women. This policy is based upon four basic principles stated thus:

1) All policies of the Government must reflect a full recognition of the equal and complementary partnership of women and men.

2) Economic and social development policies and programmes must provide for equality of access to resources by both women and men.

3) In policy planning, special consideration must be given to women's multiple responsibilities both as income earner and in the household; in particular, policies must take account of the high proportion of women of all ages who are single parents and sole supporters of their families.

4) Special measures must be developed to compensate for historic and current disadvantages experienced by women.

POPULATION GROWTH - ITS IMPACT ON DEVELOPMENT

This section examines the inter-relationships between family structure, mobility and population growth and their combined effect upon development. Rapid growth of the Jamaican population was particularly evident in the period between 1943 and 1982 (the date of the last census). The population grew from 1.237 million to 2.096 million and in 1987 was estimated to be 2.355 million.

The Jamaican population is relatively young with approximately 75% under twenty for (24) years of age. In 1980 the population statistics revealed that approximately one quarter (1/4) of the total population was between the age 15 - 24 years. The implication is that this is a highly fertile population. The majority of the population is still at an age where they are considered not as income earners and producers but are dependent on all the various economic and social services (including health services) available in a country with limited resources except for its human resources which is primarily unskilled and very young. The rapid population growth can be atributed to three principal elements.

They are: (1) The high birth rate
(2) Low death rate
(3) Migration patterns

Although the population growth has found some outlet in external migration mainly to the United States of America and Canada, the problem of the population management was nonetheless aggravated by rapid urbanization. In 1974 a survey conducted by the Statistical Institute of Jamaica indicated that the parishes with the main centres in the island had positive net growth in population. The urban population in these parishes currently accounts for more than half of their total population. The other nine parishes which are more rural in nature experienced negative migration rates.

The survey also revealed that women constituted the majority of those urban migrants. Most of these women were in the age groups 20 - 29, 30 - 34 and 35 - 39 years. This was in their attempt to find employment in the city or major

towns. This movement to the cities was directly linked to the contraction in small-scale land-holding and was stimulated by the hope of achieving personal advancement through education, and training and employment.

Between 1943 and 1970, the proportion of persons over fourteen years with primary level education increased from 70% to 83% while the percentage with secondary education grew from 3.5% to 10.6%. Parallel to the educational expansion were changes in the occupational structure of the labour force. The agricultural work-force contracted from 44.3% to 29.8% and the proportion of production and related workers grew from 14.4% to 25.6%.

Thus the transformation from a primarily agricultural society to that of light manufacturing contributed to the drift of women from rural communities to urban centres in search of individual advancement. However, in many instances opportunities emerged for the men with no corresponding opportunities for the women.

While socio-economic development may involved increased social and spatial mobility, the relationship between these processes is not necessarily a positive one. Within the urban context and external migration this has not led consistently to individual advancement nor more productive activity. Rather in many circumstances it has led to a breakdown of the family structure, additional burden on the migrants as well as those left behind. The severe strain on the physical and social facilities in the urban areas is an example of the negatives of the large influx of individuals from the rural farm communities. Migration particularly external migration other than its

demographic consequences, involves spatial mobility not only of people, but also of money, skills, information and ideas. It is estimated that between 1986 and 1987 over 25,605 persons migrated to the United States and Canada. Many of these persons were teachers, nurses and other skilled personnel. Thus there is a massive drain on the already short supply of skilled labour in Jamaica.

The full implication of migration on our agricultural production has not been fully explored. However, it is apparent that there has been an overall decrease in agricultural production and agro-related industries, although there has been an increase in the diversity of crop production on a commercial scale.

According to Professor Carl Stone, a Senior Lecturer in Government at the University of the West Indies, despite the important social change of the post-war period, there has been no national study of the extent, cause or consequences of social mobility. The gap in our knowledge hinders and impairs our understanding of the changing social and economic structures and makes it difficult for development planners and policy-makers to measure the effect of policy.

POPULATION POLICY, FERTILITY AND FAMILY STRUCTURE

There has been a growing concern and interest in recent years among development planners in the relationship between population issues and social and economic development. The Jamaica Family Planning Agency established in

1970 was the primary agency responsible for population management. Its early focus was on controlling the size of the population. The introduction of family planning devices as a means of controlling the family was seen as an attempt "to kill out black people". This myth was dispelled through massive public education and tremendous work by Health and Education Officers. The utilization of the mass media also proved effective.

Tradition and culture have played a significant role in influencing the birth rate in Jamaica. The problems of population control emerged from our historical and religious background. Children were and are to some extent still seen as an investment of parents for their "old age" and fertility is seen as a blessing.

In addition to the Family Planning Association, there are other agencies within the health sector which provide contraceptive services and family life education. Although this is widespread throughout the country, the issues of accessibility, and availability remain a concern especially for rural women.

The cultural dilemma still exists despite an ongoing public education programme. The myth is stil perpetuated, although to a lesser extent that women should "have out their lot" (have as many children as possible), and if by a certain age one does not have a child she is referred to as "a mule".

Notwithstanding all of this, Jamaican women are actively involved in improving their lives by employing various means of reducing their families. Many of them are becoming more assertive in exercising control over their

bodies and are acknowledging their reproductive rights. This sometimes lead them to be the victims of domestic violence involving physical abuse. An estimated 233,000 is currently using some type of contraceptive with one percent (1%) having opted for tubal ligation - a reversible method of controlling their families.

An area of concern currently prevalent among various groups of women is the depo provera method of birth control of which women are now becoming suspicious. An estimated twenty-seven percent (27%) of women use this method. The need for greater public education on this method is critical, especially in view of the fact that North America has expressed doubts about its efficacy in relation to other health related matters. The advantage of the injection is the fact that male partners would not know whether or not the woman was actually using any form of contraceptive.

In 1981 over two hundred and thirty-two thousand, six hundred (232,600) visits were made to health centres for family planning services. There were thirty-two thousand (32,000) new acceptors. The pill was the most popular method of contraception with forty-five percent (45%) as users. (Ministry of Health report pg. 36). In 1988 there has been a obvious increase in users of contraceptives an estimated 11,000 persons.

NATIONAL POPULATION POLICY

A national population policy was developed in 1981. However, it was not until 1987 that concerted efforts were made to implement the policy. During

1987 and 1988 a a plan of action for the implementation of the population policy was formulated. A secretariat was appointed and given the responsibility for the implementation process. This secretariat is under the portfolio of the Planning Institute of Jamaica. This is an indication of the recognition that population issues are in fact a critical component of the development process.

A broad-based population policy co-ordinating Committee is also established. The committee is responsible for the design, co-ordinating and monitoring of programmes at the national level. The importance of an effective public education programme was acknowledged by the establishment of a sub-committee on information, education and communication. The results of earlier efforts are now becoming evident. There was a level of consciousness regarding control of population from as early as 1939 when the first family planning clinic was established. However, it was not until 1960's that there were nationwide efforts to provide family planning services in an organized and structured manner.

The ensuring results of all the efforts are that today the fertility rate among the high fertility age groups is declining.

FERTILITY

A concerted effort to reduce the fertility rate was embarked on in 1982. To some extent this has been achieved. The total fertility rate among women age 15 - 49 declined to (3.6) children per woman in 1978 from (5.5) in

1970, a decrease of thirty-four percent (34%) over the eight (8) year period. There has been an obvious decline in the fertility rates for 1978 compared to 1980. A comparison of 1970 and 1978 age group ranging between twenty-seven percent (27%) for the fifteen to nineteen (15-19) age group and forty-five percent (45%) for the forty to forty-four (40-44) age group. A more accurate overview of fertility can be realized from data on birth by age of mothers.

The major focus being projected by the government is to control the population growth rate so that the total population does not exceed three million by the year 2000. It is hoped that for the rest of the century that the rate of increase will not exceed two percent (2%) per year. The projected population growth rate will be approximately one percent (1%) with emigration accounting for one point five percent (1.5%).

PROGRAMME FOR ADOLESCENT MOTHERS

Teenage fertility continues to be an area of concern, despite the reduction noted since 1970. In 1986, 96 babies were born to every one thousand (1000) young women between the age of fifteen to nineteen (15-19), compared to 137 in 1978.

To assist pregnant adolescent who become pregnant while in school, the Woman's Centre Programme for Adolescent Mothers, the only one of its kind in the Caribbean was established in 1978. At all centres operated by the programme, academic instruction is provided for girls up to age sixteen (16) years. These girls often leave the school they are attending at the time of

pregnancy until after the birth of their child. They are then re-integrated into the secondary school system returning to another school of similar status.

Counselling is a major part of the programme directed at the adolescent mothers, the baby's father and other family members.

To date there are five (5) centres with total participants to date being two thousands, four hundred an seventy-four (2,474) with a further one thousand, five hundred and fifty-nine (1,559) young women benefitting from counselling and referral services ((walk-ins). Presently there has only been a total of forty-six (46) second pregnancies since the inception of the programme in 1978, representing (1.83%) of total participants.

With regard to external agencies support, UNFPA has played a critical role in being one of the agencies providing financial assistance to respective agencies dealing with women and population issues. The Women's Centre Programme has benefitted directly from UNFPA.

The economic and complex family structures as they exist militate against the full positive impact of this programme on the society as a whole. The lack of employment coupled with the value within this social class sanction adolescent pregnancies. The cycle is perpetuated as children have children resulting in young women having as many as four children by age nineteen. Most of the young women who are in family unions are to be found in the casual visiting relationship which are very transitory. They often fall victims to a vicious cycle of unwanted pregnancies with little or no support

from the father of their children. In 1978, one hundred and ninety-six (196) babies were born to every one thousand (1000) women aged between twenty and twenty-four (20-24) years. This group has revealed the highest fertility rate during the seventies ('70s). Between 1983 and 1985 there were 173,552 live births of this number 84% were born out of wedlock and more than three quarters of those born out of wedlock had no fathers registered. This high precentage could be attributed to the fact that the largest percentage of women are involved in a casual type of visiting relationship.

FAMILY FORMS ITS IMPACT ON DEVELOPMENT

There are four basic family union forms existing side by side in the society. This is typical of all Caribbean societies. The family structure is further complicated by the variations and combinations of each type of unions which also exist. The main types of unions are:

a) The legal conjugal unions;

b) The common law union, which is often described as "faithful concubinage";

c) The stable visiting relationships; and

d) The casual visiting transitory relationships.

a) The legal conjugal union

Consists primarily of mother, father and children and differs from the other unions by its legal status which is based on a marital relationship. It is usually a nuclear family though it can also be an extended family. This union is perceived as the most stable family form and is more prevalent among middle and upper middle class families in the society.

This family form is described by Christine Barrows as the most ideal, stable and respectable family unit which may also be rigid. This may therefore be inappropriate in instances where certain economic circumstances

characterise daily living. The woman existing within the nuclear family unit often enjoys a degree of privacy and bonding with the immediate family member. However, she does not appear to have established or is a part of a strong social support network system which is so well developed particularly among the consanguine extended family forms. Therefore even within the legal conjugal unions the hub of activities in terms of her reproductive and productive roles may be burdensome as her spouse does not share equally in matters pertaining to child-rearing.

b) Common law unions

Common-law unions are more frequently developed among the lower socio-economic groups. It can be nuclear in form but is usually of an extended form. It differs from the legal unions because of the non-formal relationship. In this union, however, the family is stable and is headed by a man who often provides for the family. The woman nonetheless has no legal status and is not protected under the law in terms of inheritance and property rights. This type of family union is more widespread than the legal status and is not protected under the law in terms of inheritance and property rights. This type of family union is more widespread than the legal form even though the common-law wife continues to function in a state of uncertainty and anxiety and is constantly at a disadvantage. Despite all these difficulties there is a preference for this type of union. In between the period 1973 and 1987 it was only in the years 1978, 1984 to 1987 did the number of marriages in each year exceed 10,000. The highest number of marriages in any one year was 11,776 marriages in 1985.

c) Stable visiting relationship

The third category is the visiting relationship in which a woman maintains a steady relationship, stable in character with one man over a prolonged period of time. In some instances, the children of this union are supported by the man and the woman defers to him in the making of major decisions. He also influences considerably the socialization of this children despite his transient presence. Absence of the male from the household creates a matrifocal system. The woman plays a central role within the family and is the centre of domestic affairs. However, although she has primary responsibility for the children, the final authority rests with the man - the children's father.

In this type of structure the extended family provides a base of support facilitating the woman working outside the home and utilizing opportunities for her own self improvement. Within this family structure, poverty is tackled through the sharing of resources both in cash and kind based on the mutual reciprocity and general emotional support of the entire family unit. In a real way, the exchange of goods and services for cash or kind is inherent in this sort of structure which inextricably binds the family in its attempt to survive.

d) The casual-visiting relationship

The last category of relationship is of a casual nature and is extremely transitory. Very often the lower socio-economic group identifies

with this form. As a result many young women fall victims to a vicious cycle of unwanted pregnancies, resulting in cessation of support followed by new support, financial in nature, in return for sexual favours resulting in yet another pregnancy.

The situation becomes even more complex as other related factors consolidate the untenable position in which the woman finds herself. Usually it is the members of the lower income group which fall victim.

With 75% of the population under 30 years of age, the high level of fertility within this age group forms the basis for the above. Usually these women are unemployable and unskilled and therefore dependent on a man constantly for economic support. Without statistical support it is difficult to justify the premise that the larger percentage of children are born to this category of persons.

Simey, a colonial social welfare adviser reported on the family in this way, "The prevailing type of West Indian family which is encountered over and over again in all the colonies is very loose in organization. It is rarely founded on the ceremony of marriage and relationship between its members are very casual indeed. There is little control over the children who may receive plenty of maternal affection (tempered by explosions of emotions) but little in way of careful general upbringing."

The resulting factor of this casual contact is "serial mating" as women seek support of children and become trapped making them even more vulnerable.

Their situation is further exacerbated by the fact that the social services are inadequate to facilitate health care, education and most critical of all employment. The rapid succession of pregnancies deprives the woman from acquiring a skill and furthering her education thus making her remain unskilled and with low status.

A concomitant feature of this type of form is the proverty which exists making the provision of basic needs a challenge. The lack of adequate and proper housing creates additional problems as often many persons share a common space. This forces children in becoming adult prematurely as they are exposed to "the facts of life" resulting in them being sexually active at a very early age. So the cycle of proverty is perpetuated as another generation begins.

The characteristics of both the visiting and casual type relationship are very similar in nature. The single parent, the woman, sometimes receive small amounts of economic assistance from the father or fathers of her children. Her dependency on the extended and consanguineal relatives is even more pronounced as she needs both their financial assistance and emotional support. This unit is often very strong and loyal.

DEVELOPMENT VERSUS WELFARE

Very often improving women's condition is perceived as what can be done for women rather than how can women be involved in improving their own lives. The focus has remained to a large extent on a welfare - oriented approach in

which women are beneficiaries/recipients rather than a developmental approach in which women are a part of the decision making process and are active producers.

For many Governments it is expedient to perpetuate a welfare approach as it keeps women in their place as a subservient group being grateful to be a accorded certain "privileges". Women themselves encourage this approach by their own orientation of being passively involved.

Historically, some of the women's organizations while playing a positive approach in influencing the lives of women have continued to support the approach which condones hand-outs.

Society's acceptance of patriarchy with very little challenge to a system of male domination has served to undermine women's efforts in redressing the inequalities still pervading the society. Despite the vociferous acclamations that equal participation of women at all levels is necessary for development, the situation remains intact. Hence, women remain marginalized, a definite outcome of the patriarchal system.

An intensive consciousness-raising campaign needs to be sustained to inform and educate women on the issues. Despite the decade, many Caribbean women are oblivious of the issues and are rather complacent in their situation. This makes the struggle to influence change virtually impossible as personal change is a vital prerequisite to societal change. The implication of being a "change agent" is perceived as an onerous task which many women are not prepared to face.

Notwithstanding all of this, many women throughout the years and especially since the Decade for women have sought to challenge the status quo which militates against them in developing their full potential and in realizing their goals. Many women are currently struggling to ensure that their contribution towards productivity is carefully recorded and acknowledged. This can no longer be denied as women indelibly imprint their mark in the labour force. Women locating economic production in a central workplace has resulted in a number of economic and social advantages. Acknowledgement of the economic contribution of women to the Gross National product can be understated in view of the fact that women comprise 46% of the labour force.

For development to be meaningful woman must be equal partners in the process. They must be credited for the productive role they play in all sectors of the society. Women's multifaceted role as workers, providers of health care, grass-roots politicians among others combined with the domestic and nurturing duties make them eminently suited to be equal partners in the economic social and development plans. Development must mean the production, distribution and consumption of goods and services in the most equitable manner possible, with maximum participation of all people. (ISIS P. 10)

For development therefore, to be effective women must benefit through their full participation. Women along with men must gain control over their economies. This is currently questionable as many third world countries including several of the islands in the Caribbean are now experiecing a new kind of slavery as they are currently under the subjection of a new kind of

master - International Monetary Agencies. Development, then becomes an illusive reality as countries struggle to meet the payments of their external debt.

Development therefore has to be assessed for the countries of the Caribbean using a completely different measurement than currently employed by the North whose socio-cultural and economic milieu is vastly different from that of the Caribbean.

CONCLUSION

Realization of equitable development, requires adoption of certain strategies which will guarantee a holistic approach to development. However, before this can be realized there has to be a clear understanding of the problems which inhibit true development. Additionally, the structures and mechanisms must be analysed with a view to dispensing with or altering them to accomadte the process.

Every effort should be made to utilize various means in ensuring that the needs, potentials and expertise of women are incorporated in all aspects of development planning. Political expediency dictates that women can no longer be on the periphery and be marginalized.

For this to be achieved, proper gender-based research must be pursued as a matter of course in all sectors of the society. The facility to analyse data and translate them into terms which will necessitate action must first be instituted, if the needs of the women are to be met with a view to advancing their status.

Women will have to assume the responsibility of dismantling the structures of gender subordination. This requires united and collaborative efforts as they forge to ensure that women be equal with men in the total development process. Women need the political will to fight collectively for the achievement of such a goal. Hence those who are privileged to be in the political arena must of necessity, corece if needs be, others to join ghem where the vital decisions are made.

Political action and support of this nature require a unity of purpose as women establish a bond of solidarity around common issues. The political tribalism which pervades the society at all levels must be totally eradicated if our goals are to be realized. If women cannot be consolidated around any other issues, the peculiarity of women's situation must form the basis of this common understanding. The reality is that without adequate representation at the major decision making level, the Cabinet and the strategic boards, women will not be able to influence the decisions which impact on their lives.

Networking then is of paramount importance as women seek to establish contacts and cement relationships with other women so that with one voice in unison the cry for equality, development and peace can be heard and be responded to in a positive way. This, of course, cannot be confined to urban women as is often the case. The fact that rural women who are in the majority and are most vulnerable necessitates even greater attention and focus from those who are able to influence policies and programmes governing their lives.

Women's contribution therefore in both the formal and informal sectors is undoubtedly significant despite the non accreditation. The recent phenomenon of the Informal Commercial Importers takes on a new dimension as this category of persons actually contributes as much as 60% to the Gross (Domestic) Product.

Despite women's multiple roles as they simultaneously engage in both reproductive and productive activities, significant strides have been made during the last two decades.

Within the last two decades appropriate legislation has been enacted to protect women's rights. This is an eloquent statement in terms of the transformation taking place within the system which has been inimical to Women's welfare. Legislation such as the Equal Pay For Equal Work Act (1975) the Maternity Leave Act (1978) among others and the most recent, the Intestacy Act (1987) will further enhance the means by which women can participate on equal terms with men. No longer can women's unique reproductive role be the result of blatant discrimination instead of being credited as a valuable part of production since it is in fact the reproduction of the labour force.

Women's empowerment, despite legislation in place, must come from a personal knowledge and understanding of the issues which affect their lives. The value of the mass media cannot be understated in assisting in the process which requires concerted efforts. In the final analysis, however, the society will be enriched as the system of patriarchy is dismantled rendering women being able to claim their right to full and equal partnership in total national development.

Bearing all this in mind, it is obvious that women, population and development are inextricably linked as each impacts on the other The struggle of women then is not just to curtail their fertility rate or to having access to employment, but rather the freedom to be; the freedom to realize their full potential as they seek to influence the developmental process.

The challenge is for respective governments to take seriously women's issues and realize how expedient it is for them to integrate half the population,s human resources into the dynamic arena of action for development.

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APPENDICES

Table 1

LABOUR FORCE PARTICIPANTS RATES BY AGE AND SEX
October 1985

Age	Male	Female
14 and over	78.4	62.1
15 - 19	40.8	30.4
20 - 24	95.2	78.5
25 - 34	96.9	86.6
35 - 44	96.8	85.2
45 - 54	96.8	81.6
55 - 64	89.1	59.7
65 and over	58.8	26.6

Source: Labour Force Survey, 1985 (STATIN)

Table 2

TOTAL LABOUR FORCE BY OCCUPATION
GROUP 1987

Occupation Group	Male %	Female %
Professional, Technical, Administrative, etc.	4.8	7.7
Clerical and Sales	6.9	14.8
Self-employed	41.4	24.8
Services	6.9	23.9
Craftsmen and Productive Process Occupations	20.6	7.7
Unskilled Manual and General Workers	13.5	6.6
No Occupation Stated	0.4	0.4
No Previous Occupation	5.6	14.1
Total Labour Force	590,200 (100%)	489,000 (100%)

Source: Labour Force Survey, 1987 (STATIN)

Table 3

UNEMPLOYMENT RATE BY OCCUPATION GROUP 1987

Occupational Group	Male %	Female %
Professional, Technical, Administrative, etc.	3.5	7.2
Clerical and Sales	12.0	19.0
Self-employed	2.1	6.0
Services	12.3	29.7
Craftsmen and Productive Process Occupations	15.4	22.4
Unskilled Manual and General Workers	14.3	20.6
Classifiable Labour Force	8.5	17.9

Source: Labour Force Survey, 1987 (STATIN)

Table 4

FEMALE UNEMPLOYMENT RATE BY OCCUPATION GROUP 1983 AND 1987

Occupation Group	Male %	Female %
Professional, Technical, Administrative, etc.	11.6	7.2
Clerical and Sales	30.0	19.0
Self-employed	8.0	6.0
Services	43.4	29..7
Craftsmen and Productive Process Occupations	43.2	22.4
Unskilled Manual and General Workers	31.1	20.6

Source: Labour Force Survey, 1987 (STATIN)

Table 5

FEMALE UNEMPLOYMENT RATES BY AGE
OCTOBER 1985

All Ages	14-19	20-24	25-34	35-44	45-54	55-64	65
36.6	78.6	58.6	35.3	22.7	14.4	11.9	12.1

Source: Labour Force Survey, 1985 (STATIN)

Table 6

	Gross Salary %	Net Salary %
Less than $80	4.5	13.4
$ 80 - 90	5.7	40.2
$ 90 - 99	50.0	25.6
$100 - 109	26.1	11.0
$110 - 119	5.7	2.4
$120 or more	8.0	7.3
	100.0	100.0
	N= 88	N= 82
	Average Salary = $100.52	Net Average = $93.26

Table 7

DISTRIBUTION OF MONTHLY INCOME AMONG HOUSEHOLD HEADS
IN THE KINGSTON METROPOLITAN AREA
March, 1984

	Male Household Heads %	Female Household Heads %
Under $200	14.6	40.8
$200 - 399	24.7	31.8
$400 - 599	23.2	11.3
$600 - 799	14.6	7.0
$800 or more	23.0	9.0
Total	100.0	100.0
	N = 562	N = 444

Source: ISER National Mobility Survey

Table 8

MAINSTREAMS OF MIGRATION FROM JAMAICA, 1978 - 1987

Years	U.S.A.	Canada	U.K.
1978	19,265	3,858	766
1979	19,714	3,213	737
1980	18,970	3,161	649
1981	23,569	2,553	421
1982	18,711	2,593	432
1983	19,535	2,423	386
1984	19,822	2,479	349
1985	18,923	2,911	331
1986	19,595	4,653	387
1987	19,832	5,421	378

Source: Economic and Social Survey, Jamaica, 1987

United Nations
International Research and Training Institute
for the Advancement of Women
(INSTRAW)

presentation by
Sybil Patterson

presented to
Joint INSTRAW/UNFPA Training Seminar
on
Women, Population and Development

22 - 26 May 1989
Santo Domingo

Madam chairperson
Deputy Director of INSTRAW
Participants

Permit me to express to the organizers of this workshop the deep appreciation of the Women's Affairs Bureau of Guyana for the opportunity afforded me to participate in this workshop on women population and development.

It has come at a time when as head of the women's studies unit at the University of Guyana we are working to ensure that in all disciplines across campus women's concerns are examined and analysed.

That the methodologies used in the analysis enable on approach that is multi-disciplinary in nature.

For me, therefore, deliberations at this workshop will offer a unique opportunity for cross-cultural comparison and at the same time I must give guidelines to a method of analysis which will in teaching at the tertiary level enable the linking of women's issues in the development process.

My presentation at this forum - Design of Family Welfare Programmes. The case of Guyana - will briefly give facts about the population. The socio-economic conditions and outline the programmes which support family.

Further, that while references highlight women, family programmes afford equal access to men.

Guyana

A feature of the Caribbean society and Guyana is the high percentage of female headed households and the fact that "women" and not only "men" are bread-winners.

Another feature in the Guyana population statistics is that the average annual growth rate for women is .83% as against .75% for men.

These and other variables influence the planning of welfare programmes for the family. I will confine my analysis to these two indicators:

1. The incidence of female heads of households

2. Women in the labour force.

The administration of services by the state for the welfare of its citizens, is structured through Ministries. This system reflects a great deal of fragmentation as family needs are attended to in different sectors and sub-sectors ie, health, education. I will examine programmes in the sub-sectors, endeavour to make the linkages in an effort to address both the economic and social needs of the family.

The projected increase in the number of female headed households in Guyana and in the Caribbean (Massiah) require new and innovative approaches to family welfare programmes.

The labour force statistics give us yet another indicator - women between ages 15 - 65 represent 24.2% of the labour force. When one looks at the number of households headed by women it is reasonable to conclude that no longer can it be said that the men are the bread winners and further the need to address any discrimination to the access to work becomes rather critical

Legal Measures

Legislation is necessary at times even though in some cases there are difficulties in making these laws operational. The questions of equal pay for equal work access to all types of employment for women are concerns which ought to be addressed if the woman as worker and breadwinner is to have a chance to take care of family. In the Guyana situation the amendment to the Factory Ordinance Act enable women to do night work if they so desired.

The Minimum Wages Bill Order (1984) removed certain discriminatory elements that existed under that bill. There was reference in this bill to categories of workers; for example, reference was made to unskilled female workers and not to unskilled male workers. The bill was corrected to read unskilled male and female workers.

The 1976 Bill amended the Executive Council's decision of 1959 removing the restrictions on the permanent employment of professional and technically qualified married women in the public service.

Guyana situated on the mainland of South America has as its closest neighbours Venezuela and Surinam, as part of the English speaking Caribbean. Guyana's history of plantation system and colonial administration influenced the way policy responded to the welfare needs of its people.

The entire English speaking Caribbean concern for the welfare of families began in the 1930 when workers on the sugar plantations rebelled at the inhuman treatment mentioned out to them by estate owners. It was on the recommendation of the Moyne Commission that welfare assistance which

minored very closely those which operated in Britain, were as it were transplanted to the region - e.g. benefits under the British Poor Law System- establishment of work houses for the aged.

Demographic factors

The population as at 1981 census is recorded at 759.567 - 376.381 (males); 383.186 (women). The total adult population persons 15-85 and over
is 449.242 of which 228.775 are women. 40% are under 15 years of age (1980). The annual rate of growth at 1980 was .75% for men .83% for women.

Another feature of the population is the household composition figures. It is estimated that by 1990 - 13.5% of households will be headed by women between ages 25-34 : 23% by women between the ages o 35-44 : the figures for men in the same age group are 60.8% and 84.0% respectively.

Finally, equality for women is enshrined in article 29 of the country's constitution 1980 which reads thus:

> Women and men have equal rights and the same legal status in all spheres of political, economic and social life. All forms of discrimination against women on the basis of their sex is illegal.

The legal provisions referred to enable women to enter the world of work if they so desire at levels commensurate with their abilities and training and to be equal and as a person in society.

In most societies there is the need to support the economic and social efforts of families in ways which can be regarded as residual help developmental in nature.

We see welfare as supportive, recognising that all citizens in society may require a variety of social services to develop their capacity to perform productive roles and to achieve and maintain a desirable standard of living.
Since problems are rooted in the social structure as well as in individuals, emphasis in family welfare programmes in Guyana is placed on social change; the provision of essential resources that support and enhance social functions as well as such adjustment services as counselling.

Design of Welfare Programmes in Guyana

The design for welfare programmes of families in Guyana takes into account the needs of the family. Provisions are obtained in various forms from counselling to financial assistance and delivered by different sub-sectors in an administrative framework where the Ministries take responsibility for different areas within the country.

I will approach programmes by sub-sectors within the economy and give a brief overview of the links of programmes in these sectors.

Employment

The labour force population i.e. persons who were either working or looking for work six months or more in the year preceding the census, consist of 175,534 males, 56.013 females. i.e. 80% of all adult males and approximately one quarter of adult females.

An examination of employment according to industry shows that the agricultural and manufacturing industries together will permanently employ approximately half the male labour forces while employing only 1/4 of the female labour force. The female labour force is concentrated mainly in commerce, government - mostly clerical workers and communication services - further less than one percent of the employed females are in administrative and management positions.

Positions:

1) Legislative measures below enable the access and the career development of women in the public service.

In 1977 there was removal of the Bar to permanent employment of married women in the public service.

"Married women are eligible for recruitment to permanent pensionable positions in the public service on the same basis as men. Effected in 1977"

2) Resolution No. VI passed in the Legislative Council in December 12, 1940 abolished by amendment of Act 1976, gave payment of a gratuity on marriage to female employees on retirement from the public service.

3) The enhancement of the principle of equality for women under Article 29 of the 1980 Constitution of the Co-operative Republic of Guyana.

Women are eligible for employment in the postal service and for entry into institutions which were previously male oriented.

Projects to support the employed and pregnant women.

a) Through the National Insurance Scheme and the medical schemes of public corporations and private business, women benefit from maternity leave with pay. The NIS which is contributing in became

operational in January 1970. Women became eligible for male work benefits after fulfilling a given number of contributions. The entitlements are:

13 weeks maternity leave - six weeks of which could be taken before confinement. Recently, approval was given for leave to be granted to 26 weeks if the woman's health, as a result of pregnancy demanded further leave.

b) Collective labour agreements as well as maternity regulations under N.I.S. Act offers additional protection to pregnant women. e.g. Based on the recommendation of the medical officer lighter duties can be assigned to women.

In the military and para-military organizations parity is given to the employment of women and by legislation:

1953 - The State Police Force
1966 - The Guyana Defense Force
1972 - The Guyana National Service
1976 - The People's Militia.

Women are enabled to move into Senior positions in these services.

c) Women who are self-employed also contribute and can benefit from NIS provisions and thus this strategy enables women to have coverage even as they work inside the home.

Social Support

Day Care Service: These services are provided by the Ministry of Education, the Municipality, the Church (Anglican), the YMCA, the WRSM, 10 day care centres operate in the urban area, further, 10 private play groups - (half day service) provide access to women who need these services for their children. Even though this service is highly subsidized, some women find it costly. For this service parents pay 1 US per month (33G) and 5 US per month (in private day care).

Health: The provisions in this sector provide free medical services both in rural and urban areas for families. Very well established are the health centre services for which provide pre-natal and anti-natal services in both the urban and the rural areas of Guyana.

Health and nutrition education has been intensified and in 1988 a new Agency Nutrition Environmental Education and Training was established to intensify and promote national food and nutrition self-sufficiency. Officers of this agency carry out extensive outreach programmes on the media - daily as well as bold regular street-fairs - demonstrating the need for the correct preparation and utilization of local foods.

Immunization has been introduced as a condition of entry to schools, and this ensures that children from all households begin schools with some health insurance.

Education: Education in Guyana is free from nursery to university, i.e. non-fee paying, but the responsibility for books, clothing, etc. is still the responsibility of the family.

Very limited programmes to supplement the cost of books and school uniforms are presently in place. Access to this service is available only on the intervention and recommendation of the school's welfare officer. Limited also is the school feeding project what is available as a snack of milk and biscuits to selected populations within the schools.

Social Welfare Initiatives in Other Ministries

Within the Ministry of co-operatives and social security assistance to the family is given through:

1) A social assistance programme, where after a means test, the family woman who has children under age 16, and no support from the father can receive financial assistance for a specified period. This provision is supported by a programme of rehabilitation.

2) Women can be assisted with a grant to acquire equipment which can be used to generate income (a sewing machine). This is a way to enable women to use their skills.

3) Pensions: an elderly person could receive a fortnightly pension (this is non-contributory, but is tied to a test of means) at age 60. Without this pension, some women will find it very difficult to live, since in their earlier days most of them were home workers and unpaid, and thus have no other financial means in their senior years.

II. The Role of NGOs, Counselling Services, etc.

I have not covered all the sub-sectors. Those identified are the ones where family welfare programmes are most developed and are operational. Very active nevertheless in welfare initiatives for the family are the many NGOs within the Country.

The Responsible Parenthood Association in Guyana provides both counselling and service to families. There are youth clinics, youth centre activities for boys and girls though I am advised that boys do not take full advantage of this service on parenting, and this is where our strategies would need to be focused. How do we involve men in order that population questions can be addressed?

The Young Woman's Christian Association continues its programme of day care and continuing education for girls who have dropped out of the formal school system. Both these initiatives operating in the same environment enable the graduates of the early school leavers programme to be better equipped as women and mothers when they enter the world of work and take on the responsibility as parents.

Other NGOs like CASWIG: Women's Affairs Bureau have concern for women, indeed families who are not in the normal labor force. Thus, programmes designed to increase incomes are organised for women's groups both in the urban and rural areas.

These income generating programmes are to my mind family welfare programmes which enabled skill development as well as provide incomes; and generally give women and families an opportunity to participate in the development of themselves and the country. Here I am referring to the response by women to the policy of import-substitution when in 1970 Government restricted the importation of direct products - e.g. raisins and currants. Over the period, families have mastered the art of utilizing the local fruits to make preserve and dried fruit and thus as individual families save and also increase income by sales on local and overseas markets which are expanding daily.

I must mention the initiatives taken at the level of the university to support family members who work at and attend this institution.

After a pilot study by the Women's Studies Group, the need very urgent has been identified for the establishment of day care facilities for staff and students.

During the next academic year the women's studies unit will be working on a project to establish an Early Childhood Centre on Campus.

This facility will provide for:

a) Day care
b) Nursery Education
c) Activity programmes for children above age 5 years - 9 months - children who accompany parents to evening classes.
d) Its use as a teaching facility and research laboratory for students of the teacher's training college, which is adjacent to the campus.
e) Provide parents education to those who use the service; for undergraduates and residents within the university environment.

It is a very comprehensive service but very necessary as it supports and enables the access of women to higher education. The important underlying principle of all the family welfare programmes in Guyana is designed to enable families to be self-sufficient and independent. Thus the

emphasis is on contributory rather than non-contributory concept to programmes which satisfy both the economic and psychological well being of members of the Guyanese society.

I noted earlier that the approach and the delivery of services to the family is developmental in character.

The emphasis on counselling the support which will enhance individual efforts, response to both the financial and psychological needs as assessed.., support to enable individual participation in the development process.

Programme delivery is also inter-sectorial as Ministry of Education, Health and Agriculture collaborates on the execution of those programmes designed to support policy initiatives.

In summary, therefore:

a) The education sub-sector recognises the role of education as a factor in development.

   Programmes in counselling, nutritional support through school feeding programmes, free access to education at all levels, are some initiatives in this sector.

b) Employment.

   i) Renewal of discriminatory laws in order to enable access particularly in those occupations which were regarded as the man's domain.

   ii) Programmes which support employment of women outside the home. -e.g. day care, maternity leave, legislative support.

c) Programmes which ensure the health of the family - e.g. maternal and child health, immunization. Free medical attention at all public medical institutions.

d) Programmes which support policy initiatives in the Division of self-sufficiency - e.g. restriction of imported items and the import substitution programmes which enable women to utilize fruits, increase fresh fruit production.

e) Programmes which utilize the skills of persons and make use of indigenous materials - e.g. income generating projects like craft, ceramics, food processing.

There are some limitations to access by all families to the programme mentioned above.

In some areas of rural Guyana, families do not benefit because these services are not fully developed in all parts of the country.

The attempts to ensure access by a greater number are being put in place. The country has been devided into 10 regions and services like education, health, have been decentralized. This it is hoped will enable access by the rural family to the services now available as the centre.

Another factor is that the rural women is for the most part self-employed. The NIS entitle the self-employed to become a contributor and many families take advantage of this.

Further, the question of dissemination of information thus making more persons aware of what is available, is not a strategy that is fully exploited either by governments or by NGOs and at times services are generally under-utilized.

If, therefore, we are to get the benefits of production and development at all levels and in all sectors throughout in the population, family welfare programmes in any country will need to take stock of the effects of the utilization and evaluate the benefits which accrue to the development of the family and country as a whole.

In spit of these constraints and the existing programmes identified in this Guyana Case, many families remain in need of support to enable a better way of life for the family.

GUYANA

POPULATION AND AVERAGE ANNUAL RATE OF GROWTH AT CENSUS DATES BY SEX 1911 – 1980

TABLE 1:

YEAR	BOTH SEXES	MALE	FEMALE	AVERAGE ANNUAL RATE OF GROWTH (%)	
				MALE	FEMALE
1911	296 041	153 717	142 324	—	—
1921	297 691	151 261	146 430	-0.16	0.28
1931	310 933	155 381	155 552	0.27	0.60
1946	375 701	186 433	189 268	1.22	1.31
1960	560 330	279 128	281 202	2.88	2.83
1970	701 718	349 143	352 575	2.24	2.26
1980	759 567	376 381	383 186	0.75	0.83

SOURCE: 1980-1981 Population Census of the Commonwealth Caribbean – Guyana Volume 3 – Table A2

TABLE 2: LABOUR FORCE POPULATION BY AGE-GROUP AND SEX 1980

AGE-GROUP	MALE	PERCENTAGE	FEMALE	PERCENTAGE	BOTH SEXES
15 - 19	27 984	12.1	8 833	3.8	36 817
20 - 24	33 706	14.6	13 434	5.8	47 140
25 - 29	26 670	11.5	9 214	4.0	35 884
30 - 34	20 364	8.8	6 457	2.8	26 821
35 - 39	15 536	6.7	4 530	2.0	20 066
40 - 44	13 116	5.7	3 705	1.6	16 821
45 - 49	11 815	5.1	3 345	1.4	15 160
50 - 54	10 277	4.4	2 781	1.2	13 058
55 - 59	7 567	3.3	1 830	0.8	9 397
60 - 64	3 899	1.7	876	0.4	4 775
65 & Over	4 078	1.8	875	0.4	4 953
Not Stated	522	0.2	133	0.1	655
TOTAL	**175 534**	**75.8**	**56 013**	**24.2**	**231 547**

SOURCE: 1980-1981 Population Census of the Commonwealth Caribbean
Guyana – Volume 2 – Table 2.2.3

HOUSEHOLD HEADSHIP RATES 1970 AND 1980 AND ESTIMATED HOUSEHOLD HEADSHIP RATES 1985 – 2000 BY SEX AND AGE-GROUP

TABLE 3

MALE

AGE-GROUP	HEADSHIP RATES		ESTIMATED HEADSHIP RATES			
	1970	1980	1985	1990	1995	2000
15 - 24	11.2	10.5	10.3	10.2	10.1	10.0
25 - 34	69.1	63.6	62.2	60.8	60.2	59.5
35 - 44	86.9	85.2	84.8	84.4	84.1	83.9
45 - 54	89.6	88.9	88.7	88.6	88.5	88.4
55 - 64	87.9	87.5	87.4	87.3	87.3	87.2
65 & Over	77.0	78.8	79.3	79.7	79.9	80.2
TOTAL	55.3	51.3	. . .	. . .	. . .	. . .

FEMALE

AGE-GROUP	HEADSHIP RATES		ESTIMATED HEADSHIP RATES			
	1970	1980	1985	1990	1995	2000
15 - 24	2.4	2.6	2.9	3.0	3.1	3.1
25 - 34	10.7	12.6	13.1	13.5	13.8	14.0
35 - 44	19.4	21.8	22.4	23.0	23.3	23.6
45 - 54	28.9	31.4	32.0	32.6	33.0	33.3
55 - 64	36.4	40.4	41.4	42.4	42.9	43.4
65 & Over	40.0	42.8	43.5	44.2	44.5	44.9
TOTAL	15.4	16.0	. . .	. . .	. . .	. . .

SOURCE: Ministry of Housing 1986.

NOTE: HEADSHIP RATE – Rate at which households were formed; percentage in age-group who are household heads by sex.

MINISTERIO DE PLANIFICACION NACIONAL
SECRETARIA TECNICA DE POBLACION

PONENCIA PARA EL SEMINARIO MUJER, POBLACION Y DESARROLLO

Hannia Silesky J.

1989

PRESENTACION

El presente documento debe insertarse en la dinámica cada vez más crítica que ha caracterizado el campo de MUJER, POBLACION Y DESARROLLO. El interés se ha centrado en rescatar tanto las generalidades del sistema como la particularidad del individuo y la familia.

Más que una compleja disertación teórica, muestra las inquietudes que aún hoy surgen y cuyas respuestas requieren de un recorrido arduo en la práctica y la ciencia.

INTRODUCCION

La relación entre población y desarrollo es un principio ampliamente aceptado tanto para teóricos del tema de la población, como de aquellos que tienen como objeto de estudio el desarrollo y las políticas económicas. Esta situación, sin embargo es resuelta de maneras muy diferentes según sea el enfoque asumido. Los modelos explicativos son numerosos y en general utilizan las mismas categorías de análisis y relaciones, siendo diferente el peso relativo que se le asigna a cada uno de estos puntos en la interpretación de los fenómenos que se tratan.

Ante todo, debe tenerse presente que aunque son enfoques teóricos-académicos, los posibles aportes pragmáticos constituyen un abanico de opciones en el campo político donde el sujeto es la sociedad con todos sus derechos de libre decisión.

El consenso en el tratamiento teórico de población y desarrollo esta lejos de lograrse, pero la efervescencia llega a niveles máximos cuando se trata de incluir la mujer ya no como variable sino como categoría de análisis en ese mundo de sexualidad neutra en que se concibieron la mayoría de las explicaciones del desarrollo.

Más que el estudio sistemático, han sido los fracasos de tantas políticas, sean estas restrictivas o expansivas del crecimiento de la población, las que han obligado a las autoridades de países como el nuestro a incorporar a la mujer como principal productora y distribuidora en cualquier lógica de reproducción y crecimiento.

Ahora bien, cuáles son las principales relaciones explicativas de mujer, población y desarrollo? Veamos por razones discursivas en términos de dicotomías, MUJER-POBLACION y MUJER-DESARROLLO.

MUJER Y DESARROLLO

El desarrollo puede ser analizado de acuerdo con sus consecuencias o por su causalidad. Cualquiera de esos análisis lleva a interpretaciones sobre el crecimiento de la población, los tipos de familia y el papel de la mujer. Para nuestros efectos es necesario conceptualizar la lógica del comportamiento de nuestro sistema de producción, sus relaciones y las alternativas políticas asumidas.

El proyecto económico y político al que se adhirió nuestro país, al igual que muchos países latinoamericanos, facilitó la construcción de bases democráticas. El Estado, en el nuevo orden, posterior a la Segunda Guerra Mundial, asumió el liderato en la dirección política bajo ideas de consenso, como resultante sus proyectos fluyen hacia todos los grupos sociales y poblacionales

En el orden económico, el crecimiento fue bastante acelerado, apuntando a actividades agroexportadoras y bajo una dinámica de diversificación.

"Para países como Costa Rica este proceso significó la extensión de nuevas formas de producción, y el fortalecimiento del mercado interno. Tales fenómenos determinaron una importante expansión de las relaciones salariales en las grandes y medianas plantaciones " (Carcanholo, 1984), además de un avance en el desarrollo urbano y de los procesos de industrialización.

En forma casi paralela se proyectan grandes medidas de seguridad social, especialmente en la década del 60 que procuran como se mencionó anteriormente un equilibrio de fuerzas dentro de un marco político de democracia.

El Estado asume como punto de llegada el bienestar de la población. "Las altas tasas de crecimiento económico hasta mediados de los años setenta fueron concomitantes con profundas transformaciones de la estructura productiva"(ibid).

La estructura social de Costa Rica se flexibilizó y como producto de políticas de movilidad social se acrecentaron los estratos medios, aunque también con un peso significativo los sectores de bajos ingresos.

El papel de la mujer como respuesta y a la vez protagonista ha dependido de su ubicación en el mosaico de grupos que han resultado de este proceso.

Los canales de exclusión social y marginalidad que actúan en el seno de la sociedad limitan la participación plena tanto en los resultados del desarrollo, como en la participación racional y en la configuración del proceso, ciertamente nuestro recurso humano esta siendo subutilizado.

Cabe destacar que tanto elementos de ideosincracia y valorativos se suman a los aspectos económicos dando cuenta con una unidad de una coherencia poco estable.

El rol asignado a la mujer esta condicionado especialmente en el ciclo generacional, en el cual se reproduce en cierta forma el grupo social de pertenencia y los valores familiares. Estos en conjunto con la ubicación geográfica, el acceso a los sistemas de salud y educación, entre otros, van disponiendo la capacidad de incorporación al mundo del trabajo en forma ventajosa, o no. El velo que cubre la entrada de la mujer al mundo laboral toma forma en la base económica, pero se teje en lo ideológico.

Podría hablarse en ese sentido de una selección natural del sistema mayor, que excluye con rigor a los grupos periféricos tanto en valores como en ingresos, sin embargo la mujer no solo lo sufre sino que aún las mismas estadísticas no dan cuenta de ello.

Existen teóricos que afirman que los obreros tienden a lanzar más miembros de la familia al mercado de trabajo, para intentar complementar el ingreso familiar necesario para la subsistencia, en tanto más disminuyen los salarios, más y más mujeres deberán incorporarse al trabajo.

En los grupos medios y altos su incorporación tiene mayor sentido en términos de realización o ingreso, sin embargo deben ser ajustadas tambien muchas contradicciones. Algunas teorías siguen sustentando que las condiciones económicas son las que definen el momento y la forma del rol laboral de la mujer y que esa inserción define o condiciona su capacidad y motivación reproductora. Este planteamiento ha llevado a simplificar y menospreciar otros factores.

MUJER Y POBLACION

Tanto la dimensión productiva, como la social y la cultural son explicativas del crecimiento demográfico.

El costo y las dificultades en la conceptualización de los aspectos culturales ha limitado los análisis de lo valorativo. El hombre es esencialmente un ser simbólico, tanto la comunicación como sus actos lo demuestran, la esencia de sus actitudes se encuentra en su mente y por tanto se requiere su decodificación para su aprehensión y comprensión.

Toda sociedad posee reglas o normas que condicionan desde las relaciones sexuales hasta su reproducción como especie y como cultura, pero no son ni mucho menos las mismas en todas partes, ni aún homogéneas dentro de una sociedad o dentro de un estrato social determinado.

Las normas van imponiendo las condiciones y límites, en concomitancia con las condiciones de vida. La autorización social es importante, en tanto da cuenta a cada individuo de la sociedad de sus posibles conductas.

Sin embargo esta autorización tiene sus límites en cada uno de acuerdo a su vivencia, en este plano se une lo objetivo y lo subjetivo. Qué hace, por ejemplo que una mujer tome una decisión y la ejecute en materia laboral y de población? Cuántas veces se funciona en contradicción aparente con la sociedad y con sus propios pensamientos? Es por estas razones que en la temática de población y desarrollo surgen una serie de preguntas que ni aún los mejores estudios de caso las logran resolver, en tanto su respuesta trasciende la objetividad del dato y requiere del aporte interdisciplinario.

Las normas como objeto de estudio han cobrado importancia, las sombras que pesan sobre ellas; de dónde surgen, cuál es su heterogeidad, cuáles sus posibles transgresiones y cuál la motivación de fondo.

Para concretar con un ejemplo: Hasta dónde una mujer está autorizada socialmente para plantear a su pareja la planificación familiar o métodos de control?

A qué niveles actúa esta autorización, en forma explícita o implícita? Los matices que logran los patrones de comportamiento resultantes son muy variados, tanto por los elementos anteriormente apuntados como por la relaciones establecidas con su entorno socioeconómico. En algunas ocasiones el medio ambiente humano -sin ser determinista- logra una gran importancia en la explicación de actitudes.

Este medio ambiente humano lo constituye un estilo de vida, una manera de vivir, el individuo y la familia creará sus propias pautas ante nuevas situaciones. Toda esa amalgama de vivencias hacen por ejemplo que un grupo posea menor intención de acceder a controles de fecundidad.

Al respecto habría que señalar que existe una mitología que ha mediatizado la teoría y la práctica. En general nos hemos ido quedando en la superficialidad del mensaje explícito del mito sin adentrarnos a sus mensajes implícitos.

El hombre como ser simbólico los crea y los recrea y si "consideramos el mito como la narración de la ejecución original de algún acto que se sigue repitiendo en el ritual que legitima alguna de las pretensiones sociales" (Mair,1981)
porqué quedarnos en la explicación aparente y no recurrir al acto que le dió origen? Solo adentrandonos como planificadores e investigadores en las causas primigenias podremos tener espacio en la realidad para establecer modificaciones o prácticas preventivas.

Para mostrar con mayor propiedad este planteamientos revisemos algunas respuestas sobre planificación familiar de adolescentes embarazadas.

"Planificar para no tener hijos... yo conozco sólo los preservativos, los conozco de vista, he oído del DIU, del ritmo después de la T de cobre, de ovulación y de pastillas.
El ritmo, bueno uno puede tener relaciones diez días después que le ha venido la menstruación... Tenía pensado con el DIU mientras, porque a mi pastillas no me gusta usar y preservativo tampoco... No confío en las pastillas... porque dicen que hinchan .... y secan"
Joven adolescente, residente de zona urbana, casada, de ingresos bajos y bajo control médico. Con problemas familiares antes de casarse.

" Yo sólo llegué dos veces tarde... bastó para que no me volviera a hablar - se refiere a su padre- nunca más...A todas mis hermanas mi mamá nos ha explicado a los 15 años... nos explica desde el principio hasta el final... Porque yo le dije desde el primer día, yo llegué y le conté, mami me pasó esto con un muchacho. Entonces me dice con pegarle o regañarla ya no se puede remediar nada... ella me dijo busque un ginecólogo y le pide unas pastillas... pero no las pude usar porque me hicieron daño. Yo pensaba en la posibilidad -de quedar embarazada- porque no estaba usando nada. Mi mamá le dijo a mi papá y no dijo nada, nada más le dijo bueno dígale que aliste las

maletas. Pienso vivir aquí... con una amiga que también está embarazada y somos de la misma edad.

Adolescente de 18 años, estudiante de segunda enseñanza, residente de zona urbana, soltera, procedente de una familia de ingresos medios, con problemas de comunicación con su padre.

Con estos dos casos nos permite- teniendo los estudios como contexto- visualizar que en el caso de los adolescentes, -con un aumento de su fecundidad en relación con otros grupos que además de su ubicación en los estratos sociales inciden en su comportamiento reproductivo valoraciones inconsistentes.

La sociedad les ha permitido adueñarse parcialmente de patrones de conducta acerca de la sexualidad, o bien se les ha brindado, a lo sumo, conocimientos abstractos sin la adecuada referencia a su mundo vivencial.

Ante esto se justifican en mucho los estudios que persigan darle rostro a la reproducción.

TENDENCIA DE LA FECUNDIDAD EN COSTA RICA

Las encuestas de fecundidad a partir del año 1960 muestran tendencias bastante interesantes. A continuación se revisa cronológicamente su tendencia según edad, educación y ubicación geográfica de las mujeres, variables de mayor relevancia en las encuestas.

La fecundidad en el tiempo

Se considera que la reducción de la fecundidad en Costa Rica ha sido bastante drástica, y que se explica intergeneracionalmente. El tamaño de la familia se redujo casi a la mitad: de 7 hijos en 1960, hasta cerca de 4 en 1975, para alcanzar un promedio de alrededor de 3.5 en 1984

Según la edad de la madre se considera que quienes determinaron el descenso fueron las mujeres de la cohorte nacidas entre 1930-1945. (Rosero, 1983). Ver cuadro N 1

Fecundidad según residencia

De acuerdo a un estudio por cantones (unidades territoriales) con base en el Censo de Población 1984 (Raabe, 1987), se determinó que existen cantones que siguen manteniendo elevandos niveles de fecundidad, especialmente aquellos ubicados en la periferia. Además, son precisamente las jóvenes de 15 a 19 años quienes muestran los más altos índices de fecundidad, casi en forma independiente de su residencia.

Cabe destacar que la Encuesta Mundial de Fecundidad 1983, demostró que el promedio de hijos de madres del Area Metropolitana es de 3.5, en Rural Urbana es 4.0 y Rural rural presenta el promedio más alto, 5.1.

Fecundidad según nivel educacional de la madre

La misma encuesta señala que existe una total correspondencia entre el nivel educativo de la madre y el promedio de hijos, pasando así por una grandiente con inicio en 5.9, correspondiente a madres sin ningún nivel educacional hasta llegar a 3.0 para mujeres con educación secundaria y superior.

Ante estos breves resultados que pueden extenderse y formar mayor consistencia siguen señalando que existen suficientes patrones de fecundidad como posibles estilos de vida. Se requiere un mayor acercamiento a la evolución y procesos que configuran los patrones, sólo de esta suerte la planificación en materia de población podrá dar los resultados positivos para todos los grupos y subgrupos sociales.

A MANERA DE CONCLUSIONES

1. Las encuestas de fecundidad realizadas en Costa Rica han determinado que hasta 1960 imperaron elevadas tasas de fecundidad, y que en la década del 70 se vivió un dramático descenso. Además se ha dejado al descubierto importantes determinantes en estos cambios:

. Nupcialidad
. Lactancia
. Programas de Planificación Familiar
. grupo socioeconómico
. Seguridad Social

2. Otros estudios han incursionado en la fecundidas y correlacionan variables con mayor desagregación. Otros han indagado en grupos determinados previamente como de alto riesgo o vulnerables. La situación en materia de investigación es alentadora, sin embargo la identificación de valores y su relación con el comportamiento de la fecundidad y la realización de la mujer ,en futuras investigaciones nos propondría la ubicación de grupos claves aún encubiertos por las actuales estadísticas.

HANNIA SILESKY

POBL.
9-5-89

Fecundidad según número de hijos, tasas de fecundidad según grupo de la madre.

AÑO	FECUNDIDAD (HIJOS)	TASAS DE FECUNDIDAD 15–19	20–24	25–29	30–34	35–39	40–44	45–49
1960	7.3	122	357	354	297	223	89	16
1965	6.5	111	305	318	256	215	88	16
1970	4.9	102	239	231	188	144	69	12
1975	3.8	104	207	178	130	92	40	8
1981	3.6	97	185	166	123	75	27	7
1984	3.5	87	187	173	111	85	31	7
1985	3.6	99	198	181	128	74	27	8

Fuente: Estadísticas Vitales, Sosa (1983), Rosero (1983)
Estadísticas de Fecundidad, 1986.

El aumento de 1984 a 1985 se considera que ocurrió ⊕ por postergación de los hijos (desde 1982), sin embargo esto no ocurre para los grupos medios

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Joint INSTRAW/UNFPA Training Seminar

on

Women, Population and Development

Presentation by
Edith Lataillade

25 May 1989
Santo Domingo

I must apologize for my poor English and the fact that this presentation will focus on the Haitian women's role in supplying family welfare although there are similarities among the Caribbean countries concerning the status of women and their participation in the development process.

The role of Haitian women as substitute to the deficiencies of governmental services and welfare, deserve special attention.

I hope that focussing on that specific matter will make this presentation useful to you.

For the first time, in April 1986, 30,000 women marched in the streets of Port-Au-Prince, the capital city. They were from different backgrounds, different social and economic conditions.

What were they claiming?

Among other things, they were claiming recognition for their work and active participation in the socio-economic life of the country.

What is their work?

The working age of Haitian women starts as early as 10 years old in most cases. This is the age when they start supplying water to the homes. Whether it is their homes or the homes of the so-called adopted families. These adopted families happen to be in many instances abusive, taking advantage of their desperate socio-economic situation and using their young energy and unremunerated work. A relation not far from that of master and slave.

But let us go back to a more global description of the feminine labor force (those who are not in the professional level) estimated today at 1.8 million. According to the population census of 1982, those women represent 52% of the labor force of the country. The total feminine population is 2.6 million, 73% which lives in the rural areas, and 19% in the metropolitan areas.

The structure of the population in general is young. Consequently, the feminine population is also young. Since the working age of women goes from 10 to approximately 64 years, it is interesting to note that even at the age of their first union (18 - 24), the level of the feminine work force remains almost equal to the masculine one of the same age group.

A slight decrease occurs during child birth followed by a rapid increase.

Although the unemployment rate seems to be lower for women, as you know, this does not mean that they are effectively non-active. It only reflects the fact that a large part of their work is unaccounted for.

THE ECONOMY OF HAITI

The economy of Haiti is stagnant. The estimated gross domestic per capita income is equivalent to 300 US Dollars a year.

Basically, this economy is fragile because of low agricultural productivity, declining at a rate of 0.6% per year since 1960, and aggravated by unstable foreign market.

This unstable foreign market has also direct implication on the manufacturing sector which appeared in the seventies and where women workers are predominant.

This sector is extremely insecure as factories close with every sign of profit decrease. In addition, this weak economy is aggravated by political disturbances.

It is only in 1984 that the Biennial Development Plan of the Government addressed very briefly the necessity to provide funds for women's projects. The amount earmarked then was only 693,000 gourdes, the equivalent of US$139,000.

A Secretariat for Women Affairs was created in 1987. Unfortunately it did not survive the economic degradation and political disturbances of the country.

In terms of external assistance, besides projects focussing on maternal and child health, and family planning, and their biological reproduction aspects, not much has been done to date.

It should be noted that health institutions and health care covers only 40% of the total population. Women and traditional midwives look after the health of the population. Maternal mortality, according to hospital statistics in 1988, is estimated at ---- per thousand in certain rural areas, and ---- in the urban areas, which are an unacceptable rate.

Thirteen thousand midwives attend 80% of the births at home. Only 6,000 of them are trained to offer services in clean and hygienic conditions, and to recognize when and where to refer difficult cases. However, even when referred to a health institution, long distances and in some instances horse back transportation, worsen the women state of health to the point of death.

In that ill socio-economic context, the feminine labor force has two functions: one at the micro economic level, to secure the family survival, the other one at the macro economic level to contribute to the reproduction of the economy as a whole.

THE SURVIVAL OF FAMILIES

Traditionally, in Haiti, the words "domestic work" mean a remunerated work as opposed to the scientific meaning of that same expression. Therefore, the services rendered by women to their families will be referred here to as "domestic production".

The majority of adult women are the head of their families, responsible for the management of survival. This management of survival deals with (among other things): food and water supply.

Food Supply

For example in the urban area, the cost of a 1,500 calories a day per person, and for a family of four, is approximately $20 a month without protein. This cost represents in most cases 70% of the women's monthly income. Food subsidy is not systematically available. Government and world food programmes supply food subsidies in certain health institutions and for pregnant women and children with certain degrees of malnutrition. Other food subsidy is also available in primary schools of non-governmental organizations.

Water Supply

Water supply in urban and rural areas is scarce and can be considered as a privilege. Only 40% of the total population has direct access to drinking water. The search for water is one of the most cumbersome task of young girls and women. It is time and energy consuming. Water points are at variable distances especially in rural areas. Approximately two hours a day are necessary to supply the family with water. In urban areas, especially in the capital city, water can be bought. The cost is approximately $3.00 a cubic meter from an independent vendor. For that reason, the majority of women do their laundry outside their homes.

On that subject I would like to take a few minutes for an anecdote illustrating the concept of time and distance of rural Haitians. In the 70's WHO conducted a survey on drinking water supply in Haiti. One of the questions concerned distance and time for search of water. The first formulation was "How far do you go to get your water?" The reply was: not too far or very far, with no precise indication. So, the question was then formulated differently: "How much time does it take you to get water?" There again the imprecision of the answers necessitated a more creative formulation. This time the team observed the cooking method of corn, and started the same operation; they gathered wood for the fire, a dozen cobs of corn and 5 gallons of water; put everything to boil and it took approximately one hour. So, the question was, "While your corn is boiling, how many times can you go get water?" And the reply was: "When our corn is boiling, we already have water."

In terms of time, the domestic unremunerated service of women is estimated at 11 hours and 36 minutes a day shared with the young females of their families.

WOMEN CONTRIBUTION TO THE REPRODUCTION OF THE ECONOMY

The fragmentation of agricultural land and eroded soil, implies a declining productivity and means a withdrawal of women from the land. Adding to that, current policies eliminated unmarried women from the right to land inheritance in case of their male partners' death. This policy concerns 75% of the women. Furthermore, the remuneration of women for agricultural work is discriminatory representing 50% of the men's remuneration.

This situation forced most rural women into speculative and commercialization activities or factory jobs creating an important migration movement, first urban, later international.

Although women are practically responsible for the entire network of commercialization of agricultural goods, it is important to underline that she is kept away from coffee commercialization or any high profit-making product.

In 1982, 221,000 women were engaged in commercial activities representing 90% of this sector.

These commercial activities can be divided into two categories: one which we will call modern, consisting of small shops and stores and selling some agricultural products, and mostly manufactured imported goods; the other, informal traditional insuring the commercialization network of 70% of agricultural products. These agricultural products are sold by women vendors currently called "Madame Sara". This name is usually acquired when the women are able to capitalize $60.00

They usually decide what portion of the production should remain in the family. They are heads of the family and in many instances their male partner is called the "Secretary". Some 1,300 women vendors supply the capital city with 160,000 to 185,000 tones of food. Another category of women vendors are the intermediaries, buying in bulk from the "Madame Sara" and reselling in market places and in the streets.

The network of commercialization is a total feminine organization. A model of efficacy, if one take into consideration the numerous problems encountered whether logistic or at the level of capital access. Their economic conditions are not in accordance with their fundamental role. The lack of access to capital, from the bank or any other financing institution, including government facilities, force them into loans at as much as 30% interest rates monthly.

Furthermore, they are also facing difficulties of transportation, bad roads and difficult storage facilities. Despite all that, this work load and energy is not very profitable; as an example, 13 hours of work, including almost 10 hours of walk, brings a profit of approximately one US Dollar a day to a rural woman.

More recently, the trend to speculative activities went as far as encouraging smuggling of manufactured foreign goods and even agricultural products. These same women are now being perceived as destructive agents of the natural productivity. But no one yet is trying to reconsider the other end of the problem, that is to say! Even in a survival situation, what other alternative can be offered to those women?

The hope of Haitian women is still at survival level, although their work is essential to the national economy. A lot has been done by Haitian women, amazingly, always with a smile and sometimes with laughter. A lot rest to be done for them, if only to get them out of their isolation .

THANK YOU.

UNIVERSIDAD DE LA HABANA

Estudio de caso de Cuba: dos programas de seguridad social y de asistencia social dirigidos a la familia y su impacto sobre la mujer

Marta Núñez Sarmiento (')

Analizar este tema en Cuba requiere reconocer que estos programas están vigentes en una sociedad que transita al socialismo a partir de condiciones subdesarrolladas. Esto significa, por una parte, que los beneficiarios de la seguridad social y la asistencia social disfrutan de los índices elevados de la calidad de la vida de toda la población.(Ver Tabla No. 1) Por otra parte, el subdesarrollo del que se partió, y que aún afecta, limita los recursos materiales para financiar estos programas.

Esta aclaración es válida para que los participantes en el Taller decidan qué medidas de la seguridad y la asistencia social cubanas podrían aplicarse en otros países de Centroamérica y el Caribe, que es uno de los propósitos de este encuentro.

La seguridad social en Cuba es un sistema integral de prestaciones compuesto por dos regímenes: la seguridad social y la asistencia social, con el fin de garantizar que no quede una persona desamparada en el país.

Asegura una protección adecuada al trabajador y a su familia ante los riesgos de la maternidad, la invalidez, la muerte y, en general, a todas aquellas personas cuyas necesidades esenciales no estén garantizadas o que sus condiciones de vida o salud requieran protección, y no puedan solucionar sus dificultades sin la ayuda de la sociedad.

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El régimen de seguridad social no exige contribución alguna a los trabajadores. El Estado cubano asegura su financiamiento mediante el presupuesto estatal.

Este régimen concede prestaciones en:

- servicios gratuitos a toda la población en asistencia médica y estomatológica, preventiva y curativa, hospitalaria, general y especializada, la rehabilitación física, psíquica, laboral y servicios funerarios;
- especie, suministradas gratuitamente a través de medicamentos a todas las embarazadas, medicamentos y alimentación necesarios al paciente hospitalizado, prótesis, aparatos ortopédicos y medicamentos en los casos de accidentes de trabajo y enfermedades profesionales;
- monetarias, que son subsidios en los casos de invalidez temporal; licencia retribuida por maternidad y pensiones por edad, invalidez total o parcial y muerte.

En 1988 sus programas comprendíana un millón 82 mil 500 pensionados (aproximadamente uno de cada diez cubanos). Los gastos de ese año fueron de mil millones 175 mil pesos, que representaron alrededor del 14% de los gastos previstos de las actividades presupuestadas del Estado.(1)

La cuantía media de las pensiones concedidas se han incrementado a lo largo de los años, y en 1988 ascendió a 100 pesos con 86 centavos.(2)

Los beneficiarios de la asistencia social sumaban 136 mil 617 personas en 1988 y 64 mil núcleos familiares. Los gastos de estos programas planificados para 1989 son de 90 millones 800 mil pesos.(3)

Estos gastos no se han reducido durante los años de la crisis económica, que ha influido negativamente en el sector externo de la economía cubana.

En este trabajo analizaré un programa de la seguridad social y otro de la asistencia social dirigidos a la mujer: la protección a la maternidad de la trabajadora y la atención a la madre sola. Ambos se refieren a la mujer en tanto miembro de la familia, por lo que considero se ajustan a los objetivos del Taller. Estudiaré por qué surgen estos programas, cuáles han sido algunos de sus logros y sus limitaciones, y cómo han cambiado.

Ley de maternidad de la trabajadora

La Constitución de la República y el Código de la Familia, ambos discutidos por toda la población y votados por ella en 1975, establecen que hombres y mujeres ejerzan en igualdad de condiciones sus derechos y deberes, y garantizan legalmente la protección a la mujer durante el embarazo por medio de prestaciones de salud y monetarias.

La ley 1263 de 1974 y la ley 13 de 1977 de Protección e higiene del trabajo protegen a la trabajadora durante su período de gestación, post parto y para cuidar al recién nacido.

Estas leyes derogaron la ley 1100 de 1963, que generalizó la seguridad social en Cuba, y que introdujo los aspectos siguientes en cuanto al seguro social de maternidad:

- amplió sus beneficios a todas las mujeres trabajadoras, tanto del sector estatal como privado;
- garantizó la licencia retribuida pre y postnatal durante doce semanas;

. concedió a la trabajadora una hora diaria, dentro de su jornada de trabajo, para lactar y atender a su hijo;

. brindó a toda mujer trabajadora las prestaciones en servicio y especie que requiriesen tanto ella como el recién nacido, durante la gestación y hasta su alta hospitalaria;

. concedió un subsidio en efectivo a la madre trabajadora que, en su parto, no utilizara los servicios hospitalarios estatales.

Las leyes de 1974 y 1977, vigentes en la actualidad, respondieron a las necesidades reales que creó la incorporación de la mujer al trabajo asalariado.

A partir de 1959 se realizaron acciones para que la mujer se integrara permanentemente a la producción social de bienes y servicios. Alrededor de 1970 las mujeres se incorporaron al sector estatal civil de manera progresiva y sin retrocesos: en 1970 representaban el 18,5% de los trabajadores de este sector; en 1974, el 29,3%; en 1981, un 32,8% y en 1988, un 38,1%.(4)

Desde 1970 hasta la actualidad, la mujer se empleó en sectores y ocupaciones nuevas para ella. Actualmente constituyen menos de la cuarta parte de los trabajadores de la industria, la construcción, el sector agropecuario, la silvicultura y el transporte. En cada uno de los restantes sectores de la economía, la mujer representa entre el 40 y el 70% de los trabajadores.(5) En cuanto a las categorías ocupacionales, son la quinta parte de los obreros, más de la mitad de los técnicos y la cuarta parte de los dirigentes.(6)

Cada vez más mujeres en edad laboral se han incorporado al sector estatal civil: en 1988 ellas representaban el 45,4% del total de mujeres en edad laboral.(7) Y lo hacen en el período fértil de su ciclo vital.(8)

Estas son las características más generales del empleo femenino en los años en que han estado vigentes las leyes de 1974 y 1977 para las trabajadoras embarazadas.

Las gestantes reciben gratuitamente medicamentos, vitaminas y otros reconstituyentes, además de los servicios de salud. Estas facilidades comprenden no sólo a las trabajadoras, sino a todas las gestantes. Reciben a precios subvencionados leche, pollo, carne y otros alimentos. El Estado también subvenciona parte de los artículos de la canastilla.(9)

Las gestantes asalariadas tienen derecho a 6 días o 12 medios días de licencia retribuida en cuantía similar a su salario, para asistir a consultas médicas y estomatológicas antes de cumplir las 34 semanas de gestación. Tienen derecho a este beneficio todas aquellas que se encuentren en servicio laboral activo.(El número de consultas promedio al año por embarazadas es casi de 12)

Durante el embarazo, si el médico estima que labor haitual que realiza la trabajadora es nociva para su estado, se le traslada temporalmente de puesto de trabajo para otro que se ajuste a sus condiciones, sin afectar su salario, aunque realice tareas de menor complejidad. Tampoco trabaja turnos nocturnos o rotativos.

Toda mujer cesa en su actividad laboral en la semana número 34 de su embarazo y, si es multiple, en la 32. Se le concede la licencia prenatal por 6 semanas, prorrogables a 8, cuando hay error

en la fecha del parto o si éste es múltiple.

Desde el momento en que nace su hijo, la trabajadora disfruta de una licencia postnatal de 12 semanas. La licencia retribuida por maternidad se concede en cuantía similar a la totalidad de los ingresos promedio que recibió en los 12 meses inmediatos anteriores al inicio de esta licencia.

Al finalizar la licencia retribuida, la trabajadora puede disfrutar de una licencia de maternidad no retribuida hasta que su hijo cumpla un año. Conserva el derecho a la plaza que ocupa en su centro de trabajo.

Durante el primer año de vida del niño, si la trabajadora se incorpora al trabajo, tiene derecho a un día de licencia retribuida mensual en cuantía similar a su salario para asistir a la consulta de puericultura.

La cuantía mínima de prestación semanal por maternidad es de 20 pesos; esto es, se garantiza que la prestación monetaria nunca sea menor de 80 pesos al mes.

Los efectos fundamentales de este programa de la seguridad social sobre la madre trabajadora y su hijo han sido positivos en índices de salud: la tasa de mortalidad infantil en 1988 fue de 11,9 por mil nacidos vivos y la de mortalidad materna en ese año fue de 26,1 por 100 mil nacidos vivos.(10)

Investigaciones de la Federación de Mujeres Cubanas en las cuales han colaborado las universidades de La Habana y de Oriente han demostrado que las trabajadoras no consideran que la maternidad es un momento de la vida de la trabajadora en que ésta se desvincula de su vida laboral definitivamente o por unpperíodo prolongado. Las desvinculaciones temporales se producen mientras las madres no encuentran matricula en los círculos infantiles, o el niño enferma frecuentemente, e incluso por no tener matrícula en seminternados

cuando asisten a los primeros grados de la escuela primaria.

La alternativa de alargar la licencia postnatal más allá del año no ha sido adoptada en Cuba, como sí lo han hecho algunos países, por estimar que ello alejaría a la mujer de la actividad laboral, provocando su descalificación profesional y el alejamiento de su colectivo de trabajo. La opción cubana ha sido elevar el número de instituciones preescolares y promover que ambos padres compartan la atención de sus hijos.

Catorce años después de aprobada la ley de maternidad actualmente vigente, en un seminario celebrado en La Habana en noviembre de 1988 que evaluó las estrategias de Nairobi orientadas a promover a la mujer en las condiciones cubanas, los participantes propusieron estudiar la posibilidad de conceder al padre un día de licencia remunerada que le permita acompañar a la esposa el día del parto y, también, analizar la factibilidad de autorizar en la ley que el padre disfrute de una licencia sin sueldo para atender a su hijo. Esta demanda se corresponde con la necesidad que repetidamente ha planteado la Federación de Mujeres Cubanas de compartir las obligaciones en la familia entre los cónyuges y evitar reproducir conductas discriminatorias en el hogar.(11)

Han sucedido interpretaciones erróneas de la ley en cuanto a cambiar a la embarazada de puesto de trabajo cuando sea nocivo para su estado. Esto ha diso detectado en investigaciones sociales concretas , y ha sido denunciado por las trabajadoras, en centros donde no existen plazas desocupadas que las embarazadas puedan desempeñar, o éstos puestos resultan muy pocos. En estos casos, se les ha enviado a sus casas con el 50% de su salario, lo que reduce la cantidad de la prestación monetaria de la licencia postnatal, ya que

se calcula en base a los 12 meses anteriores al parto.

Una solución podría ser que no sea su centro de trabajo quien decida dónde reubicar a la trabajadora, porque no cuenta con suficientes puestos idóneos para estos casos, sino que la reubicación la haga el municipio del Poder popular a través de las oficinas de trabajo. Habría mayores opciones de plazas de este tipo.

La atención a la madre sola

Este programa de la asistencia social se dirige a mujeres sin vínculos de pareja, en edad de procrear, que tienen un hijo o más menores de 17 años, sin protección económica del padre o con una protección insuficiente, por lo que presenta dificultades para atender a los niños.

Las medidas dirigidas a las madres solas persiguem contribuir a solucionar sus problemas sobre todo ayudándolas a incorporarse al trabajo asalariado. Las comisiones de empleo femenino priorizan ubicar a estas mujeres. Asimismo, las oficinas de asistencia social gestionan que los hijos de ellas matriculen en círculos infantiles para que las madres puedan trabajar en la producción social de bienes y servicios. Las califican mediante cursos en los que aprenden oficios; localizan al padre de los hijos, y les exigen que cumpla sus obligaciones con ellos; les orientan en temas sobre la familia, la educación de los hijos, aspectos jurídicos de la familia y en temas de educación sexual. En caso de que los hijos presenten desviaciones de la conducta, las organizaciones de masas de la comunidad, la escuela y el Minosterio del Interior colaboran con la madre para hallarsoluciones.

Según sus necesidades las madres solas pueden recibir prestacio

nes monetarias continuas o eventuales, en especie y servicios que otorgan los órganos municipales de trabajo del Poder popular.

Las prestaciones monetarias continuas se conceden mensualmente hasta que se resuelva el estado de necesidad, adicionando los importes para dietas alimenticias.

Las prestaciones monetarias eventuales se dan cuando ocurren situaciones emergentes en los núcleos familiares.

Las prestaciones en especie consisten en entregar en usufructo o gratuitamente artículos considerados imprescindibles (ropa, muebles, medicamentos, etc.).

Las prestaciones en servicios se producen por ingresos en hogares de ancianos, de impedidos impedidos físicos y/o mentales, instituciones de enseñanza y otras.

Sin pretender explicar las condiciones sociales que provocan la existencia de las madres solas como problema social que requiere la atención de la asistencia social, coinciden con ellas los factores que expongo a continuación.

La edad mediana en que las personas contraen una relación conyugal por primera vez ha disminuido. En el último censo (1981) era de 19,2 años. Estudios sociales empíricos confirman esta tendencia más recientemente. Se han incrementado los divorcios en los grupos de edad de 15 a 24 años, así como el número de matrimonios jóvenes, efectuados en condiciones materiales inadecuadas (dependencia económica de los padres, falta de vivienda, entro otros), y sin la suficiente madurez y preparación para la vida familiar.(12)

El incremento de los divorcios parace asociarse al hecho de que

gran parte de las mujeres separadas asumen la jefatura de su núcleo, La encuesta demográfica nacional de 1979 así lo demostró: ellas representaban más del 70% del total de jefes de núcleos de ambos sexos en la categoría de divorciados.

En diciembre de 1988 la asistencia social atendía a 7 mil 271 madres solas en el país. De ellas 6 mil 186 estaban aptas para trabajar, pero no habían podido hacerlo por falta de instituciones preescolares y de seminternados en las escuelas primarias: porque residen en zonas apartadas, alejadas de las fuentes posibles de empleo: por causas personales, y porque hubo insuficientes ofertas de empleo. (13)

A continuación resumo los resultados de una investigación sobre las madres solas atendidas por la Asistencia social, que perseguía conocer sus características sociodemográficas y los problemas principales que confrontan. Sus autoras son especialistas en trabajo social del Comité estatal de trabajo y seguridad social de Cuba.(14

La primera fase del estudio se aplicó en 1986 a una muestra de 930 mujeres, que acudían a las oficinas de asistencia social. Representaban el 10% de la población total de madres solas.(15) La segunda fase se hizo en 1988 con el 95% de la muestra inicial (882 mujeres).

En el primer estudio el 100 % de las encuestadas tenía la condición de beneficiarias de la asistencia social. En 1988, el 48% (427) de las entrevistadas continuaban dentro de este régimen, y el 52% causó baja (455 mujeres). Las razones principales para ello fueron porque comenzaron a trabajar o porque se casaron.

Las más jóvenes permanecieron menos tiempo acogidas a la asis

tencia social, y a medida que aumenta la edad, permanecieron por un período más prolongado.

El 78% de las encuestadas en el segundo estudio no posee vínculo laboral. Las razones son similares que en 1986: problemas de salud, cuidado de los hijos, insuficientes capacidades para ingresar a círculos infantiles y para lograr matrículas en el seminternado. La causa "no he recibido ofertas de empleo" disminuyó, de un 68% en 1986 a un 14% en 1988. Sólo un 1% no desea emplearse, y un 2% abandonó sus ocupaciones. Las investigadoras interpretaron estos datos en el sentido que entre ellas hay muy pocas manifestaciones de "parasitismo social". Al contrario, las entrevistadas estiman que estar ocupadas ayuda a solucionar sus problemas.

En el primer estudio se consideró insuficiente la protección económica que los padres ofrecían a sus hijos. En el segundo estudio, esta situación mejoró ligeramente: el 39% de los hijos recibe pensión alimenticia de sus padres, un 28% no la recibe y el 33% reconoce que no le correponde, porque sus hijos se casaron o arribaron a la edad laboral.

Sólo el 8% de las encuestadas estima que su situación ha empeorado por dejar de recibir prestaciones monetarias de la asistencia social, por desvincularse del empleo o porque sus hijos comenzaron a trabajar [illegible], y no se estabilizaron en sus trabajos.

Las investigadoras consideran que las hijas de estas madres solas han reproducido sus patrones de conducta en cuanto a maternidad temprana (el 69% de ellas tuvo su primer hijo con 20 años o menos) y porque el 53% tuvo a su primer hijo siendo solteras. Esta última

condición podría dificultar el proceso de reconocer legalmente a los hijos, otorgar las pensiones alimenticias y afianzar las relaciones filiales.

Casi las tres cuartas partes de las encuestadas no utilizan medios anticonceptivos. El 29% declaró haberse interrumpido embarazos en los dos últimos años. Sólo el 5% de las entrevistadas tuvo hijos en ese tiempo.

El 85,7% de los hijos de las madres solas entrevistadas han sido reconocidos legalmente por sus padres.

La escolaridad de las entrevistadas es baja: el 62% declaró tener nivel primario sin terminar o concluido.

El primero de los estudios recomendó un programa de medidas aplicadas en 1987, que contribuyeron a mejorar las condiciones de vida de las madres soals, como se demostró en la segunda investigación. Las recomendaciones del segundo trabajo (que en algunos casos insisten en las de la primera investigación) son, sintéticamente, las siguientes.

. Continuar las acciones para incorporar a estas mujeres al trabajo asalariado, y entrenarlas en oficios mediante cursos. Atender a aquellas que se incorporen al empleo para lograr que permanezcan en él.

. Continuar las gestiones para incrementar el número de hijos de las madres solas que asistan a círculos infantiles, y que se les concedan plazas en seminternados de primaria, para propiciar que ellas se incosrporen a puestos de trabajo y permanezcan en ellos, y que los menores reciban una atención y una orientación adecuadas.

. Estudiar las dificultades que se generan al suspender automáticamente las prestaciones mometarias continuas a las madres solas, cuando sus lleguen a la edad laboral. Ser más flexibles al tomar estas decisiones.

.Profundizar en localizar a los padres de los hijos de estas madres, y exigirles que cúmplan sus obligaciones.

. Profundizar las actividades de educación sexual a las madres solateras y a las trabajadoras de la asistencia social.

. Perfeccionar la orientación de la madre sola y de su núcleo familiar, de manera que cuando sus hijos lleguen a los 17 años, cumplan sus responsabilidades como familiares obligados y responsables de mantener a sus madres. No debe tratarse diferenciadamente a hijos e hijas, pues actualmente se insiste más sobre los núcleos que tienen varones que sobre aquellos donde hay muchachas para que comiencen a trabajar.

Considero que los programas de seguridad y asistencia social seleccionados para este estudio de caso aplicaron un enfoque de género al planificar e implementar sus medidas. Ambos consideran el papel relevante de la mujer en la sociedad cubana y atienden sus especificidades. Conciben a la mujer en sus funciones como productoras y reproductoras: el de la madre trabajadora la enfoca como persona ocupada habitualmente, a quien hay que proteger en su función reproductora; el de la madre sola considera que una vía importante para solucionar sus problemas es incorporarlas establemente a la producción social de bienes y servicios.

Para compreneder cómo estos dos programas han influido en la mujer y en su familia, hay que considerarlos como parte del proyecto de transformación socialista de la sociedad cubana, e interactuando con los cambios políticos, jurídicos, económicos, ideológicos y con aquellos que han elevado la calidad de la vida de la población.

Ambos programas responden a problemas reales de la mujer y de su familia, se han modificado a medida que han cambiado las situaciones sociales a las cuales van dirigidas, y continúan modificándose, Aunque son consecuentes con el principio de que h hombres y mujeres ejerzan en igualdad de condiciones sus deberes y derechos, y han contribuido a realizar en la vida cotidiana este principio, no puede afirmarse que han solucionado los problemas de discriminación de la mujer en la familia.

En la medida en que la familia y la mujer tienen aseguradas sus necesidades básicas, las dificultades que les afectan

aparecen a otros niveles. Algunas de ellas, como la baja tasa de natalidad y la alta tasa de divorcios, no existían como tendencia. Otras, como las deficiencias en la educación sexual y la reproducción de actitudes discriminatorias hacia la mujer en el seno de la familia, no se reconocían conscientemente, y menos aún se calificaban como deficiencias políticas e ideológicas. El escaso tiempo libre de la mujer trabajadora no se producía en las dimensiones que sucede hoy día, que afecta a más de la tercera parte de la fuerza de trabajo activa del país.

Por último, quiero apuntar que quedaron fuera de esta ponencia otros programas de la seguridad y la asistencia social dirigidos a miembros de la familia, que influyen en la situación de la mujer: se trata de los trabajadores que reciben subsidios por invalidez temporal, pensiones por invalidez parcial o las pensiones por edad, o sus familiares que reciben pensiones por causa de muerte. En el caso de la asistencia social no mencioné los programas que atienden a los ancianos, a los impedidos físicos y allos menores.

Tampoco expuse acciones nuevas del Ministerio de Salud Pública, no contempladas en el sistema de seguridad social, que benefician a la mujer y a su familia. Se trata delel médico de la familia y de los clubes de abuelos. Hasta el momento hay estudios muy parciales sobre ellos, aunque ya han transformado, en parte, la vida de la familia, sobre todo de sus miembros comprendidos en la tercera edad.

Tabla # 1

Indicadores seleccionados de nivel de vida

	1975	1980	1986
Gastos estatales en: (millones de pesos)			
• seguridad y asistencia social	585,4	709,3	965,2
• educación y salud pública	---	1800,2	2626,5
• actividades socioculturales y científicas	---	1315,1	1964,5
Círculos infantiles	658	832	855
Madres beneficiadas por ellos (miles)	54,0	83,0	101,5
Tasa de mortalidad infantil	27,5	19,6	13,6
Tasa de mortalidad materna	68,4	52,6	36,7
Habitantes por médico	997	638	399
Habitantes por dentista	4010	2667	1773
Salario promedio mensual (pesos)	135	148	188
Consumo personal per capita (precios corrientes)	582	688	981
Consumo per cápita diario de calorías	2622	2867	2948
Consumo per cápita diario de proteínas	71,4	75,0	79,7

Fuente: Comité Estatal de Estadísticas, Anuario estadístico de Cuba 1986.La Habana, 1987. Tablas III.44, pag. 173; III.46a, pag. 175; XIII.1, pag. 513.

NOTAS

(1) Comité Estatal de Trabajo y Seguridad Social, Seguridad social, 30 años de experiencia cubana. Plegable. Enero de 1989.

(2) IBIDEM. El salario mínimo en Cuba para 1988 fue de 106 pesos con 30 centavos. En 1975 la cuantía media de las pensiones concedidas por todos los conceptos fue de 70 pesos y 34 centavos; en 1980 fue de 72 pesos con 73 centavos.

(3) IBIDEM. Incluye los gastos para hogares de ancianos y de impedidos y otras prestaciones de la asistencia social.

(4) Para 1970, Junta Central de Planificación, Censo de población y vivienda 1970, tabla 18, p. 511 y 513. Instituto del Libro, La Habana, 1976. JUCEPLAN, Resumen estadístico de la población #5, Dpto. de Demografía, 1975, p. 13. Para 1974, Informe central al IV Congreso de la FMC, p. 27. Para 1981, Comité Estatal de Estadísticas, Anuario Estadístico de Cuba 1986, La Habana, 1987, p. 202. Para 1988, Sistema de información estadística nacional, Comite Estatal de Estadística (no publicado).

(5) Datos elaborados por la autora y Dania Rodríguez, del Comité Estatal de Estadísticas de Cuba, para el Seminario de Difusión y evaluación de las estrategias de Nairobi orientadas hacia el futuro para la promoción de la mujer, celebrado en La Habana en noviembre de 1988.

(6) Seminario de difusión y evaluación de las estrategias de Nairobi orientadas hacia el futuro parala promoción de la mujer. Folleto sobre empleo. La Habana, 1989, pag. 11.

(7) Comité Estatal de Estadísticas, Sistema de información estadística nacional/1988 (no publicado).

(8) Reproduzco una tabla elaborada por el demógrafo cubano Fernando González en "La participación de la mujer en la fuerza de trabajo y la fecundidad en Cuba".

Cuba: tasas de actividad femenina y tasas de fecundidad por grupos de edades. Años brutos de vida activa y tasa global de fecundidad en 1953, 1970 y 1981

Grupos de edades	Años 1953	1970	1981	1953	1970	1981
	Tasa de actividad (%)			Tasas de fecundidad		
15-19	17,25	16,41	12,88	58,9	128,5	81,2
20-24	22,27	25,26	43,22	205,6	229,0	111,5
25-29	22,12	24,17	50,87	203,6	164,6	64,8
30-34	21,26	23,03	52,37	138,8	114,2	36,6
35-39	21,14	22,18	51,76	79,1	74,0	14,7
40-44	20,90	21,09	48,68	28,7	26,4	4,2
45-49	19,58	18,91	40,70	4,2	4,9	0,6
ABVA (15-49)	7,23	7,55	15,02			
T.G.G. (hijos ppor mujer)				3,6	3,7	1,6

Fuente: Fernando González, "La participación de la mujer en la furrza de trabajo y la fecundidad en Cuba" Un estudio sobre población y desarrollo. Universidad de La Habana, Centro de estudios demográficos, Ciudad de La Habana, 1986. Cuadro 17.

(9) Ver Elena Machín,"El sistema de seguridad social cubano", ponencia al Encuentro Interamericano de derecho laboral y seguridad social, La Habana, 23 al 25 de enero de 1989. Haydeé Quintana y Caridad Amores Llanos, "El derecho de asistencia social en la realidad cubana", ponencia al Encuentro mencionado.

(10) Informe anual del Ministerio de Salud Pública 1988 (en proceso de publicación).

(11) Ver folleto sobre empleo del Seminario de difusión y evaluación ..., recomendaciones 12 y 13.

(12) Inés Reca, "Política social y familia en Cuba socialista", ponencia al XVII Congreso Latinoamericano de Sociología (ALAS), Centro de Investigaciones Psicológicas y Sociológicas de la Academia de Ciencias de Cuba, La Habana, noviembre de 1988. Pag. 21.

(13) Ver Vivian Pazos, Magaly Kessel y Mercedes Robaina, "Resumen final de los resultados obtenidos en el seguimiento de la encuesta de las madres solteras". Versión mecanografiada, 1988. Pag. 1.

(14) IBIDEM.

(15) IBIDEM, pag. 2.

International Research
and Training Institute for the
Advancement of Women

United Nations Fund for Population Activities

Seminario - Taller "Mujer, Población y Desarrollo"
a desarrollarse en la ciudad de
Santo Domingo, República Dominicana
del 22 - 26 de mayo de 1989

Trabajo del: Punto Focal "Mujer Salud y Desarrollo"
de la Secretaría de Salud Pública de
Honduras, C.A.

Presentado por: Nolia L. de Martínez
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1. Introducción: ¿Por qué el genero?

El estudio del genero es un área nueva de análisis de la división del trabajo. Se trata de un nivel de desagregación de la población para captar las diferencias de roles sociales de hombres y mujeres en el trabajo. ¿Qué es el género, y cómo se distingue del sexo? Sexo es un atributo biológico determinado antes de nacer, y por tanto es básicamente incambiable. Género refiere a los atributos que la sociedad asigna a los hombres y las mujeres - por ejemplo, él es "fuerte, racional, gana el pan diario" y ella es "débil, emotiva, quien nutre los niños y a la familia con su sacrificio y amor". El género es cambiante. El género refleja fundamentalmente diferentes tareas de producción y reproducción. que si bien tienen denominadores comunes entre toda sociedad. también refleja diferentes momentos históricos, modalidades de organización económica y normas culturales. Los roles asignados por género son producto del proceso histórico que probablemente se originó con las diferencias biológicas entre hombre y mujer asociadas con la reproducción física de la raza humana que ataba la mujer al cuidado de los niños y, por extensión, del hogar. Con el desarrollo tecnológico (la capacidad de generar excedente) y la creciente división de trabajo, cambia la división originaria. Estos procesos cobran gran dinamismo en los últimos siglos a nivel mundial, y en las últimas dècadas en los países latinoamericanos.

El desarrollo tecnológico y la creciente división de trabajo aumentan tremendamente la productividad del trabajo. Liberan tiempo tanto del hombre como de la mujer, y/o aumentan el nivel de bienestar y consumo. Las tareas básicas de producción y reproducción siguen siendo actividades principales e inevitables. Sin embargo, no están necesariamente asignadas según las caracteristicas físicas de los seres humanos. Por ejemplo, si bien se empleaban los esclavos negros u indios para realizar las actividades más pesadas en la época colonial y post-colonial, ésto no era resultado de sus propiedades inherentes, sino del sistema de normas e ideologías que los ubicaban como sub-humanos. Esta correspondía a las necesidades de economías cuya tecnología era poca desarrollada y cuyas exigencias de excedente grandes, sistema superado en la etapa actual de desarrollo. Respecto a la división de trabajo por género, la asignación de roles ha llegado a ser más atada a las normas culturales e ideológicas predominantes, que a las capacidades o necesidades de las sociedades y los individuos, en donde la revolución en la tecnología y en la organización social ha conllevado a cambios muy importantes en la división de trabajo por género.

La división de trabajo primordial asigna el papel reproductivo a la mujer y el productivo de bienes al hombre. La primera ha sido clasificada como actividad no económica por no entrar en la mayoría de los casos en el ámbito del intercambio mercantil. Asociada con esta situación ha ocurrido la desvalorización normativa y económica del trabajo de la mujer. Como si no fuera en realidad trabajo, y por tanto la mujer es vista como agente que no influye en la economía. Sin embargo, esta división nunca ha sido absoluta: la división de trabajo entre producción y repro-

ducción ha sufrido grandes cambios con la progresiva incorporación de la mujer en actividades fuera del hogar, suceso que refleja además cambios en las necesidades y aspiraciones económicas y sociales. Además, se comienza a reconocer que muchas de las actividades de la mujer son productivas y de hecho produce valores muy considerables para la economía aunque no entran en esferas de intercambio.

La división de trabajo por género tiene influencia sobre la inserción de la mujer en toda clase de actividades fuera del hogar, especialmente en dos sentidos: 1) sigue asumiendo la mayoría de las tareas asociadas a la reproducción doméstica, la que o bien limita sus posibilidades para participar en otras actividades o bien la obliga a asumir doble jornada de trabajo cuando participe; y 2) en sus actividades "económicas" se le asigna tareas relacionadas al quehacer doméstico de baja productividad o poca valorización. La disconcordancia entre sus capacidades reales, necesidades y oportunidades es producto de una discriminación social que repercute negativamente en ella y su familia.

En Honduras la mayoría de la población labora en condiciones relativamente primitivas, lo que tiende a reforzar la división de trabajo por género. Sin embargo, las condiciones económicas actuales exigen que la mujer produzca, tanto para confeccionar bienes de auto-consumo para cubrir las necesidades básicas del hogar, como para generar un ingreso adicional. La gran movilidad de la fuerza de trabajo, las altas tasas de natalidad y la inestabilidad familiar, frecuentemente ubican a la mujer en la responsabilidad de jefe de hogar, cuando menos oportunidad tiene para llenar este papel por la discriminación social y laboral, haciendo de este grupo uno de los más perjudicados económica y socialmente.

Existen otras razones, además de los de índole humanitario, para analizar el género en el contexto del desarrollo. Es necesario para: 1) calcular la disponibilidad de recursos laborales en determinados momentos; 2) entender la ubicación estructural de la fuerza de trabajo femenina en el mercado de trabajo y cómo ésto impacta sobre los mercados de trabajo en general; 3) permitir el desarrollo eficiente y eficáz de servicios educativos, de salud y nutrición que tienen como conducto principal la mujer; 4) preveer los impactos del desarrollo sobre la dinámica poblacional.

2. Situación Demográfica Hondureña

2.1 Población por sexo y edad

Honduras tiene una base poblacional relativamente pequeña (4.4 millones en 1988) pero con rápido niveles de crecimiento (una tasa de 3.2% registrada en el Censo de 1988) y un fuerte proceso de urbanización, que conducen a problemas de acomodamiento de dicha población en materia de empleo y servicios sociales. La mujer representa una ligera mayoría en la población (50.4%)

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1. United Nations, Improving Concepts and Methods for Statistics and Indicators on the Situation of Women. New York: United Nations, 1987, p. 27.

debido a su superior esperanza de vida (63.9 años en 1983 comparada con 60.2 para hombres). Representa proporción aun mayor de la población urbana en 1988 (52.5%), tasa que se explica por su mayor inmigración en comparación con el hombre (Cuadro 1).

La estructura por edad de la población es la que se espera en un país con altas tasas de fecundidad: el 46.8% de la población tiene menos de 14 años en 1983 (EDENH II). La proporción del total de mujeres en este grupo de edad es inferior al masculino y disminuye ligeramente entre 1974-83 (47.3% a 45.1%) también por la cada vez mayor esperanza de vida femenina (Cuadro 2).[2]

2.2 Fecundidad

La fecundidad de las hondureñas sigue siendo de las más altas de América Latina aunque la tendencia desde la década de los 60 es hacia la baja. La tasa de natalidad disminuyó entre 1973-83 de 49.2 a 44.2 por 1000, y la tasa de fecundidad bajó de 7.5 a 6.7 hijos por mujer, los cuales se asocian con cambios en los niveles educativos, la creciente urbanización y el aumento de la participación femenina en la fuerza de trabajo que se discuten en seguida. Persisten importantes diferencias de fecundidad por grupo socio-económico; la mujer pobre tiene un estimado 8 hijos en promedio, mientras que la mujer de ingresos medio altos tiene unos 5. La edad del primer parto en el campo suele ser entre los 14-16 años. En 1987, el 97% de las mujeres tenían conocimiento de anticonceptivos pero sólo el 41% usan o han usado algún método.

2.3 Tasas de mortalidad

Debido sobre todo a los avances en el sector salud, especialmente en salud pública (extensión de servicios de salud y alcantarillado, vacunaciones, programas de erradicación de malaria), las tasas de mortalidad infantil y adulto han experimentado bajas sistemáticas en el tiempo. La mortalidad infantil se redujo de 132 en 1974 a 78.6/1000 en 1983, en donde la tasa femenina es inferior a la masculina, a la vez que la mortalidad global se redujo de 14.2 a 9.5/1000, siendo más notable la reducción en la tasa femenina (de 12.5 a 8.6 por 1000). Sin embargo, la mortalidad infantil rural está entre la más altas de América Latina, y se supone que las reducciones se han logrado empleando las medidas que más facilmente reducen la mortalidad. Para lograr un continuado descenso en los índices de mortalidad se reconoce la necesidad de implementar medidas tendientes a lograr mejoras sustanciales en la calidad de vida de la población, especialmente en la prevalencia como causas de muerte la diarrea, las enfermedades

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2. Si no se indica de otra manera, las fuentes de información para este informe son: SECPLAN, PNUD y UNIFEM, Política nacional para la mujer (Propuesta), Proyecto HON/86/W01, Tegucigalpa, Diciembre 1988; y Patricia Howard-Borjas, Evolución de la participación femenina y discriminación en la fuerza de trabajo hondureña, Tegucigalpa, 1989, Documento de Trabajo Proyecto HON/87/P02.

Cuadro 1: Honduras: Población Urbana-Rural Segun Sexo, 1988*

Sexo	Zona Urbana No.	%	Zona Rural No.	%	Total No.	%
Hombres	831670	47.4	1338891	51.0	2170561	49.6
Mujeres	919834	52.5	1286444	49.0	2206278	50.4
Total	1751504	40.0	2625335	60.0	4376839	100.0

Fuente: Censo de Población, 1988.
*Cifras preliminares.

Cuadro 2: Honduras: Variables Demográficos Años Seleccionados Según Sexo

Indicadores	1973	1983
Tasa de Mortalidad	14.2	9.5
Hombres	12.9	10.3
Mujeres	12.5	8.6
Esperanza de Vida	43.1	62.0
Hombres	50.9	60.2
Mujeres	55.5	63.9
Tasa de Mortalidad Infantil	132	78.6
Hombres	139	-
Mujeres	92	-
Tasa Global de Fecundidad	7.5	6.0
Tasa de Crecimiento Intercensal		3.2 (1974-88)*

Fuentes: EDENH I y II; Censo de Población 1974 y cifras preliminares Censo de Población 1988.

respiratorias, tos ferina y hasta el sarampion, causas relacionadas con la desnutrición.

2.4 Educación y alfabetismo

La educación hondureña ha tenido que enfrentar un doble reto. las demandas derivadas del crecimiento poblacional y el déficit acumulado. Tal situación dió lugar a la expansión educativa, sin que se hayan aplicado suficientes y adecuadas medidas conducentes a prevenir el rezago educativo. A pesar de las altas tasas de crecimiento promedio anual registradas en la matrícula, algunos niveles continuan con coberturas bajas, un caso es el de preescolar que de la población de 4 a 6 años absorbe el 10.3%.

El nivel primario muestra una cobertura alta, esfuerzo que no produce el impacto esperado debido a los altos índices de deserción y repitencia, cuyos orígenes tienen carácter multicausal endógenos y exógenos al sistema. Por ejemplo, en el período de 1981-1986 del 100% de matrícula del año base sólo el 29.6% llegó a 6to. grado en el año final.

Esta situación se vuelve más crítica si tenemos en cuenta que los desertores en los primeros grados de primaria son candidatos potenciales para engrosar las filas del analfabetismo, lo cual se estimaba en 1974 en 40.4% a nivel nacional y de 84% en el área rural en la población de 10 años y más. El analfabetismo femenino urbano es de 21.4% y el rural de 52.6%, en tanto las cifras para el hombre son de 16.0% área urbana y 49.8% rural en el mismo año.

En el período 1982-87, la participación de la matricula femenina en los niveles primario, medio y superior, no observa diferenciaciones substantivas, excepto en el nivel medio en el que la participación de la mujer es superior a la del hombre en 2.5%; sin embargo, la matrícula femenina prácticamente se concentra en modalidades en las que tradicionalmente se matriculan más mujeres que hombres (magisterio, secretariado). En el nivel superior en 1987 el 45% de graduados eran mujeres y en los últimos años se aprecia una proporción mayor de mujeres en la matricula de área tradicionalmente masculina.

2.5 Empleo

A exclusión de Guatemala, Honduras ha tenido la menor participación femenina en la fuerza de trabajo centroamericana, la cual aumenta muy levemente entre 1961 y 1974 (de 11.7% a 14.1%). La explicación para los bajos niveles puede relacionarse con la estructura agraria del país, o sea, que el país es dominada por un sector que absorbe mayoritariamente fuerza de trabajo masculina. A partir de los años 70 se desarrolla una "transición femenina" en la fuerza de trabajo. En 1983, la tasa de participación femenina fue de 28.1%, el doble de lo que era hace una década.

Las diferencias de participación por sexo son mucho más destacadas en el área rural en comparación con la urbana, en donde de acuerdo con definiciones convencionales, la tasa masculina rural en 1987 es de 74.4% y la tasa femenina es de 18.6%. En el área urbana en 1986 las cifras respectivas son de 65.5% y 39.4%.

El empleo femenino urbano en 1974 era aproximadamente tres veces superior numéricamente en comparación al empleo femenino rural (106,000 versus 36,000), a la vez que la población femenina en edad de trabajar en el área rural era aproximadamente 1.8 veces superior a la urbana. Las diferencias tanto entre hombres y mujeres como ent áreas rural y urbana van disminuyendo, y ésto se debe a que el itmo de formación de empleo femenino es casi igual a lo del emp o masculino: de un aumento en el número de empleos rurales entre 1974 y 1987 de 260,000, el 42% (110,000) es femenino. El aumento del empleo femenino rural sigue el mismo patron evidente a nivel nacional y a nivel urbano. Sin embargo, esta situación no es producto de una ruptura de la división de trabajo por género, sino se sustenta en dicha división. La mujer sigue siendo prácticamente excluida de participación en importantes sectores del mercado de trabajo, asumiendo tareas que corresponden sobre todo al creciente sector informal.

3. Aspectos generales y críticos que afectan a la mujer hondureña

Los problemas más serios de la mujer hondureña son la pobreza e inestabilidad familiar que agobian particularmente a ella y sus hijos. Pobreza que se expresa especialmente en la desnutrición que afecta al 48% de los niños menores de 5 años, y la alta proporción de mujeres que se encuentran en posición de jefa de familia o sustento económico de la misma cuando es élla la que menos posibilidad tiene para cumplir este papel (uno en cada cuatro jefes de familia en zonas urbanas es femenina). La pobreza femenina específicamente es efecto del limitado acceso a medios de producción, de pocas oportunidades de trabajo, del alto grado de subempleo y de la falta de infraestructura social que la permite desempeñar múltiples papeles sin empeorar las condiciones de vida de ella y su familia.

Es posible argumentar que el agente principal del ajuste estructural a la crisis económica en Honduras es la mujer. Es así porque la mujer en Honduras es la principal responsable del bienestar familiar, especialmente en las familias pobres, o sea quien maneja la salud, la educación, la alimentación y garantiza la provisión de los demás bienes y servicios para la familia (si no directamente a través de la producción de bienes y servicios y generación de ingresos, indirectamente a través del manejo de los mismos). Con la agudización de la situación económica, la mujer aumenta sus horas trabajadas para reemplazar bienes y servicios antes comprados y para generar un ingreso adicional sin lo cual la familia no subsiste.[3] Las tasas de participación femenina aumentan en cada grupo de edad en regiones urbana y rural, lo que señala que ésto se debe más a factores economicos que a cambios educativos o en los deseos que pueda tener la mujer para incorporarse a la fuerza de trabajo.

Cuando en 1983 se preguntó a mujeres clasificadas como inactivas si participan en determinadas actividades económicas, la

3. Una encuesta de mujeres campesinas reciente señala que ellas trabajan en promedio más de 100 horas semanales entre trabajo no remunerado y trabajo remunerado.

tasa de participación aumenta al 58.4% de las mujeres en edad de trabajar, y para mujeres de 15 años o más, 71.8% trabajaban. Sin embargo, la gran mayoría de aquellas actividades absorben menos de tres meses de trabajo por año, situación aún más agudizada en el área rural. Aquellas cifras y otras sobre la mujer clasificada como PEA reflejan su problemática particular: 1) su acceso a bienes de capital es reducida y depende sobre todo de su relación nupcial; 2) la menor cantidad de tiempo que tiene disponible por estar a cargo del quehacer doméstico; 3) en sus actividades "económicas" se le asigna tareas relacionadas al quehacer doméstico de baja productividad o poca valorización en el mercado y en el status social que tienden a ser del sector informal más inestables. En casi todas las ocupaciones donde trabaja la mujer, está sobre-representada en los estratos de ingreso más bajos en comparación con el porcentaje de aquéllas que desempeña determinada ocupación.

Hay más elementos en común entre mujeres dentro de la clase baja (campesinado, proletariado agrícola). La productividad de su trabajo doméstico típicamente es baja por la falta de medios de producción e infraestructura. Muele maíz empleando las mismas técnicas usadas hace siglos; tiene que cargar agua y otros insumos básicos en su cabeza; sus fuentes de energía son producto de sus propios labores; busca mantener condiciones sanitarias en medios totalmente negativos (pisos de tierra, sin letrinas ni agua potable, etc.). Cuando busca ganar un ingreso fuera de su hogar, no tiene acceso a capital propio ni prestado, y su capital humano es casi totalmente relacionado con las habilidades que tiene como ama de casa, en muchos casos sin el beneficio de una educación mínima.

Poco es conocido sobre la mujer pobre, su trabajo, ingreso y relaciones familiares. Aparte de la información recolectada sobre su inserción en la fuerza de trabajo, otra información es necesaria para entender su problemática, las causas de su pobreza, su importancia en la economía y la reproducción social, los vías posibles de superación. Especialmente importante es información sobre las relaciones al interior de la familia. El trabajo doméstico es área casi inexplorada (actividades, tiempo dedicado, división de trabajo, valorización). Los patrones de nupcialidad y sus relaciones con la natalidad y la pobreza son practicamente desconocidos, aún y cuando Honduras presenta relaciones extremas de inestabilidad familiar. Parece ser común, especialmente en el área rural, que la mujer tiene hijos de padres diferentes, quizás buscando maximizar la posibilidad de que alguno de ellos apoyé económicamente a la familia, situación provocada posiblemente por otro patrón casi inexplorado, que es la incidencia de la paternidad irresponsable. En Honduras es común que el hombre no se responsabilice por el apoyo económico de sus hijos, sino que es usual que abandone a su mujer para buscar otras o bien tiene varias mujeres a la vez, lo cual nunca ha sido objeto de estudio.

4. Areas económicos y sociales en los cuales la mujer juega u rol dominante

Obviamente las áreas económicos y sociales donde la mujer juega un rol dominante son los mencionados previamente - la familia y el mercado de trabajo. En el mercado de trabajo la mujer ocupa posiciones bien definidas: ya por la década de los años 80 representa la mayoría de la fuerza de trabajo industrial (52%), comercial (53%) y de servicios (58%), mientras que su participación en la agricultura sigue siendo baja. Pero que la fuerza de trabajo femenina industrial se encuentra concentrada en la industria y artesanía casera, se hace evidente por la diferencia entre su participación en las empresas industriales con más de 10 empleados y su participación en la rama como tal (31% versus 51% de la fuerza de trabajo en cada una). La mayoría trabajan por cuenta propia fabricando bienes salariales (comida, prendas de vestir, alfarería, etc.) para sostener su familia.

En la agricultura, ganadería y pesca, que absorbe la mitad de la fuerza de trabajo hondureña, la participación global de mujeres es muy baja, especialmente en la producción de granos básicos que absorbe casi la mitad de la PEA rural. Representa una proporción significativa de fuerza de trabajo en el corte de café (12% de la fuerza de trabajo en el mes de máxima participación), en el empaque de banano, en la cría de ganado menor y en la producción de hortalizas y frutas en huertos familiares. De hecho, su no participación en la mayoría de las actividades agropecuarias es principal fuente de desigualdad entre hombres y mujeres en el mercado de trabajo.

La baja incorporación femenina en la agricultura refleja además su falta de acceso a la tierra. La Ley de Reforma Agraria discrimina contra la mujer, y de hecho de 33 mil adjudicatarios en 1978, el 3.8% (1,254) eran mujeres. Otras cifras demuestran que cuando la mujer es propietaria de tierra, tiende a ser minifundista en mayor proporción que los hombres.

Por tanto, la mujer rural se encuentra más concentrada en la industria en comparación con su contrapartida urbana (31% versus 18%). Aunque la PEA femenina urbana es tres veces superior numéricamente a la rural, ésta última representa el 44% de la PEA femenina industrial. Esto se explica por la alta participación de la mujer rural en actividades tales como el procesamiento del café y del tabaco, y en adición, su participación en actividades artesanales rurales (fabricación de sombreros en base a jute, alfarería, etc.).

La estructura ocupacional de la fuerza de trabajo femenina es probablemente el mejor indicador de desigualdades en el mercado de trabajo. El Cuadro 3 presenta indicadores de desigualdad por género en la estructura ocupacional de 1974 por grandes grupos ocupacionales. El 86% de la PEA femenina está concentrada en ocupaciones casi exclusivamente femeninas o con fuerte sobrerepresentación femenina, es decir, en "trabajo de mujeres," cifra ligeramente superior a la que se presentaba en 1945. Sólo el 8% en 1974 trabajaba en ocupaciones "masculinas" (exclusivamente masculinas o con una sub-representación femenina), que cuentan por el 78.3% del total del mercado laboral hondureño.

Cuadro 3: Distribución de la fuerza de trabajo femenina entre ocupaciones por grado de desigualdad, 1974

	< 10% fem.		10 - 15.7%		15.8 - 49%		50 - 89%		> = 90% fem.		Total	
Ocupación	Num. Mujeres	% Ocp.	Num. Mujeres	% Ocp.	Num. Mujeres	% Ocp.	Num. Mujeres	% Ocp.	Num. Mujeres	% Ocp.	Num. Mujeres	% Ocp.
Profesionales	212	1.45%	130	0.89%	2187	15.00%	9405	64.49%	2650	18.17%	14584	100.00%
Geren., Adm.	7	0.44%	419	26.32%	1166	73.24%	0	0.00%	0	-	1592	100.00%
Oficinistas	1404	15.09%	100	1.07%	289	3.11%	1063	11.42%	6449	69.31%	9305	100.00%
Agricultores	4130	69.30%	1809	30.35%	21	0.35%	0	0.00%	0	-	5960	100.00%
Conductores	0	-	0	-	0	-	0	-				
Artesanos	210	2.09%	49	0.49%	598	5.94%	94	0.93%	9109	90.55%	10060	100.00%
Otros Artesan.	196	0.98%	63	0.32%	578	2.90%	19115	95.80%	0	-	19952	100.00%
Obreros, Jour.	35	1.03%	0	0.00%	455	13.34%	2921	85.63%	0	-	3411	100.00%
Serv.personales	299	0.82%	9	0.02%	115	0.32%	5243	14.44%	30632	84.39%	36298	100.00%
Totales	6493	6.42%	2579	2.55%	5409	5.35%	37841	37.41%	48840	48.28%	101162	100.00%

Fuente: Howard-Borjas, P. "Evolución de la participación femenina y discriminación en la fuerza de trabajo hondureña."

Anker y Hein presentan cifras de participación femenina por ocupaciones no-agrícolas de 51 países y cuatro regiones del mundo, incluyendo a Honduras. Dividen las ocupaciones en no-manuales y manuales, y examinan detalladamente cada gran grupo ocupacional.[4]

De las ocupaciones no manuales, los profesionales, técnicos y trabajadores afines tienen la mayor proporción de trabajadores femeninos en todas las regiones examinadas. Sin embargo, la alta proporción de mujeres profesionales y técnicas no se debe a la igualdad de oportunidad: la sobre-representación femenina se debe a "su predominio en dos campos: la docencia y la enfermería" (Ibid.:21). En Honduras, en 1974, el 81% de las mujeres profesionales eran maestras de primaria o secundaria o enfermeras, mientras que sólo el 25% de los hombres profesionales ocupaban estos cargos. Igual a otros países, "muchas profesiones, tales como arquitecto, ingeniero, abogado y contador, eran desempeñadas en forma casi exclusiva por varones" (Ibid.).

La participación femenina en cargas administrativas y gerenciales es baja en casi todo el mundo. Sólo en nueve países de bajos ingresos la participación femenina es superior al 20%, uno de los cuáles es Honduras. Pero en Honduras, "muchas de las personas clasificadas como administradores y gerentes trabajan por cuenta

4. Véase Anker, R. y Hein, C., "Empleo de la mujer fuera de la agricultura en países del tercer mundo," (pp. 11-36) y MacEwen Scott, A., "Desarrollo económico y trabajo urbano de la mujer: el caso de Lima, Perú," (pp. 65-79). En Anker, R., y Hein, C. (eds.), Desigualdades entre hombres y mujeres en los mercados de trabajo urbano del tercer mundo.

propia (indudablemente a menudo en actividades de tipo del sector informal)" (Ibid.). La baja participación de la mujer es desalentadora en estos cargos, donde se concentra la "toma de decisiones."

Por otro lado, ha habido un ascenso importante en la participación femenina en oficios de oficina, aunque es mucho mayor su representación en los países desarrollados. En Honduras, la proporción ha ascendido a más del 50% de la fuerza de trabajo en aquellas ocupaciones. Esta tendencia hacia el ascenso es atribuido por los autores citados a que la mujer educada que no encuentra trabajo en las profesiones por ser éstas relativamente cerradas a ella, recurre al trabajo de oficina.

En América Latina en general, y en Honduras en particular, la mujer representa una sustancial proporción de trabajadores ocupados como comerciantes y vendedores, fenómeno que no es generalizado a nivel mundial. También, América Latina es la región mundial con mayor participación femenina en las ocupaciones relacionadas con servicios personales (promedio = 61.5%), y Honduras es uno de los países con mayor porcentaje de mujeres en dichas ocupaciones (1983 = 73.7%). Mientras que en la mitad de los países latinoamericanos la tendencia es hacia un descenso en este porcentaje, no ha habido ninguna disminución en el caso de Honduras. Se trata de ocupaciones con menor remuneración, donde las condiciones de trabajo generalmente no son reglamentadas por la legislación laboral, y los servicios brindados generalmente se asocionan estrechamente con el rol doméstico, condiciones que reflejan la sub-valorización del trabajo del hogar.

Respecto a las demás ocupaciones manuales clasificadas ampliamente como "trabajadores de la producción," la mujer representa en general una baja proporción del total a nivel mundial. Honduras tiene una cifra en 1974 de 25.4%, superior al promedio latinoamericano y a la participación global de la mujer en la fuerza de trabajo. Sin embargo, la tendencia en Honduras es diferente al global pero semejante a la que se observa en El Salvador, México, Puerto Rico y la República Dominicana, donde la participación de la mujer en estas categorías tiende a aumentar. La razón principal es la existencia de Zonas de Procesamiento de Exportaciones (industria de máquila) que emplea mano de obra femenina por ser ésta más barata y con menores niveles de sindicalización. De hecho, en Honduras, como promedio, la mujer gana un salario equivalente al 77.6% de lo que gana el hombre en la mediana y gran industria manufacturera. En 1982 además la mujer trabajadora está sub-representada en los sindicatos, y su representación a nivel global es muy por debajo de su participación global en la PEA, y cuando participe, tiene poca presencia a nivel de dirigencia.

De la discusión anterior, es posible deducir que, a pesar del tremendo aumento de la participación femenina en la fuerza de trabajo hondureña, actualmente existen fuertes restricciones a su plena incorporación en condiciones de igualdad; que además le permitan trabajo relativamente estable y de adecuada remuneración. Aquellas restricciones pueden resumirse así: 1) Limitado acceso al mercado de trabajo por la discriminación social; 2) Limitado tiempo disponible para el trabajo remunerado por estar a

cargo de la reproducción doméstica; y 3) Desigualdades en materia de salarios que origina en la discriminación social y que repercuten negativamente sobre sus ingresos.

5. El diseño de proyectos con mujeres

La Figura 1 presenta un flujograma de variables que inciden en los bajos niveles de vida de la mujer hondurena, las cuales tienen que ser afectadas para mejorar su situacion a través de proyectos, programas y politicas. El primer factor que incide negativamente es la cuantía de horas que ella trabaja en actividades no remuneradas - lo que normalmente constituye una jornada completa de trabajo diario. Este horario limita las horas disponibles para participar en otras actividades. Despues, la discriminación social y la crisis del mercado de trabajo limitan sus oportunidades de trabajo muchas veces a aquéllos relacionados con el trabajo doméstico y a los que ella misma puede crear, o sea en el sector informal. Aquellos trabajos son poco remunerados. La combinación de bajas horas trabajadas y bajos niveles de remuneración por hora conducen a deprimir sus ingresos. Un problema fundamental para los proyectos que requieren participación de la mujer es cómo liberar su tiempo para que ella puede trabajar de forma remunerada o participar en actividades que la brinden beneficios, y cómo hacer que los beneficios sean satisfactorias, o sea, compensen su tiempo invertido.

La figura 2 presenta algunos factores que influyen en la incorporación de la mujer en proyectos, dadas las restricciones señaladas. Su situación actual de trabajo tanto en actividades remuneradas como no remuneradas determinan sus horas disponibles para un proyecto, las cuales son fuertemente limitados especialmente para mujeres jefas de hogar, madres con niños jóvenes y mujeres que ya trabajan para ganar un ingreso. O sea, las mujeres que más necesidad tienen para recibir beneficios (aumentar sus ingresos, educarse, mejorar la salud familiar, producir, etc.) son típicamente las que tienen menos tiempo disponible para incorporarse. Esto hace que con frecuencia, los proyectos incorporan mujeres con menos necesidades y menos carga doméstica por ser ellas mayores o casadas con hombres con niveles satisfactorios de ingreso. Todo proyecto también corre el riesgo de empeorar las condiciones de vida de la mujer por aumentar la cantidad total de horas que trabaja, la cual no sólo desgasta la mujer físicamente (ella "madruga") sino además frecuentemente deja sus responsabilidades domésticas en manos otras mujeres o hasta niñas que perjuidica a éllas, o conduce al abandono de las tareas esenciales que realiza, provocando problemas serios en el seno del hogar y en la reproducción doméstica. La solución a mediano y largo plazo no puede ser otro que el de romper la división de trabajo por género, para que los hombres tanto como las mujeres se responsabilicen para el trabajo no remunerado. Sin embargo, mientras que los proyectos pueden y deben impulsar este solución permanente, tienen que ser mas corto-placista. De necesidad, tienen que contemplar medidas para liberar la mujer de su trabajo doméstico por aumentar la eficiencia de ésta.

Hay dos medios principales para aumentar la eficiencia del

trabajo doméstico y por tanto liberar la fuerza de trabajo femenina. El primero es a través de la organizacion de las mujeres en cooperativas, empresas asociativas o micro-empresas, la cual se usa con frecuencia para facilitar su incorporación en actividades remuneradas. Pero la organización también sirve para enfrentar las actividades no remuneradas, mediante la cooperación, la división de trabajo entre mujeres, y por aumentar la escala de trabajo. El trabajo colectivo sirve para el cuidado de niños (guarderías infantiles), para la preparación de alimentos (comedores colectivos), para el abastecimiento de bienes (tiendas comunitarias), para la recolección de leña y agua, entre otras tareas. El otro medio para aumentar la eficiencia del trabajo doméstico es introducir nueva tecnología. Por ejemplo, la mayoría de las mujeres rurales pasan de dos a cuatro horas diarias moliendo maíz, igual que en los tiempos bíblicos. En una comunidad de 50 mujeres, significa 150 horas diarias, o más de 1.000 horas por semana. Un moderno molino de maíz reduce este tiempo a una 5 horas en total por día, o sea 35 horas por semana, para dos mujeres. En las zonas urbanas, mujeres frecuentemente pasan hasta dos horas diarios lavando ropa, para un total casi equivalente a lo gastado por las mujeres rurales en la molienda de maíz. Máquinas comunales pueden reducir la demanda de trabajo de 50 mujeres a dos. Son inversiones que sirven para liberar la fuerza de trabajo de la mujer para que ella participe en actividades productivas remuneradas. El traer agua potable a la comunidad es otro ejemplo de una inversión que puede reducir la carga de la mujer sustancialmente.

Otra variable sumamente importante para las mujeres que ya trabajan en actividades remuneradas es el ingreso que percibe, el destino del mismo y la frecuencia con que lo gana. Si la mujer trabaja en actividades remuneradas, es porque necesita el ingreso, básicamente para atender las necesidades básicas de alimentación, vestuario, educación y salud de los miembros de la familia. Este ingreso, por ser bajo, tiene que ganarse con gran frecuencia para permitir que atiende las necesidades cotidianas. Ella ya trabaja una doble jornada antes de incorporarse en un proyecto; con frecuencia los proyectos no contemplan que si deja de trabajar en una actividad remunerada para incorporarse en otras actividades, va a perder el ingreso que antes ganaba. Si deja de percibir este ingreso, tiene que garantizarse que el empleo generado puede por lo menos compensar la pérdida y dar beneficios adicionales. Pero además, tiene que garantizar que tiene posibilidades de percibir un ingreso con la frecuencia necesaria. Si el período de maduración de la inversión es larga, y los ingresos vienen al final (como suele ocurrir con muchos proyectos agropecuarios), ella y su familia sufrirán hasta el momento que la inversión madure. Por tanto, es necesario contemplar medidas que permitan un salario mínimo oportuno, o que por lo menos no disminuyen el salario que ya gane.

Otra área de importancia en el diseño de proyectos tiene que ver con los estereotipos respecto a "trabajo de la mujer". Los proyectos deben tener como meta introducir nuevas destrezas que permitan tanto la valorización de la mujer como ser capaz de realizar cualquier tipo de trabajo que realiza el hombre, como su

capacitación para entrar posteriormente en mercados de trabajo donde tradicionalmente ha sido excluida. Con frecuencia, los proyectos contemplan actividades para las mujeres relacionadas con sus quehaceres domésticos, basado en el supuesto frecuentemente falso que será más fácil para ella realizar actividades que conozca. Sin embargo, coser, cocinar o vender productos en escala industrial o comercial también requiere adiestramiento en nuevas habilidades que puede ser equivalente o hasta mayor que lo necesario para introducir nuevas áreas de trabajo. En proyectos que brindan servicios (salud, nutrición, planifición familiar, etc.), típicamente reforzan el papel tradicional de la mujer en vez de buscar que los demás miembros de la familia asumen responsabilidades y se educan para mejorar la situación familiar. También, hace falta componentes de proyecto que enfrentan la inestabilidad familiar por buscar, por ejemplo, concientizar a los hombres y niños de los problemas creados por la paternidad irresponsable.

En los proyectos y programas de desarrollo que incorporan a la mujer, se debe buscar aumentar los beneficios que élla percibe sin provocar impactos negativos en ella y su familia. Es un proceso complicado, que requiere la generación de información para un adecuado diseño que contempla las variables a manipular; y una toma de concienca sobre la problemática de la mujer por parte de todos los involucrados. Dada la discriminación social y la falta de información precisa y científica respecto a la mujer y su situación particular, son aspectos indispensables de cualquier esfuerzo de esta naturaleza.

FIGURA 1: FLUJOGRAMA DE VARIABLES QUE INCIDEN EN LOS BAJOS NIVELES DE BENEFICIOS PARA LA MUJER HONDUREÑA

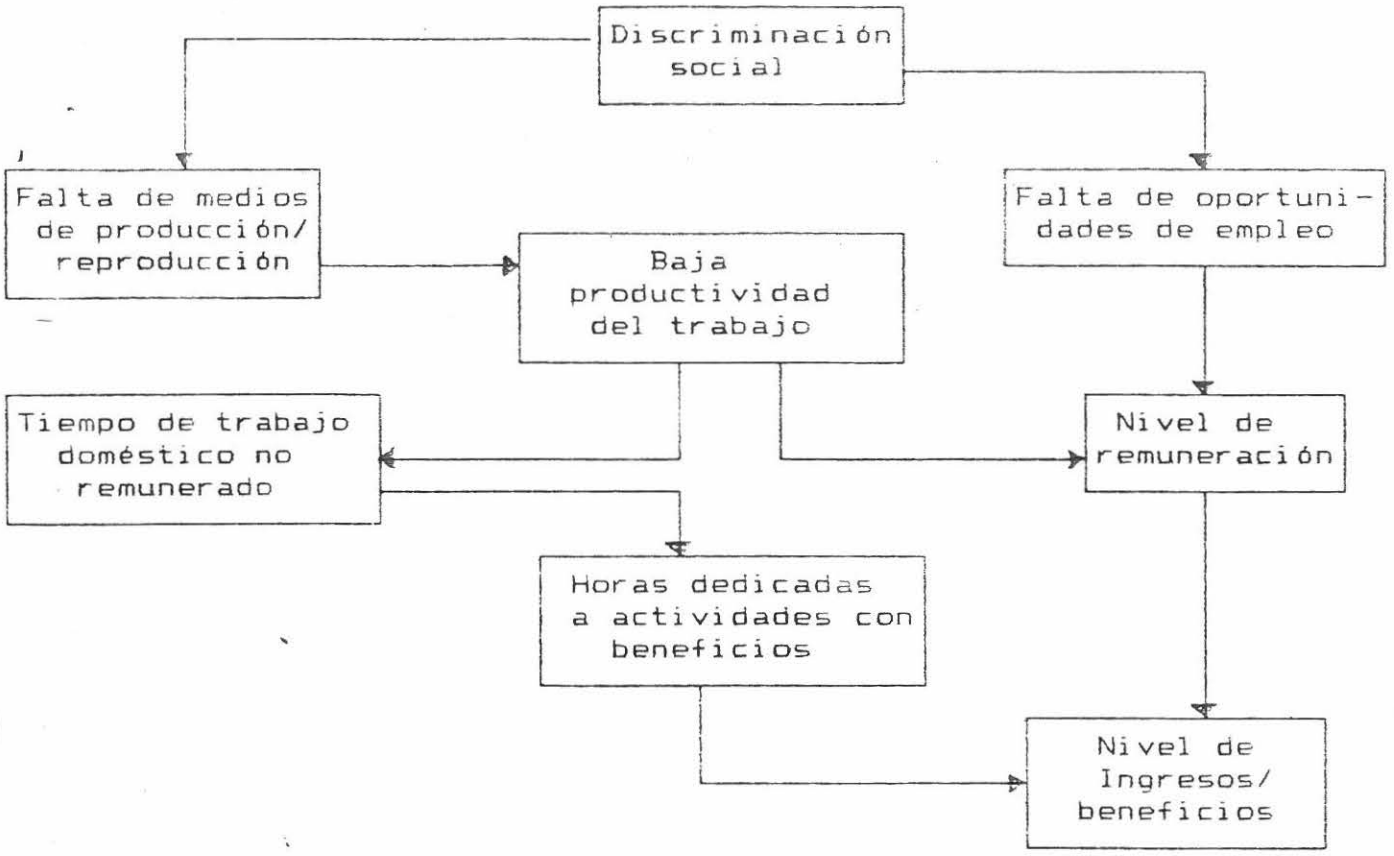
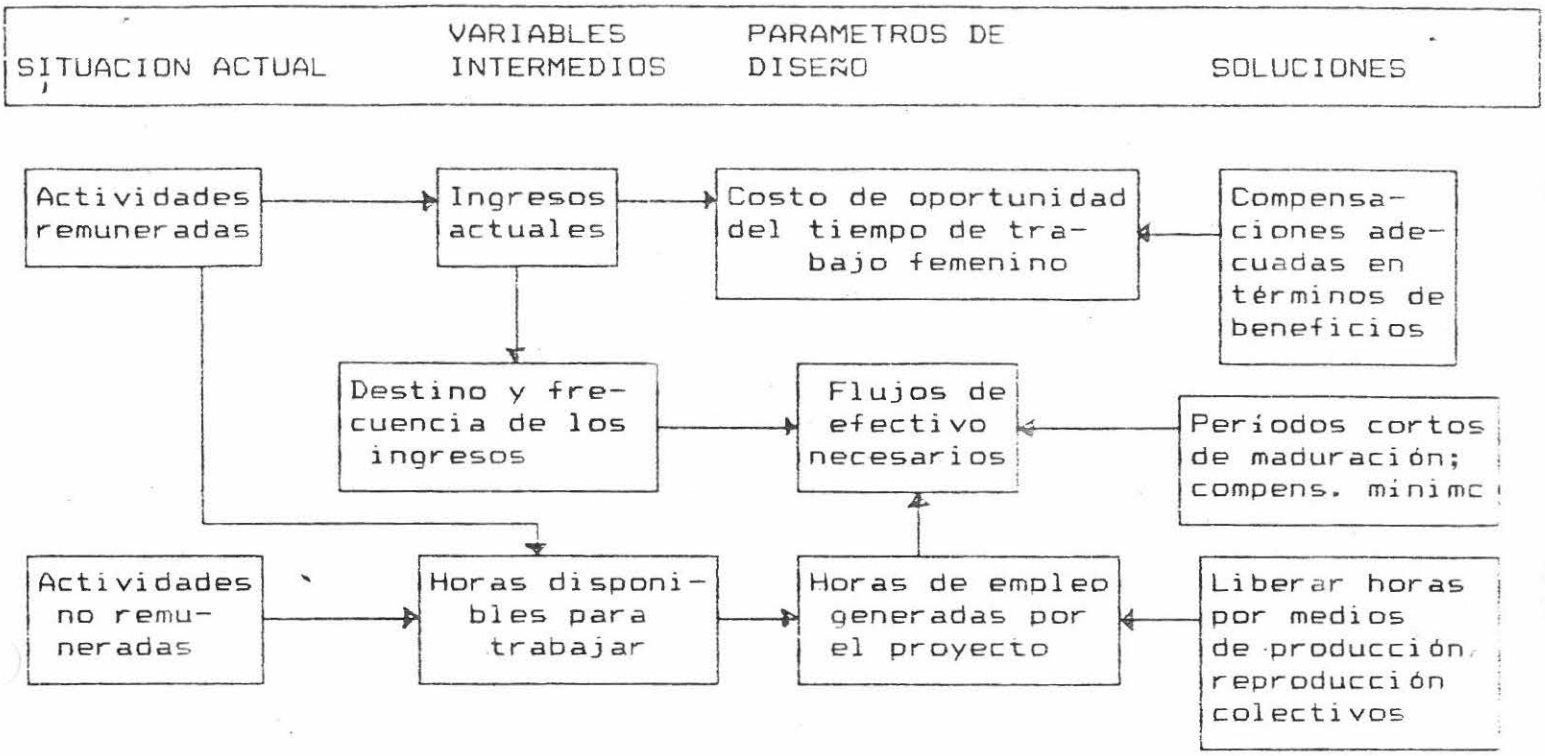


FIGURA 2: ALGUNOS FACTORES QUE INFLUYEN EN LA INCORPORACION DE LA MUJER E PROYECTOS



KNOWLEDGE MANAGEMENT

WHAT IS AN EXPERT SYSTEM?

A COMPUTER PROGRAM
FOR CAPTURING
VALUABLE KNOWLEDGE
AND DELIVERING TO THE POINT
OF DECISION MAKING

POINTS OF DECISION MAKING

EVERY PLACE A DECISION IS MADE!

. EVERY PLANNING OFFICE
. EVERY EMPLOYMENT OFFICE
. RESEARCH CENTERS
. TRAINING CENTERS
. EDUCATION CENTERS
. HEALTH SERVICES CENTERS

A HELPFUL ANALOGY

- IF YOU HAVE DATA WORTH KEEPING
  STORE IT IN A DATABASE
- IF YOU HAVE KNOWLEDGE WORTH
  KEEPING, STORE IT IN A
  KNOWLEDGE BASE

	Data base	Knowledge Base
Storage Unit	Record	Rule or frame
Retrieval	Query language	Expert system

EXAMPLE OF SOFTWARE AVAILABLE FREE OF CHARGE

- DEMOGRAPHIC ANALYSIS

. REDATAM	developed by UN Latin American Demographic Centre (CELADE), Santiago, Chile
. IMPS	developed by International Statistical Programs Center (ISPC) - U.S. Bureau of Census
. PRODEM	developed also by CELADE, Santiago, Chile

TRAINING

. SIMULATION MODEL FOR POPULATION AND DEVELOPMENT	developed by the UN Department of Technical Co-operation for development and the Research Triangle Institute

```
Sistema REDATAM 3.1  Thu May 25 11:20:14 1989

 1> RUN NAME "Prueba Instalacion de REDATAM"
 2> GEOGRAPHY TEST
 3> FREQUENCIES ATTSCH
 4> COMPUTE GROUP = (AGE / 5) + 1
 5> RECODE GROUP (9 THRU HIGHEST = 9)
 6> VAR LABEL GROUP "Grupos de 5 años de Edad"
 7> VALUE LABEL GROUP 1 "0 a 4 años" 9 "40 años y +"
 8> CROSSTABS GROUP BY ATTSCH



"Prueba Instalacion de REDATAM"  Thu May 25 11:20:32 1989

8> CROSSTABS GROUP BY ATTSCH

CROSSTAB OF GROUP     Grupos de 5 años de Edad
        BY ATTSCH     Asistencia al Colegio

GEOGRAPHY SELECTED: ENTIRE AREA (TEST.SEL)

                                  Jornada     Jornada     No Aplic      TOTAL
                       CODE          1           2           3

0 a 4 años               1           13           0         112          125
                         2          116           0           4          120
                         3          141           0           6          147
                         4            9           1          77           87
                         5            0           0          67           67
                         6            0           0          51           51
                         7            0           0          35           35
                         8            0           0          35           35
40 años y +              9            0           0         194          194

                  TOTAL             279           1         581          861

VALUES OUT OF RANGE ARE       0



"Prueba Instalacion de REDATAM"  Thu May 25 11:20:32 1989

3> FREQUENCIES ATTSCH

FREQUENCY FOR ATTSCH  Asistencia al Colegio
GEOGRAPHY SELECTED: ENTIRE AREA (TEST.SEL)


                              ABSOLUTE    RELATIVE  ACCUMULATIVE
CATEGORY            CODE        FREQ        FREQ        FREQ

Jornada Completa       1         279       32.40       32.40
Jornada Parcial        2           1        0.12       32.52
No Aplicable           3         581       67.48      100.00
                              ---------- ----------
               TOTAL              861      100.00

VALUES OUT OF RANGE ARE       0
```

```
Sistema REDATAM 3.1  Thu May 25 19:11:30 1989

 1> RUN NAME "Condicion de actividad y fecundidad"
 2> GEOGRAPHY INSTRAW
 3> COMPUTE TRABAJO = MAINACT
 4> RECODE TRABAJO (1 THRU 5 = 15) (6 THRU 10 = 16)
 5> VAR LABEL TRABAJO "Condicion de actividad"
 6> VALUE LABEL TRABAJO 15 " Activas" 16 "Inactivas"
 7> FREQUENCIES TRABAJO
 8> COMPUTE HIJOS = CHILDBRN
 9> RECODE HIJOS (0 = 0) (1 THRU 2 = 1) (3 THRU 29 = 30)
10> VAR LABEL HIJOS "Numero de hijos"
11> VALUE LABEL HIJOS 0 "Sin hijos" 1 "1 Y 2 hijos" 30 "Mas de 2 hijos"
12> CROSSTABS TRABAJO BY HIJOS


"Condicion de actividad y fecundidad"  Thu May 25 19:11:38 1989

7> FREQUENCIES TRABAJO

FREQUENCY FOR TRABAJO  "Condicion de actividad"
GEOGRAPHY SELECTED: ENTIRE AREA (INSTRAW.SEL)


                          ABSOLUTE    RELATIVE  ACCUMULATIVE
CATEGORY          CODE      FREQ        FREQ       FREQ

 Activas            15        169       76.47      76.47
 nactivas           16         52       23.53     100.00
                          ---------- ----------
            TOTAL             221      100.00

VALUES OUT OF RANGE ARE      150


"Condicion de actividad y fecundidad"   Thu May 25 19:11:38 1989

12> CROSSTABS TRABAJO BY HIJOS

CROSSTAB OF TRABAJO   Condicion de actividad
        BY HIJOS      Numero de hijos

GEOGRAPHY SELECTED: ENTIRE AREA (INSTRAW.SEL)
                                  Sin hijo    1 Y 2 hi    Mas de 2      TOTAL
                      CODE           0           1          30

 Activas               15            99          23          47          169
Inactivas              16            25           9          18           52

               TOTAL                124          32          65          221

VALUES OUT OF RANGE ARE      150
```

"Mujer, Poblacion y desarrollo" Thu May 25 12:27:28 1989

8> CROSSTABS GROUP BY ATTSCH

CROSSTAB OF GROUP Grupos de Edad
BY ATTSCH Asistencia al Colegio

GEOGRAPHY SELECTED: ENTIRE AREA (INSTRAW.SEL)

	CODE	Jornada 1	Jornada 2	No Aplic 3	Sin Resp 4	TOTAL
0 a 4 anos	1	3	0	52	0	55
	2	41	1	4	0	46
	3	46	0	0	0	46
	4	6	0	30	0	36
	5	0	1	25	0	26
	6	0	0	25	0	25
	7	0	0	14	0	14
	8	0	0	10	0	10
40 anos y mas	9	0	0	111	2	113
TOTAL		96	2	271	2	371

VALUES OUT OF RANGE ARE 0

"Mujer, Poblacion y desarrollo" Thu May 25 12:27:28 1989

9> CROSSTABS SEX BY ATTSCH

CROSSTAB OF SEX Sexo del Encuestado
BY ATTSCH Asistencia al Colegio

GEOGRAPHY SELECTED: ENTIRE AREA (INSTRAW.SEL)

	CODE	Jornada 1	Jornada 2	No Aplic 3	Sin Resp 4	TOTAL
Masculino	1	52	2	124	1	179
Femenino	2	44	0	147	1	192
TOTAL		96	2	271	2	371

VALUES OUT OF RANGE ARE 0

```
Sistema REDATAM 3.1  Thu May 25 12:27:17 1989

 1> RUN NAME "Mujer, Poblacion y desarrollo"
 2> GEOGRAPHY INSTRAW
 3> FREQUENCIES ATTSCH
 4> COMPUTE GROUP = (AGE / 5) + 1
 5> RECODE GROUP (9 THRU HIGHEST = 9)
 6> VAR LABEL GROUP "Grupos de Edad"
 7> VALUE LABEL GROUP 1 "0 a 4 anos" 9 "40 anos y mas"
 8> CROSSTABS GROUP BY ATTSCH
 9> CROSSTABS SEX BY ATTSCH
```

```
 Mujer, Poblacion y desarrollo"  Thu May 25 12:27:28 1989

3> FREQUENCIES ATTSCH

FREQUENCY FOR ATTSCH  Asistencia al Colegio
GEOGRAPHY SELECTED: ENTIRE AREA (INSTRAW.SEL)


                                ABSOLUTE    RELATIVE  ACCUMULATIVE
CATEGORY              CODE        FREQ        FREQ        FREQ

Jornada Completa         1          96       25.88       25.88
Jornada Parcial          2           2        0.54       26.42
No Aplicable             3         271       73.05       99.46
Sin Respuesta            4           2        0.54      100.00
                                ---------- ----------
                TOTAL              371      100.00

VALUES OUT OF RANGE ARE        0
```

Descripciòn General

Nombre de la Persona que lo Crea	REDATAM SYSTEM - WRITE COMMAND
Identificaciòn Archivo Original	Miranda 80
Fecha de Creaciòn	17/12/1986
Fecha de Actualizaciòn	17/05/1988
Nombre de la Persona que lo Actualiza	Claudio Meza-Sergio Somerville
Largo de Registro	84
Tipos de Registro	2
Variable que identifica al registro	IDENT
Posiciòn Inicial y Largo	8 - 1

Descripciòn de Tipos de Registro

Còdigo	Descripciòn
1	Hogar
2	Poblaciòn

Documentaciòn del Diccionario

Este es la Base de Datos del Censo de Poblaciòn de Miranda 1980.

Esta base de datos es usada como referencia para todos los ejemplos que aparecen en el manual de REDATAM. Es una base de datos jeràrquica, que contiene registros de vivienda y de poblaciòn. La base de datos completa contiene aproximadamente 1600 registros de vivienda y 7000 registros de poblaciòn.

NOMBRE	DESCRIPCION	RANGO VALORES	POSIC INICIO	LARGO ORIG	LARGO COMP	TIPO REG.	NUM VAR
PROVINCE	Primer Nivel de Subdiv dentro del Pais	0 - 99	1	2	7	0	1
TOWN	Ciudad o Area Especial	0 - 99	3	2	7	0	2
ED	Distrito de Enumeraciòn	1 - 999	5	3	10	0	3
HHNO	Nùmero del Hogar	1 - 999	9	3	10	1	4
DWELLING	Tipo de Vivienda	1 - 9	12	1	4	1	5

1 Casa Separada
2 Departamento
3 Barracas
4 Pieza
5 Conventillo
6 Otro Privado
7 Grupo de Viviend
8 Sin Residen Fija
9 Sin Respuesta

TENURE	Tipo de Tenencia	1 - 9	13	1	4	1	6

1 Propio
2 Cedido
3 Arriendo
4 Ocupante
5 Precario
6 Contr de Compra
7 Arriendo Guberna
8 Otro
9 Sin Respuesta

WATER	Abastecimento de Agua	1 - 8	14	1	4	1	7

1 Conex Pùb Domici
2 Conex Pùb Comùn
3 Conex Prv Domici

NOMBRE	DESCRIPCION	RANGO VALORES	POSIC INICIO	LARGO ORIG	LARGO COMP	TIPO REG.	NUM VAR
4	Conexiòn Privada						
5	Conducto Pùblico						
6	Estanque Pùblico						
7	Otro						
8	Sin Respuesta						
TOILSHR	Disponibilidad de Baño Comùn	1 - 4	15	1	3	1	8
1	Compartido						
2	No Compartido						
3	Ninguno						
4	Sin Respuesta						
TOILFAC	Caracteristicas del Baño	1 - 5	16	1	3	1	9
1	Pozo						
2	Alcantarillado						
3	Sin Alcantarill						
4	Otro						
5	Sin Respuesta						
DWELLYR	Año de Construcciòn de la Vivienda	0 - 7	17	1	3	1	10
7	Sin Respuesta						
WALLMAT	Material de los Muros Exteriores	1 - 10	18	2	4	1	11
1	Madera						
2	Concreto						
3	Piedra						
4	Ladrillo						
5	Montantes de Mad						
6	Paja\Adobe						
7	Madera y Ladrill						
8	Madera y Concret						
9	Otro						
10	Sin Respuesta						
ROOMS	Nùmero de Piezas	0 - 9	20	1	4	1	12
9	Sin Respuesta						

NOMBRE	DESCRIPCION	RANGO VALORES	POSIC INICIO	LARGO ORIG	LARGO COMP	TIPO REG.	NUM VAR
LIGHT	Tipo de Alumbrado	1 - 4	21	1	3	1	13

1	Electricidad
2	Kerosene
3	Otro
4	Sin Respuesta

NOMBRE	DESCRIPCION	RANGO VALORES	POSIC INICIO	LARGO ORIG	LARGO COMP	TIPO REG.	NUM VAR
COOKFUEL	Combustible Usado Para Cocinar	1 - 6	22	1	3	1	14

1	Gas
2	Electricidad
3	Leña/Carbòn Leña
4	Kerosene
5	Otro/Ninguno
6	Sin Respuesta

NOMBRE	DESCRIPCION	RANGO VALORES	POSIC INICIO	LARGO ORIG	LARGO COMP	TIPO REG.	NUM VAR
TFAC	Disponibilidad de Baño	1 - 10	23	1	4	1	15

1	Pozo Compartido
2	Comp Con Alcant.
3	Comp Sin Alcant.
4	Otro, Compartido
5	Pozo No Comparti
6	No Comp Con Alca
7	No Comp Sin Alca
8	Otro, No Compart
9	No Tiene
10	Sin Respuesta

NOMBRE	DESCRIPCION	RANGO VALORES	POSIC INICIO	LARGO ORIG	LARGO COMP	TIPO REG.	NUM VAR
INDNO	Número Individual	1 - 99	24	3	7	2	16

NOMBRE	DESCRIPCION	RANGO VALORES	POSIC INICIO	LARGO ORIG	LARGO COMP	TIPO REG.	NUM VAR
RELAT	Relaciòn con el Jefe de Hogar	1 - 8	27	1	4	2	17

1	Jefe
2	Esposa-Compañera
3	Hijo
4	Pariente
5	Pensionista
6	Empl Doméstica
7	Otra
8	Sin Respuesta

NOMBRE	DESCRIPCION	RANGO VALORES	POSIC INICIO	LARGO ORIG	LARGO COMP	TIPO REG.	NUM VAR
SEX	Sexo del Encuestado	1 - 2	28	1	2	2	18
1	Masculino						
2	Femenino						
AGE	Edad del Encuestado	0 - 100	29	3	7	2	19
MARSTAT	Estado Civil	1 - 6	32	1	3	2	20
1	Soltero						
2	Casado						
3	Viudo						
4	Divorciado						
5	Sep. Legalmente						
6	Sin Respuesta						
USURES	Residencia Habitual	0 - 13	33	2	4	2	21
URESF	Residencia Habitual (Pais Extranjero)	0 - 9	35	1	4	2	22
BIRTHPLA	Lugar de Nacimiento (Parroq)	0 - 13	36	2	4	2	23
BIRTHPLF	Lugar de Nacimiento (Pais Extranjero)	0 - 20	38	2	5	2	24
RACE	Raza	1 - 10	40	2	4	2	25
1	Negra						
2	Indio del Este						
3	China						
4	Indio Americano						
5	Portuguès						
6	Siria-Libanesa						
7	Blanca						
8	Mezcla						

NOMBRE	DESCRIPCION	RANGO VALORES	POSIC INICIO	LARGO ORIG	LARGO COMP	TIPO REG.	NUM VAR
9	Otra Raza						
10	Sin Respuesta						
RELIGION	Religiòn	1 - 19	42	2	5	2	26
1	Anglicana						
2	Bautista						
3	Hindù						
4	Iglesia de Dios						
5	Metodista						
6	Moroviana						
7	Pentecostal						
8	Presb. - Congr.						
9	Catòlica Romana						
10	Adv Sèptimo Dìa						
11	Testigos Jehovà						
12	Hermanos Jesùs						
13	Ejèrcito de Salv						
14	A. M. E.						
15	Musulmana						
16	Menonita						
17	Otra						
18	Ninguna						
19	Sin Respuesta						
YEARDIST	Nùmero de Años Vividos en Este Distrito	0 - 99	44	3	7	2	27
LASTDIST	Ultimo Distrito Donde Vivió	0 - 13	47	2	4	2	28
NUMBDIST	Nùmero del Distrito Donde Vive	0 - 9	49	2	4	2	29
YEARIMIG	Año de Inmigraciòn	1 - 10	51	2	4	2	30
1	Antes 1970						
10	Sin Respuesta						
TYPESCH	Tipo de Escuela a la que Asistió	1 - 9	53	1	4	2	31
1	Ninguna						

NOMBRE	DESCRIPCION	RANGO VALORES	POSIC INICIO	LARGO ORIG	LARGO COMP	TIPO REG.	NUM VAR
2	Jardìn						
3	Primaria						
4	Secundaria						
5	Tècnica						
6	Otra Secundaria						
7	Universidad						
8	Otra						
9	Sin Respuesta						
ATTSCH	Asistencia al Colegio	1 - 4	54	1	3	2	32
1	Jornada Completa						
2	Jornada Parcial						
3	No Aplicable						
4	Sin Respuesta						
HIGHSCHT	Nivel Educac. Superior. Tipo de Colegio	1 - 9	55	1	4	2	33
1	Ninguno						
2	Jardìn						
3	Primaria						
4	Secundaria						
5	Tècnica						
6	Otra Secundaria						
7	Universidad						
8	Otro						
9	Sin Respuesta						
HIGHSCHY	Nivel Educ Superior. Años Asistidos	1 - 10	56	2	4	2	34
10	Sin Respuesta						
HIGHEXAM	Nivel Educ Superior. Exàmenes Rendidos	1 - 12	58	2	4	2	35
TRAINOCC	Ocupación para la que fuè instruido	0 - 99	60	2	7	2	36
98	Ninguna						
99	Sin Respuesta						
TRAINMET	Mètodo de Entrenamiento	1 - 9	62	1	4	2	37
1	En el Trabajo						

NOMBRE	DESCRIPCION	RANGO VALORES	POSIC INICIO	LARGO ORIG	LARGO COMP	TIPO REG.	NUM VAR
2	Coleg Agricola						
3	Colegio						
4	Escuela Tècnica						
5	Otras Escuelas						
6	Estud Privados						
7	Hotel						
8	Otro						
9	Sin Respuesta						
TRAINSTA	Estado de la Instrucciòn	1 - 3	63	1	2	2	**38**
1	En Instrucciòn						
2	Terminada						
3	Sin Respuesta						
TRAINPER	Tiempo de Instrucciòn	1 - 11	64	2	4	2	**39**
1	Menos Medio Año						
2	Medio a un Año						
10	Màs 4 1\2 Años						
11	Sin Respuesta						
MAINACT	Principal Activ en los Ultimos 12 Meses	1 - 10	66	2	4	2	**40**
1	Trabajando						
2	Busc ter Trabajo						
3	Buscando Trabajo						
4	Sin Trabajo						
5	Oficios Domèstic						
6	Estudiante						
7	Retirado						
8	Inhabilitado						
9	Otra						
10	Sin Respuesta						
OCCSTAT	Categoria Ocupacional	1 - 8	68	1	4	2	**41**
1	Gubernamental						
2	Empres Privado						
3	Cuenta Propia						
4	Trabaj Familiar						
5	Con Subsidio						
6	Trab o Subsidio						
7	No Trabaja						
8	Sin Respuesta						

NOMBRE	DESCRIPCION	RANGO VALORES	POSIC INICIO	LARGO ORIG	LARGO COMP	TIPO REG.	NUM VAR
MONSWORK	Meses Trabajados	0 - 9	69	1	4	2	42
9	Sin Respuesta						
OCCUP	Ocupación	0 - 999	70	3	10	2	43
INDUSTRY	Industria	0 - 999	73	3	10	2	44
WEEKACT	Situac Económica Durante Ultima Semana	1 - 9	76	1	4	2	45
1	Trabajando						
2	Con Trab,Sin Tra						
3	Buscando Trabajo						
4	Oficios Doméstic						
5	Estudiante						
6	Retirado						
7	Inhabilitado						
8	Otra						
9	Sin Respuesta						
WORKHOUR	Número de Horas Trab en la Ultima Semana	0 - 100	77	3	7	2	46
CHILDBRN	Número de Hijos Nacidos Vivos	0 - 30	80	2	5	2	47
30	Sin Respuesta						
MOTHAGEF	Edad de la Madre al 1er Nacimiento	0 - 61	82	2	6	2	48
60	No Aplicable						
61	Sin Respuesta						
MOTHAGEL	Edad de la Madre en Ultimo Nacimiento	0 - 61	84	2	6	2	49
60	No Aplicable						
61	Sin Respuesta						

NOMBRE	DESCRIPCION	RANGO VALORES	POSIC INICIO	LARGO ORIG	LARGO COMP	TIPO REG.	NUM VAR
LIVEBRTH	Número de Nacidos Vivos	0 - 6	86	1	3	2	50

3 Gemelos
6 Sin Respuesta

NOMBRE	DESCRIPCION	RANGO VALORES	POSIC INICIO	LARGO ORIG	LARGO COMP	TIPO REG.	NUM VAR
STILBRTH	Número de los que aún están vivos	0 - 4	87	1	3	2	51

4 Sin Respuesta

NOMBRE	DESCRIPCION	RANGO VALORES	POSIC INICIO	LARGO ORIG	LARGO COMP	TIPO REG.	NUM VAR
UNIONSTA	Unión Conyugal	1 - 7	88	1	3	2	52

1 Casado
2 Conviviente
3 Visitante
4 Vive Sn Su Marid
5 Viv Sn Su Conviv
6 Sn Marid Ni Conv
7 Sin Respuesta

NOMBRE	DESCRIPCION	RANGO VALORES	POSIC INICIO	LARGO ORIG	LARGO COMP	TIPO REG.	NUM VAR
UNIONDUR	Duración de la Unión	0 - 41	89	2	6	2	53

40 No Aplicable
41 Sin Respuesta

NOMBRE	DESCRIPCION	RANGO VALORES	POSIC INICIO	LARGO ORIG	LARGO COMP	TIPO REG.	NUM VAR
CENPLAC	Donde Estuvo la Noche Anterior al Censo	1 - 3	91	1	2	2	54

1 En esta Casa
2 Otro Lugar de MI
3 En el Extranjero
4 Sin Respuesta

NOMBRE	DESCRIPCION	RANGO VALORES	POSIC INICIO	LARGO ORIG	LARGO COMP	TIPO REG.	NUM VAR
CENDIST	Distr Donde Estuvo Noche Anter al Censo	0 - 13	92	2	4	2	55

NOMBRE	DESCRIPCION	RANGO VALORES	POSIC INICIO	LARGO ORIG	LARGO COMP	TIPO REG.	NUM VAR
PAYPER	Periodo de Pago (Remuneración)	1 - 6	94	1	3	2	56

1 Semanal
2 Quincenal
3 Mensual
4 Trimestral
5 Anual

NOMBRE	DESCRIPCION	RANGO VALORES	POSIC INICIO	LARGO ORIG	LARGO COMP	TIPO REG.	NUM VAR
6	Sin Respuesta						
INCOME	Ingreso Total	0 - 10000	95	5	14	2	557
		0 - 0	0	0	1	0	58

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This Study Guide was made possible by a grant from the New York State Council for the Arts.

Over one third of all Puerto Rican women have been sterilized. So common is the operation that it is simply known as...

A Study Guide

La Operación

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Credits

Produced and Directed by Ana María García, Co-produced by the Latin American Film Project, Associate Producers: Monica Melamid & Blanca Vázquez,, Camera: Tom Sigel, Sound: Pamela Yates, Editors: Peter Kinoy, Judy Rabinowitz, Jorge Abello.

Special Thanks

The production of LA OPERACION was made possible through the generous support of: Adco Foundation, Anne Hess and Dale Wiehoff, Lucius and Eva Eastman Fund, Bread and Roses Community Fund, The Film Fund, Funding Exchange-National Community Funds, Fund for Tomorrow, Gutfruend Foundation, New York State Council for the Arts, North Star Fund, Playboy Foundation, Women's Fund-Joint Foundation Support, and many other generous individuals.

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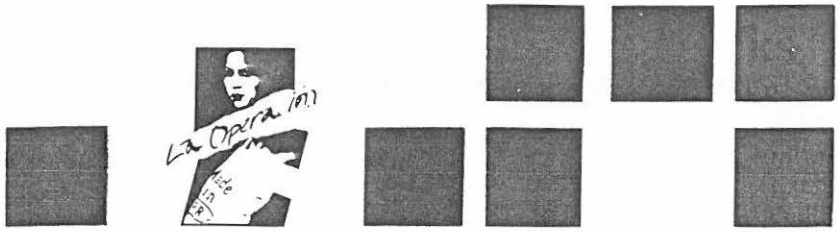


Cover illustration by Joaquín Mercado.

Mentioned by *The Village Voice* as "The finest documentary of the 1983 Women's International Film Festival," and as "An important Puerto Rican documentary," by *El Nuevo Día*, in Puerto Rico, among other reviews *LA OPERACION* has received the following international awards:

Awards

Grand Prix, Short Documentary, Journees Cinematographique D'Amiens, 1983, Amiens, France

Award of Merit, 1983 Latin American Studies Association, 1983

Honorable Mention in the documentary category, National Latino Film and Video Festival, 1983, USA

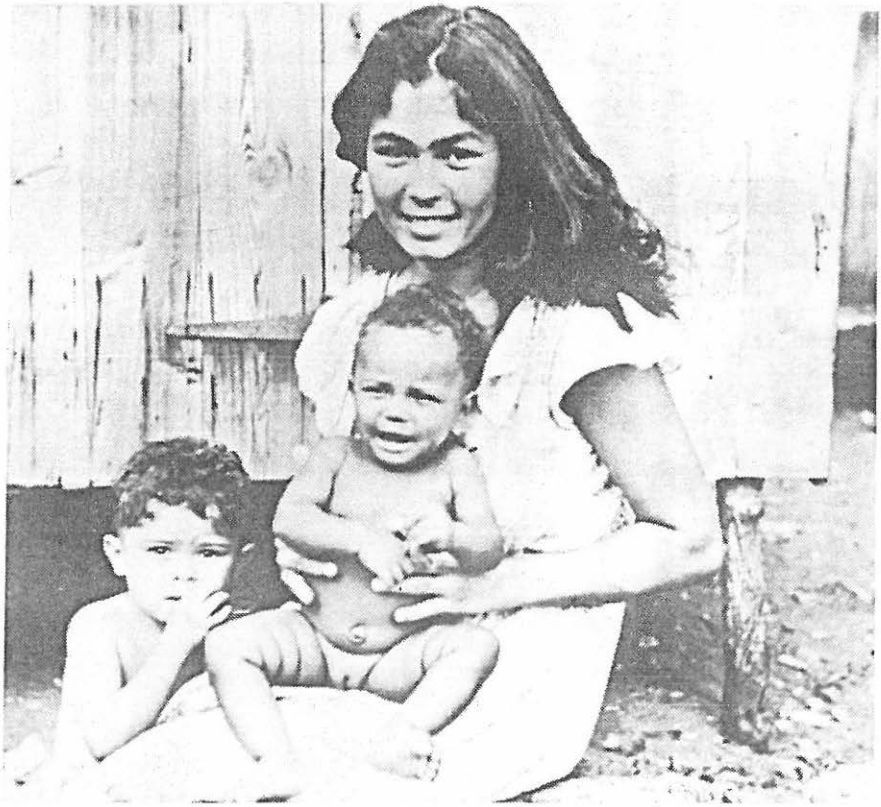
Third Coral Prize, International Festival of the New Latin American Cinema 1982, Havana, Cuba

About the Film

LA OPERACION is a 40 minute, color, 16mm. documentary which explores the controversial use of female sterilization as a method of population control in Puerto Rico. On the Island, close to 40 percent of all women of child bearing age have been sterilized, 48% of all married women.

LA OPERACION, as sterilization is commonly called, explores the reasons why so many women have utilized an irreversible contraceptive method, which is usually performed at an early age (average age is between 26 and 28).

A carefully researched film, LA OPERACION presents the involvement of the Puerto Rican and United States governments in making the procedure available to all women since its legalization in 1937. It also probes into the role that doctors and private institutions have played in providing the procedure, which over the years has become a widely recommended and readily accesible operation.



Quotes from the Documentary

"I did not know what the operation was in itself, because I thought something was done to me, but that if afterwards, I wanted it, it could be reversed."
Jenny
Office Supervisor
Sterilized at age 26 in 1967

"Thank God the sterilization program for women here in Barceloneta was a great success... One favorable result of the program was the closing of many schools because there were no children for the elementary grades."
Mr. Vicente Acevedo
Mayor of Barceloneta, 1956-1976

"When the industrialists met in their Association I told them: I need your collaboration... if only for the maternity benefits which the company saves, it is profitable for you to let them stop working for an hour and go to the family planning clinic. Because it isn't only the medical costs that the company has to pay but also the 2 month maternity leave prescribed by law in Puerto Rico and most important, the productivity level of the women during this period is zero. And all that represents millions of dollars for the factory."
Dr. Antonio Silva
Gynecologist, Director, Family Planning
Program of the Government of Puerto Rico,
1974-1976

"Nobody told me there was anything better. I was 22 at the time. The doctor, himself a professional, did not tell me there were other alternatives, He said, "all you have to do is get sterilized."
Doña Ana
Owner of a Plant Store
Sterilized in 1945

"In the last forty years Puerto Ricans have migrated in massive numbers. One-third of our women have submitted to sterilization. Our reproductive behavior has been transformed, still the same problems that we started out with are worse, not better."
Dr. Frank Bonilla
Director
Graduate Center of Puerto Rican Studies
City University of New York

Fact Sheet

Female Sterilization in Puerto Rico

* Puerto Rico is the country with the highest rate of female sterilization in the world. 39% of all women of childbearing age have been sterilized.[1]

* 48.7% of all married women were reported to have been sterilized.[2]

* The use of sterilization and contraception was legalized in 1937 for eugenic (improvement of the race through selective breeding), health and socio-economic reasons. The law was signed by the North American governor Blanton Winship.[3]

* Since then, sterilization has been offered free of charge in public health facilities and provided also by private doctors,[4] The numbers of sterilized women have increased throughout the years as follows:

% of sterilized women	Year
6.5%	1946[5]
16.5%	1953[6]
32%	1965[7]
35%	1968[8]
39%	1976[9]

* Puerto Rico is the country where the average age of Puerto Rican women is the lowest, 26 years old during the sixties and early seventies,[10] 28 years of age according to a recent study in the 80's.[11]

* Married sterilized women in percentage according to age group[12]

15-24	17.4%
25-34	55.0%
35-44	66.0%
45-49	85.4%

* In Puerto Rico the less educated women (measured in terms of years of schooling) depend more on sterilization as a contraceptive method than the most educated women.[13]

* The rate of sterilization is higher among women in lower socio-economic levels.[14]

* Between 1950 and 1977 the total fertility rate fell by 48% due to the increasing prevalence of female sterilization.[15]

* In 1974 the Puerto Rican government established an official sterilization program with the stated objective of achieving 5,000 sterilization during the fiscal year 1974-75.[16] The Director of the Division of Family Planning and Deputy Secretary of Health, Dr. Antonio Silva, declared in an interview by the New York Times, that the government was actually carrying out 1000 sterilizations per month.[17]

* The 1974 sterilization program was partly funded by the United States through Health Education and Welfare (HEW). Federal Health budget cuts in 1975 reduced the scope of the government sterilization program.[18]

* According to a recent survey by the University of Puerto Rico between 1947 and 1982 the pattern in the use of contraceptives reveals a "drastic rise in the use of sterilization as the most favored method, a decrease in the use of the contraceptive pill and no change in the use of other contraceptive method."[19]

* "While the pill is the most favored method among married women between the ages of 15 and 24, female sterilization plays a special role as a birth control method among women between 20 and 29."[20]

Notes

[1] Vázquez Calzada, J.L., and Morales del Valle, Z. "La Esterilización Femenina y su Efectividad Demográfica: el Caso de Puerto Rico." Mimeographed paper. Centro de Investigaciones Demográficas, Escuela de Salud Pública, Recinto de Ciencias Médicas, Universidad de Puerto Rico, San Juan, October, 1981. Based on statistics compiled in 1976.

[2] Vázquez Calzada, J.L., and Carnivali, J. "El Uso de Métodos Anticonceptivos en Puerto Rico: Tendencias Recientes." Mimeographed paper. Centro de Investigaciones Demográficas. Escuela de Salud Pública, Recinto de Ciencias Médicas, Universidad de

Puerto Rico. San Juan, April, 1982.

[3] Laws of Puerto Rico (1937) Laws 116 May 13, 1937 and 136 May 15, 1937.

[4] Henderson, Peta Murray. *Population Policy, Social Structure and the Health System: The Case of Female Sterilization in Puerto Rico.* Ph.D. Dissertation, University of Connecticut, 1976.

[5] Hatt, P.K. *Backgrounds in Human Fertility in Puerto Rico.* Princeton U., New Jersey, 1952.

[6] Hill, R., Stycos, M., and Back, K. *The Family and Population Control.* The University of North Carolina Press, 1959.

[7] Presser, Harriet. *Sterilization and Fertility Decline in Puerto Rico.* Berkeley, University of California, Population Monographs Series, No. 13, 1973.

[8] Vázquez Calzada, J.L. "La Esterilización Femenina en Puerto Rico." U.P.R. *Revista de Ciencias Sociales* Vol. XVIII, No. 3, September, 1973.

[9] Vázquez Calzada, J.L. and Morales del Valle, Z. Ibid.

[10] Presser, Harriet. Ibid.

[11] Vázquez Calzada, J.L. and Morales del Valle, Z. Ibid.

[12] Vázquez Calzada, J.L. and Carnivali, J. Ibid.

[13] Vázquez Calzada, J.L. Ibid.

[14] Vázquez Calzada, J.L. and Morales del Valle, Z. Ibid.

[15] Presser, H.B. "Puerto Rico: Recent Trends in Fertility and Sterilization." *Family Planning Perspectives,* Vol. XII, No. 2, March/April, 1980.

[16] Plans and Aims of a Family Planning Program in Puerto Rico, 1973-1974, Secretaría de Planificación Familiar, Departamento de Salud, Puerto Rico.

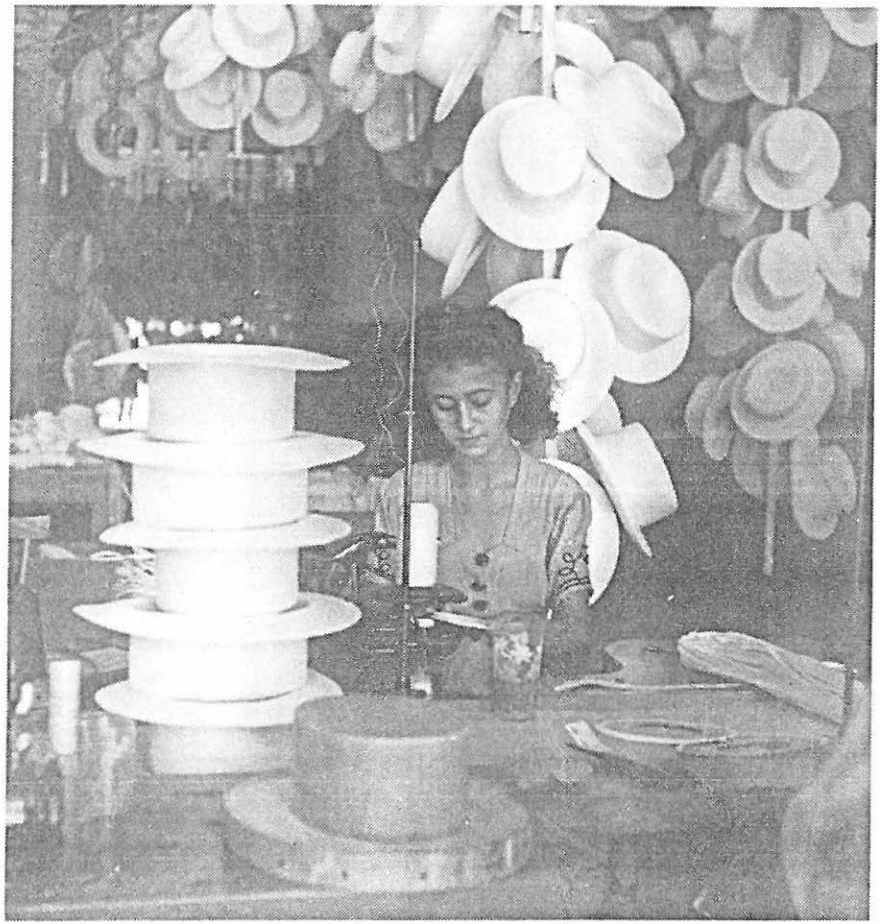
[17] *New York Times,* November 4, 1974.

[18] Lolver, R. "Health Agency Budget Cuts to Slow Sterilization by 50%." *The San Juan Star,* February 4, 1975, p. 3.

[19] Alegría Campos, M. "Uso de Contraceptivos en Mujeres Puertorriqueñas para 1982." Mimeographed paper presented at the Annual Convention of the Puerto Rican Medical Association, November, 1985. Universidad de Puerto Rico, Recinto de Ciencias Médicas, Facultad de Ciencias Biosociales, y Escuela Graduada de Salud Pública, CIES.

Questions for Classroom Discussion

1. What is the difference between population control and birth control?
2. Why is sterilization in Puerto Rico referred to as "la operación"?
3. In what ways did the Puerto Rican and United States' governments contribute to initiate and sustain the use of sterilization as a birth control method among women in Puerto Rico?
4. Why has sterilization been more widespread among women than men in Puerto Rico?
5. The law that allowed for the use of sterilization in Puerto Rico was based on eugenic (improvement of the race through selective breeding), health, and socio-economic reasons. How did the eugenic ideas promote the use of sterilization in Puerto Rico?
6. An article that appeared in the *Bulletin of the Puerto Rican Medical Association* in 1932 stated that "It is the superior people who cut births while the inferior multiply." How did eugenic ideas within the medical profession had a role in promoting the use of sterilization among the poor?
7. The sterilization law in Puerto Rico was passed when in the late thirties women's labor was the only source of income for thousands of families due to the flourishing needlework industry which employed mostly women at a time when unemployment was over 37%. How did this economic situation contribute to women's acceptance of sterilization?
8. In the United States the use of sterilization has risen since the *Hyde Amendment*, which denies the use of federal medicaid funding for abortions (unless the mother's life is endangered, or would have severe health damage after childbirth, or if pregnancy is due to rape or incest), was passed. What may be the relationship between the lack of access to abortion and the rise in sterilizations, which are paid by Medicaid?
9. What reasons did the sterilized women interviewed in the film give as to why they were sterilized? Were the women



The law allowing sterilization was passed in the late 30's, precisely when women's work was the only source of income for thousands of Puerto Rican families.

always aware of the irreversible nature of the procedure, or of other birth control alternatives?

10. How did the economic transformations in Puerto Rico from the monoculture of sugar in the 20's and 30's to light industry in the 50's to capital intensive industries (rely mostly on technology and use few workers, *i.e.*, petrochemicals) reduced the need for workers? How is this related to overpopulation, the use of sterilization and the massive migration that took place in the 50's and 60's?

Fact Sheet

Sterilization of Puerto Rican Women in the United States

As compared with other ethnic groups.

* In New York City, the Hispanic female population (61% Puerto Rican) has a rate of sterilization seven times greater than white women and almost twice that of Afro American females.
* 1978 statistics show that the majority of Hispanic women in New York City are sterilized between the ages of 25 to 29, while both black and white females were predominantly sterilized while in the age group of 30 to 34.
* In Hartford, Connecticut, 51% of Puerto Rican women in reproductive ages were sterilized.
* In the United States, one third (11.6 million) of fertile women, ages 18 to 44, rely on the surgical termination of fertility to prevent pregnancy. Out of this proportion, 19% of these women were themselves sterilized while the remainder have partners who were sterilized.
* Most of the documented cases of sterilization abuse have been found among Hispanics, Afro Americans, Native Americans, Chicanas and poor White women.
* A poll demonstrated that 30 to 52 percent of doctors interviewed (depending on the region of the United States) advocated that mothers on welfare who became pregnant should be forced to accept sterilization as a condition to continue receiving public assistance.
* A 1981 survey of a poor neighborhood in Brooklyn, New York, (66.7% Puerto Rican households) showed that):

  In each home with one or more Puerto Rican women over 20 years of age, 47% included one or more sterilized women.

  93% of the sterilized women were born on the Island, but were

---

We are very grateful to Dr. Iris López, who provided the information for this section in her 1985 article "Sterilization Among Puerto Rican Women in New York City: Public Policy and Social Constraints." From the book *The Anthropology of Urban America*, New York: Columbia University Press. Forthcoming.

Dr. López also wrote her Doctoral Dissertation in Anthropology on the subject of female sterilization among Puerto Rican women in New York City. (*See* Bibliography).

sterilized in New York between the ages of 17 and 21.

66% of the women were heads of households, had a median of 6.4 yrs. of education and only 17.2% were employed.

The annual mean income in 1981 for the women in the study was $6,805. to support a mean of 3.4 children.

80% of the sterilized women claimed to have been sterilized because of their economic circumstances.

40% stated that if their economic condition had been better they would not have chosen sterilization.

Although 76% had used temporary methods of birth control, they expressed dissatisfaction with the contraceptives available, especially the pill and IUD.

82% of the women were misinformed in that they did know that through the sterilization procedure the Fallopian tubes are **always cut, not tied.** The women thought that the tubes could be cut **or** tied.

63.8% of the women in the study mistakenly claimed that it was possible for a sterilized woman to have a child after undergoing reversal operation, where a set of plastic tubes are inserted. Statistics show that only one out of five reversal operations are successful, and that the successful cases carry a high risk of ectopic pregnancy.

* Although minority women are more likely to be misinformed about the permanent nature of sterilization, a 1977 study found that regardless of ethnic group or class, most women are likely to be misinformed.

More than one million Puerto Ricans migrated to New York between 1945 and 1963.

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Latin American Studies Assoc., National Conference, U.S.A., 1984
Museum of Modern Art, New York, 1983
Museum of Natural History, New York, 1983
Leipzig Film Festival, Leipzig, 1983
Women's International Film Festival, New York, 1983
Biarritz Film Festival, Biarritz, 1983
National Latino Film & Video Festival, New York, 1983
Journees Cinematographiques D'Amiens, Amiens, 1983
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Semana de Cine de Valladolid, Valladolid, 1982
Festival de Mérida, Mérida, Venezuela, 1982

CIDE

CENTRO DE INVESTIGACIONES DEMOGRAFICAS

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Judith Carnivali

EL USO DE METODOS ANTICONCEPTIVOS EN PUERTO RICO:

TENDENCIAS RECIENTES

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EL USO DE METODOS ANTICONCEPTIVOS EN PUERTO RICO: TENDENCIAS RECIENTES

José L. Vázquez Calzada*
Judith Carnivali**

Para los comienzos de la década del treinta el movimiento sobre planificación familiar empezó a tomar forma en Puerto Rico. En 1932, se organizó en San Juan la "Liga Para el Control de la Natalidad en Puerto Rico" y abrió la primera clínica para ofrecer servicios a personas de bajos ingresos (Alvarado y Tietze, 1947). Es para esta época en que comienza a practicarse la esterilización femenina en uno de los más prestigiosos hospitales privados de la Isla (Stycos; 1954). Ya para estos años la práctica de la anticoncepción había alcanzado niveles significativos entre los sectores más privilegiados de la sociedad puertorriqueña y el coitus interruptus, el condom, los lavados vaginales y el diafragma eran métodos bastante conocidos.

El primer estudio sobre la práctica del control de la fecundidad en Puerto Rico fue realizado en 1937 (Beebe y Belaval, 1942). El 34 por ciento de un grupo de 1,962 mujeres admitidas a las clínicas de control de natalidad auspiciadas por la Asociación Pro Salud Maternal e Infantil de Puerto Rico, informó haber utilizado algún método para tratar de evitar la concepción con anterioridad a

*Catedrático, Universidad de Puerto Rico, Recinto de Ciencias Médicas, Escuela de Salud Pública, Departamento de Ciencias Sociales.
**Catedrática Auxiliar, Universidad de Puerto Rico, Recinto de Ciencias Médicas, Escuela de Salud Pública, Sección de Demografía.

su admisión. Entre otras cosas, Beebe y Belaval encontraron que la práctica de la anticoncepción era mucho más frecuente en la zona urbana queen la zona rural y que variaba directamente con el nivel socioeconómico de la mujer. Los métodos más utilizados para aquel entonces eran el coitus interruptus, el condom y los lavados vaginales.

En su libro Realidad Poblacional de Puerto Rico, Emilio Cofresí incluye datos sobre una encuesta realizada entre 2,125 mujeres en 1948. De este grupo, el 34 por ciento informó haber tenido alguna experiencia en el uso de anticonceptivos con anterioridad a la entrevista. Aunque esta cifra es muy similar a la informada por Beebe y Belaval, los métodos utilizados diferían considerablemente. El método más utilizado de acuerdo con los datos de Cofresí, era el condom y en segundo lugar correspondió a la esterilización femenina que comenzaba a destacarse. Al igual que en 1937, la práctica de la anticoncepción era más común entre mujeres residentes de la zona urbana y entre mujeres de niveles socioeconómicos más elevados (Cofresí, 1951).

Durante los años de 1953 y 1954, Hill, Stycos y Back llevaron a cabo un estudio sobre la familia y el control de la población en Puerto Rico. En una muestra representativa de la Isla, el 41 por ciento de las mujeres entrevistadas informó haber hecho uso de algún método anticonceptivo en alguna ocasión. El uso de métodos era más frecuente entre mujeres de la zona urbana que entre las de la zona

rural y variaba directamente con el nivel de instrucción. Para esos años ya el 16 por ciento de la población femenina casada en edades reproductivas informó estar esterilizada.

En este estudio se encontró, además, que el 35 por ciento de las mujeres incluídas en la muestra estaba usando algún método al momento de la entrevista (incluyendo la esterilización). Los anticonceptivos en uso en orden de importancia eran la esterilización, el condom, el ritmo y la retirada (Hill, et.al., 1959; Chapter 6).

En 1968, la Sección de Estudios Demográficos de la Escuela de Salud Pública de la Universidad de Puerto Rico realizó una encuesta sobre la fecundidad de la mujer puertorriqueña y uno de los aspectos considerados fue el conocimiento y uso de los métodos anticonceptivos (Vázquez, 1970). En una muestra representativa de la población femenina en Puerto Rico se encontró que el 74 por ciento había practicado la anticoncepción alguna vez en su vida y que el 60 por ciento estaba utilizando algún método al momento de la entrevista. Estas cifras representaban un aumento considerable sobre las informadas por Hill, Stycos y Back, pero al igual que en todos los estudios anteriores, el uso de anticonceptivos era más común entre la población urbana y variaba de forma directa con el nivel socioeconómico de la mujer. Los cambios más significativos ocurridos desde 1953-54 habían sido el aumento extraordinario en la popularidad de la esterilización femenina y la aparición de la píldora anticonceptiva que le seguía en orden de importancia. Para

1968, el 34 por ciento de las mujeres de 15-49 años informó estar esterilizada y el 11 por ciento declaró estar utilizando la píldora.

Los estudios reseñados demuestran que la práctica de la anticoncepción en Puerto Rico había ido en aumento progresivo a través de los años. Indican, además, que hasta fines de la década del sesenta el uso de anticonceptivos era más común entre los grupos más privilegiados de la sociedad puertorriqueña y que los métodos menos efectivos utilizados en el pasado habían sido gradualmente desplazados por métodos modernos y más efectivos. Para fines del sesenta la esterilización femenina había alcanzado niveles considerables y la píldora anticonceptiva comenzaba a destacarse ocupando un segundo lugar en importancia.

El presente estudio tiene como objetivo principal el determinar qué cambios han ocurrido en la práctica de la anticoncepción en Puerto Rico a partir de 1968 cuando la píldora comenzaba a ser aceptada y utilizada por la mujer puertorriqueña. Específicamente, se tratará de determinar si ha habido cambios en sus niveles, en su distribución y en los métodos utilizados.

Para esos propósitos se utilizó una muestra representativa de la población femenina de Puerto Rico en las edades reproductivas. Esta encuesta fue realizada durante los meses de junio y julio de 1976 y algunos de sus aspectos han sido ya analizados (Vázquez, et.al., 1980; Cunningham, et.al., 1981; Morales, et.al., 1981; Vázquez y Morales, 1981). El grupo de 1,134 mujeres de ascendencia puertorriqueña (uno o ambos padres puertorriqueños)

actualmente casadas entre las edades de los 15 a 49 años será la muestra utilizada en este estudio. En este grupo se incluyen mujeres legalmente casadas, así como aquellas que vivían en uniones consensuales.

EL USO DE METODOS ANTICONCEPTIVOS

La frecuencia en el uso de anticonceptivos continúa aumentando en Puerto Rico. Para 1976, el 81 por ciento de las mujeres casadas de 15-49 años incluídas en el estudio informó haber utilizado anticonceptivos alguna vez en la vida. La cifra correspondiente de 1968 fue 74 por ciento. De igual manera, la proporción de usuarias activas aumentó de 60 a 69 por ciento entre 1968 y 1976 (Vázquez, 1970). El por ciento de mujeres casadas que eran usuarias activas compara con los niveles prevalecientes en los Estados Unidos y en Europa y es muy superior a los de otros países de América Latina y del Caribe (Population Information Program, 1981: 8).

El uso de anticonceptivos es relativamente bajo entre mujeres de 15-49 años, pero aumenta rápidamente con la edad hasta el grupo de 35-39 años. De ahí en adelante disminuye progresivamente. Una tendencia similar se observa con relación a los años de matrimonio. En este caso los valores máximos se alcanzan entre mujeres con 10 a 19 años de vida matrimonial.

El hecho de que las mujeres más jóvenes y con el menor número de años de matrimonio tengan las proporciones más bajas

TABLA 1

POR CIENTO DE TODAS LAS MUJERES CASADAS Y DE LAS MUJERES NO ESTERILIZADAS CASADAS DE 15-49 AÑOS DE EDAD QUE ESTABAN USANDO ANTICONCEPTIVOS POR GRUPOS DE EDAD Y AÑOS DE MATRIMONIO

VARIABLE	TODAS LAS MUJERES		MUJERES NO ESTERILIZADAS	
	Por Ciento Usuarias	Número	Por Ciento Usuarias	Número
Edad en años				
15-19	44.4	36	42.9	35
20-24	61.2	152	60.2	133
25-29	64.2	218	50.0	168
30-34	76.3	215	49.5	101
35-39	80.0	200	60.4	101
40-44	73.1	156	43.2	74
45-49	59.2	157	18.7	75
Años de matrimonio[a]				
Menos de 5	51.9	183	49.4	174
5-9	67.1	246	55.7	183
10-14	79.1	230	56.8	111
15-19	80.1	176	58.3	84
20-24	68.3	164	35.0	80
25 y más	65.2	135	14.5	55
Todas las mujeres	69.0	1,134	48.9	687

a/ Para mujeres con más de un matrimonio es la suma del tiempo en cada uno de ellos.

se debe a que una gran proporción de ellos aún no ha alcanzado el número deseado de hijos. El descenso en la proporción de usuarias activas entre mujeres de edad más avanzada y con más años de vida matrimonial probablemente se debe a que pertenecen a cohortes entre quienes el concepto de la familia pequeña no estaba tan arraigado ni los métodos anticonceptivos tan disponibles como entre los grupos más jóvenes. Además, entre ellos la proporción de estériles es mayor que entre las mujeres más jóvenes. El alto nivel de uso de métodos entre mujeres de 45-49 años de edad y entre mujeres con 25 años o más de matrimonio, muchas de las cuales son infértiles, se debe al efecto de la esterilización. Las mujeres esterilizadas continuarán usando ese método aún cuando no lo deseen o no lo necesiten. Al considerar sólo el grupo de mujeres no esterilizadas se puede observar que estos grupos de edad y de años de matrimonio la proporción de usuarias activas es muy baja (Col. 4, Tabla 1).

La paridad de la mujer está estrechamente asociada con el uso de métodos anticonceptivos. Entre mujeres casadas que no habían tenido hijos el por ciento que estaba usuando métodos es relativamente bajo, pero aumenta rápidamente con el número de hijos hasta el grupo que había tenido cuatro. De ese grupo en adelante disminuye progresivamente al aumentar la paridad.

TABLA 2

POR CIENTO DE MUJERES CASADAS DE 15-49 AÑOS DE EDAD QUE ESTABAN UTILIZANDO METODOS ANTICONCEPTIVOS POR EL NUMERO DE HIJOS NACIDOS VIVOS
PUERTO RICO, 1976

NUMERO DE HIJOS	POR CIENTO USUARIAS	NUMERO DE MUJERES
0	17.1	82
1	55.6	151
2	74.8	270
3	77.6	254
4	86.8	114
5	74.8	111
6	72.7	55
7	68.9	45
8 y más	66.3	92

Es evidente que las mujeres casadas que no han tenido hijos o que han tenido únicamente un hijo, utilizarán anticonceptivos sólo para planificar el momento adecuado para tenerlos. Muchas de ellas no comenzarán a utilizar métodos hasta no haber completado o estar cerca del número deseado de hijos. A medida que aumenta la paridad y se alcanza o se sobrepasa el número ideal se hacen mayores esfuerzos por controlar el número y como consecuencia el uso de anticonceptivos aumenta.

Por otro lado, las mujeres de alta paridad son en su mayoría, mujeres de edad avanzada entre quienes el concepto de la familia pequeña no estaba tan arraigado ni el uso de anticonceptivos tan popularizado como entre los grupos más jóvenes. La menor

frecuencia en el uso de métodos es obviamente la causa principal de su alta paridad.

TABLA 3

POR CIENTO DE MUJERES CASADAS DE 15-49 AÑOS DE EDAD QUE ESTABAN USANDO METODOS ANTICONCEPTIVOS POR ZONA DE RESIDENCIA, AÑOS DE ESCUELA COMPLETADOS Y OCUPACION DEL ESPOSO, PUERTO RICO, 1976

VARIABLE[a]	POR CIENTO DE USUARIAS	NUMERO DE MUJERES
Zona de Residencia		
Urbana	73.9	571
Rural	65.3	553
Años de escuela completados		
0-3	67.9	142
4-7	67.0	277
8-11	69.8	272
12	69.5	270
13 y más	66.7	160
Ocupación del esposo[a]		
Cuello Blanco	70.8	343
Cuello Azul	69.5	622
Agrícola	65.9	82

a/ No incluye casos no informados en cada variable.

b/ Cuello Blanco incluye profesionales, técnicos y trabajadores análogos, gerentes y administradores, vendedores y oficinistas y trabajadores análogos. Cuello Azul incluye artesanos, capataces y trabajadores análogos, operarios y trabajadores análogos, trabajadores de servicio doméstico, otros trabajadores de servicio y obreros no agrícolas. Ocupaciones agrícolas incluye agricultores y administradores de fincas, obreros y capataces agrícolas.

Todo parece indicar que las diferencias en cuanto al uso de anticonceptivos entre los diversos grupos sociales y económicos se han reducido considerablemente al pasar el tiempo. Para 1976, la proporción de usuarias activas era un poco mayor para las mujeres residentes de la zona urbana, pero no existían diferencias significativas por niveles de instrucción. La única variable socio-económica que parecía estar directamente asociada con la frecuencia en el uso de anticonceptivos era el status ocupacional del esposo.

El grupo de 918 mujeres casadas de 15-49 años que había practicado la anticoncepción alguna vez en su vida había utilizado un total de 1,616 métodos lo que equivale a un promedio de 1.76 métodos por mujer. Esta cifra es ligeramente superior al promedio de 1.61 métodos informado en 1968 (Vázquez, 1970). El método que más había sido utilizado era la píldora anticonceptiva, ya que el 58 por ciento del grupo informó haberla usado alguna vez. El segundo lugar correspondió a la esterilización femenina con un 49 por ciento, mientras el tercer lugar lo ocupaba el condom con 18 por ciento. Al comparar estas cifras con las correspondientes a 1968 se observa que la píldora desplazó a la esterilización del primer lugar como el método que había sido más utilizado, mientras el condom se mantuvo en la misma posición. El dispositivo intra-uterino (DIU) desplazó a la retirada (coitus interruptus) y al ritmo subiendo del sexto lugar en 1968 a un cuarto lugar en 1970 (Vázquez, 1976).

TABLA 4

DISTRIBUCION DE LAS MUJERES CASADAS DE 15-49 AÑOS DE EDAD QUE HABIAN UTILIZADO ANTICONCEPTIVOS ALGUNA VEZ POR TIPO DE METODO UTILIZADO, PUERTO RICO, 1976 Y 1968

METODO ANTICONCEPTIVO	POR CIENTO DEL TOTAL DE MUJERES[a] 1976	1968
Píldora anticonceptiva	58.4	37.4
Esterilización femenina	48.7	46.0
Condom	17.5	17.2
Dispositivo intrauterino	12.4	5.7
Retirada	8.6	16.0
Ritmo	3.5	6.2
Esterilización masculina	3.3	1.9
Diafragma	0.9	2.6
Otros	22.8	27.6
Total de mujeres	918	470
Total de métodos usados	1,616	756
Promedio de métodos por mujeres	1.76	1.61

a/ La suma de los por cientos es mayor de 100, ya que algunas mujeres habían utilizado más de un método.

Al considerar los métodos en uso al momento de la entrevista se observa un cuadro totalmente distinto. El 61 por ciento de las mujeres dependían de la esterilización (masculina o femenina) mientras sólo el 19 por ciento estaba usando la pastilla. El tercer método en importancia entre las usuarias activas era el condom y el cuarto lugar lo ocupaba el dispositivo intrauterino. En otras palabras, el patrón de métodos en uso era muy similar al observado en 1968.

TABLA 5

DISTRIBUCION DE LAS MUJERES CASADAS DE 15-49 AÑOS DE EDAD QUE ESTABAN USANDO ALGUN ANTICONCEPTIVO A LA FECHA DEL ESTUDIO POR TIPO DE METODO EN USO PUERTO RICO, 1968 Y 1976

TIPO DE METODO	POR CIENTO 1976	POR CIENTO 1968
Esterilización, total	61.2	59.1
Femenina	57.1	56.7
Masculina	4.1	2.4
Píldora	18.6	18.9
Condom	6.0	3.4
Dispositivo Intrauterino	4.9	2.6
Ritmo	3.1	2.9
Retirada	1.5	7.3
Otros	4.7	5.8
Total	100.0	100.0
Número de mujeres	783	381

Fuente: José L. Vázquez, "Conocimiento y Uso de Métodos Anticonceptivos en Puerto Rico" trabajo presentado en la Conferencia Regional Latinoamericana de Población, Méjico, 1970.

El tipo de método utilizado depende grandemente de la edad de la mujer, así como de los años de vida matrimonial. Entre mujeres jóvenes y con pocos años de matrimonio la píldora anticonceptiva es el método preferido, pero su uso disminuye a medida que aumenta la edad y los años de vida matrimonial. Una tendencia opuesta se observa con relación a la esterilización femenina. Entre mujeres de 45-49 años de edad y con 20 años de vida matrimonial más del 80 por-ciento de las usuarias activas dependen de la esterilización.

TABLA F

DISTRIBUCION DE POR CIENTOS DE LAS USUARIAS ACTIVAS CASADAS DE 15-49 AÑOS DE EDAD POR TIPOS DE METODOS Y ALGUNAS VARIABLES
PUERTO RICO, 1976

VARIABLE	Esterilización Femenina	Pastillas	Otros Métodos	Total	NUMERO DE USUARIAS
Edad en años					
15-24	17.4	49.6	33.0	100.0	115
25-34	55.0	22.2	22.8	100.0	298
35-44	66.1	8.0	25.9	100.0	274
45-49	85.4	1.0	13.6	100.0	96
Años de Matrimonio					
Menos de 5	9.5	52.6	37.9	100.0	95
5-9	38.2	30.3	31.3	100.0	165
10-14	65.4	13.7	20.9	100.0	182
15-19	69.2	9.2	25.6	100.0	141
20 y más	82.0	4.0	14.0	100.0	200
Zona de Residencia					
Urbana	60.8	16.3	22.9	100.0	411
Rural	53.0	21.2	25.8	100.0	372
Años de Escuela Completados					
0-3	70.3	8.8	20.9	100.0	91
4-7	64.2	13.4	22.4	100.0	187
8-11	61.5	17.7	20.8	100.0	192
12	47.6	27.0	25.4	100.0	189
13 y más	40.5	24.1	35.3	100.0	116

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Obviamente, esto es en gran medida el producto de la naturaleza irreversible de esta operación y su efecto acumulativo. Las mujeres jóvenes también usan con gran frecuencia, otros métodos tales como el dispositivo intrauterino y el condom.

Las usuarias activas de la zona urbana dependen más de la esterilización que las de la zona rural y por consiguiente el uso de la píldora y de otros métodos anticonceptivos es menor.

Con relación al nivel de instrucción, se observa una relación inversa entre el número de años de escuela completados por la mujer y el uso de la esterilización femenina. En otras palabras, las mujeres menos instruídas dependen más de la esterilización que las más instruídas. Por el contrario, el uso de la píldora y de otros anticonceptivos está asociado de forma directa con el nivel de instrucción. Es evidente que la mujer más educada tiene a su disposición un mayor número de alternativas en el uso de anticonceptivos debido a sus mayores conocimientos, a la mayor accesibilidad de los métodos y al mayor grado de comunicación que existe entre ella y su esposo con relación a asuntos sobre el sexo.

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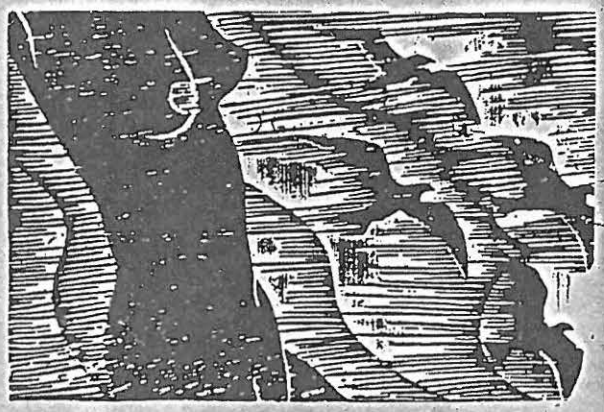
Puertorriqueñas:

Sociodemographics, Health and Reproductive Issues Among Puerto Rican Women in the U.S.



"...Yo soy la vida, la fuerza, la mujer."
("...I am life, strength, woman.")

Julia de Burgos

A Fact Handbook

Prepared by

Mujeres en Acción Pro Salud Reproductiva:
Northeast Project on Latina Women and Reproductive Health

In collaboration with

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Cándida Flores
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The U.S. Latino Population

Population Distribution

Only four nations in the Western Hemisphere -- Mexico, Argentina, Columbia and Peru -- have larger Spanish-speaking populations than the United States. Currently, there are 19.4 million Latinos in the U.S., or about 15% of the total population.[1] Despite the existence of unifying cover terms like Hispanic and Latino, "studies that have investigated the social and economic characteristics of 'Hispanic' subgroups have found that the differences are greater than the similarities."[2] The Latino population is composed of the following subgroups: Mexicanos/Chicanos 12.1 million (62.3%), Puerto Ricans 2.5 million (12.7%), Cubans 1.0 million (5.3%), Central and South Americans 2.2 million (11.5%), Other (unspecified) 1.6 million (8.5%).[3] Significantly, the Latino population increased by 34% in the 1980s, three times the rate of Blacks and six times the rate of whites. And almost twice as many Hispanics are aged 18 or younger than the general population. Among Puerto Ricans, the average age is 22 years.[4] Latinos are widely scattered throughout the United States, with the four states having the largest Latino populations (California, Texas, New York, and Florida) being non-contiguous. Still, several regions of heaviest concentration are identifiable and linked most closely with particular Latino subgroups and their dominant traffic lanes of migration: the Southwest (Mexicano/Chicano), the Northeast (Puerto Rican), and the Southeast (Cuban). Latinos are more urbanized than the general U.S. population; among Puerto Ricans, 73% live in urban areas.[4]

Economic Status

While there is an emergent Hispanic middle class, according to the 1988 Bureau of the Census report on the Hispanic population:

> About 1.2 million of the 4.6 million Hispanic families, or 25.8%, were living below the poverty level in 1987...Their poverty rate was about 2 1/2 times as high as that for non-Hispanic families. There has been no significant change in the poverty rate of Hispanic families between 1982 and 1987; however between 1985 and 1987, the poverty rate of non-Hispanics dropped from 10.4 to 9.7 percent.[3]

In other words, not only is poverty widespread among Latino families, but over the last several years Hispanics have watched the non-Latino population participate in an economic recovery that has failed to reach them. Notably, 37% of Latino children lived in poverty in 1986, compared to 15% of white children.[5] Among Latino subgroups, Puerto Ricans have the highest rate of poverty, with 38% of Puerto Rican families and 40% of Puerto Ricans residing outside of family settings living below the poverty line.[3]

The median family income for Latinos in the U.S. is over $11,000 a year below the non-Latino rate. The gap between Latino and white families in median family income has been steadily increasing. In 1972, Latino family income was 71% of white family income, by 1980 it had dropped to 67%, and in 1986 it had fallen further to 65%.[3] Again, among Latinos, Puerto Ricans have the lowest median family income, earning 46% of non-Hispanic families.[6] In 1984, Hispanic women had an annual income of $5,830 compared to $6,949 for women overall.[6] Related to low income is inadequate housing. One fourth of Hispanics in the U.S. live in overcrowded housing.[4]

Family Characteristics

Despite its centrality in Latino culture, the structure of Latino families is changing. The proportion of Hispanic families maintained by a married couple fell from 74 to 70% between 1982 and 1988, while the proportion of single-parent households increased from 26 to 30%. Of all Latino groups, Puerto Ricans

have the highest rate of female-headed households (44% compared to 16% for the general population). The participation of Latino women in the labor force increased from 48% to 52% by 1988. Most are concentrated in low-income service, clerical, and related occupations.[3]

Education /Employment

The proportion of non-Latinos who have completed four or more years of college is twice as high as that of Latinos (21 vs. 10%). Similarly, while 78% of non-Latinos have completed high school, only 51% of Latinos have.[3] Nationally, the dropout rate for Latinos remains one of the highest for any U.S. subgroup, estimated at 45-50% in some of the larger cities.[5]

The official unemployment rate among Latinos is 3 percentage points higher than non-Latinos (5.5 vs 8.5), and for Puerto Ricans the unemployment rate is a notable 5 percentage points higher (10.5), giving Puerto Ricans one of the *highest* unemployment rates of any group in the country.[3]

Based on census data from the 1970s, Becerra and Greenblatt concluded that the Latino population

> ...constitutes one of the largest subgroups of the lower socioeconomic class in the United States. For them, low financial resources lead to early departures from school to seek work, and subsequent low education levels force many of them to stagnate in low-paying dead-end jobs.[7]

While there is considerable variation among ethnic subgroups in the Latino population, generally Latinos, and Puerto Ricans in particular, remain trapped by racism and other structural variables in the American underclass, "limited to the poorest-paying jobs and to the most dilapidated housing and with only limited access to education and other public services."[8]

Health among Puerto Rican Women

Because health and health-related behavior are inexorably tied to social class, Puerto Ricans suffer disproportionately high rates of infectious and parasitic diseases, higher infant mortality rates, lower life expectancy, and a higher prevalence of morbidity of all kinds, including stress-related behavioral diseases (e.g. alcoholism). Moreover, because of cultural/linguistic inappropriateness, lack of availability, and barriers to accessibility, they are often poorly reached and badly served by existing health and prevention services. Puerto Rican women are particularly at risk for a variety of health problems and conditions, and are subject to abuse and mistreatment in the health care system.

Major Health Problems

AIDS/SIDA

As of January 9, 1989, 82,231 cases of AIDS have been reported in the United States, 7,647 (9%) among women. Fifty-six percent of identified AIDS cases have already died.[9] Latino women, men and children are disproportionately affected by AIDS. Moreover, community research indicates that Latinos are comparatively poorly informed about AIDS, or SIDA as it is known among Latinos, and its routes of transmission.[10] Existing educational efforts and materials have not proven effective in changing this situation. There is an urgent need to develop and implement culturally appropriate programs to prevent the spread of AIDS among Latinos and to provide support and care for Hispanic persons with AIDS. It is crucial that these programs address the specific needs of Hispanic women in light of the following facts.

- Although Latinos comprise only 8% of the U.S. population, they represent 15% (12,487) of all AIDS cases.[9]

- The cumulative incidence of AIDS cases per million population is 1,500 for Latinos compared to 1,100 for whites.[12]

- Among women who have been diagnosed with AIDS, 21% are Latinas.[6]

- Latinas are 9 times as likely as white women to get AIDS.[12]

- Women account for 17% of white AIDS cases and 33% of Latino cases.[12]

- Over 80% of Latinas diagnosed with AIDS are of reproductive age.[13]

- Although Latino children represent only 9% of the total population of children in the U.S., they represent 22% of pediatric AIDS cases.[14] In New York, Latino children represent 33% of pediatric AIDS cases.[11]

- The majority of Latino AIDS cases are concentrated in the Northeastern United States, the section of the country in which Puerto Ricans comprise the major Latino subgroup.[9]

- The highest number of cases of women with AIDS are found in New York, New Jersey and Florida.[15]

- The highest *proportion* of women with AIDS are in Connecticut and New Jersey (16% each of the total number of cases of AIDS are among women).[15]

- 12% of women's AIDS cases are in Puerto Rico.[15]

- It is estimated that by the end of 1991, more than 18,000 cases of AIDS will have been diagnosed in women.[13]

- Intravenous drug use is the route of transmission for 52% of AIDS cases among women nationally.[15]

- Among IV drug cases of AIDS, 39% are Latino, while 15% are white.[12]

- In New York City, 29% of AIDS cases among Latinas are sexual partners of men with known risk characteristics.[12]

- A recent study found that 80% of Latinas with AIDS are IV drug users or have partners who are IV drug users compared to 52% of white women with AIDS.[16]

- Blood tests for HIV infection among IV drug patients receiving methadone maintenance in Manhattan in 1986 found that 48% of Latinas were seropositive (i.e. infected) compared to 41% of white women. An earlier study in Manhattan which included both methadone maintenance and drug detoxification patients found that 64% of Latinas were seropositive.[12]

- Latinos with AIDS survive for a shorter time than do whites. In New York City, of all persons diagnosed with AIDS as of March 1987, 41.1% of Latinos are still alive compared to 45.5% of whites.[12]

Cancer

- Puerto Rican women have the highest rate of cervical cancer in the world. Mortality rates for Puerto Rican women from cervical cancers are as follows:

  Cancer of the cervix--221% of the rate among white women.
  Cancer of the corpus--129% of the rate among white women.[17]

- Only 25% of Latinas are aware of breast self-examination.[4]

- Latina women have poorer survival rates for breast, ovarian, and bladder cancer than the general population of women.[4]

Alcohol and Drug Use

- While Puerto Rican women traditionally abstained from alcohol consumption, studies show that with acculturation cultural sanctions against drinking among women break down, resulting in increased occurrence and frequency of drinking and associated health and social problems.[18, 19,20]

- In a national study, 32% of Latinas aged 50-59 reported drinking at least once a week or more, while 10% of those 18-29 were drinking at moderate to heavy levels.[21]

- Among Latinas who were drinking: 6.6% report two or more alcohol-related problems, while 4.4% report four or more problems.[22]

- A study of 210 Puerto Rican mothers in Hartford by the Hispanic Health Council found that:

  68% have consumed alcohol
  28% consume alcohol at least once a month
  3% are heavy drinkers
  4% report at least one-alcohol related problem.[23]

- The rate of cirrhosis among Puerto Rican women is almost double the rate among white women.[24]

- Among 15-44 year olds, drug dependence is the fifth leading cause of death among Puerto Ricans in New York.[24]

- In community studies, Puerto Ricans consistently rank drugs as the foremost community health problem they face.[25]

- A study of Puerto Rican female addicts in Chicago found that heroin use is frequently initiated at the urging of boyfriends who are able to control these women through their dependence on drugs.[26]

- In 1986 85% of Puerto Rican women who died of AIDS on the Lower East Side of New York were IV drug users.[27]

Diabetes

- The annual mortality rate for diabetes is 31 per 100,000 population among Puerto Rican women compared to 14.5 among white women.[28]

- The rate of Type II diabetes among Puerto Ricans is 3 times the white rate.[29]

Respiratory Infection

- Among white, Black, and Latino women, Puerto Ricans have the highest rate of death due to pneumonia and influenza.[28]

- Respiratory infection is the fourth leading cause of death among Puerto Ricans of all ages in New York.[24]

- There is a higher prevalence of asthma among Puerto Ricans, especially females, than white or Black populations, twice the rate of other ethnic groups.[30]

- Respiratory disease was the single largest diagnostic category among Hispanic patients making physician office visits in 1980-81.[31]

Access to Health Care

- One-fifth of Latino adults are medically disadvantaged: they lack health insurance, do not have a regular source of medical care, and are unable to get care when they need it.[32]

- Latinos are the ethnic group least likely to have health insurance. 33% of Latinos lack either private health insurance or Medicare/Medicaid, compared to 11% of the general population.[33]

- The average annual rate of visits to office-based physicians in 1980-81 was 2.7 for the general U.S. population, but only 1.8 for Hispanics.[34]

- A major factor affecting health care among Latinos is the low availability of Spanish-speaking physicians. In 1984, when Latinos constituted 6.4% of the U.S. population, only 4.9% of medical school entrants were Latino; only 96 Puerto Ricans (58 male, 38 female) started medical school in the U.S.[33]

Puerto Rican Women and Reproductive Health

Sterilization

All women of color in the United States and the world are at risk of being sterilized. Sterilization is a practice which has been implemented with Blacks, Native Americans, and Latinas at higher rates than with their white counterparts in the United States. This procedure was legalized in Puerto Rico in 1937, hand in hand with economic transformations planned for the island. On the island, female sterilization was legalized for population control, eugenic (selective sterilization of people thought to weaken the genetic stock of the human race), health, and socio-economic purposes. This irreversible contraceptive method is supported and made easily accessible to all women, but in particular to young women. Medical institutions, personnel and policies supported by the Puerto Rican and the United States governments, have victimized many Puerto Rican women with the abusive use of this procedure.

Sterilization of Women in Puerto Rico

- Puerto Rico has the highest rate of sterilization in the world and the rate of sterilization is higher among women in lower socio-economic categories.[35]

- Since the 1930s, sterilization in Puerto Rico was made easily available, free, and without knowledge of its consequences or without other contraceptive alternatives.[36]

- Many women think that sterilization is reversible.[36]

- The foam, IUD and and pill were first tested in Puerto Rico as well as in other third world countries.[36]

- In 1965, a study on the relationship between cancer in the uterus and female sterilization was conducted in Puerto Rico. The results revealed that 34% of Puerto Rican women between the ages of 20 and 49 were sterilized.[36]

- Puerto Rican women are the youngest in the world sterilized; 92% are under 35.[37]

Sterilization of Puerto Rican Women in the United States

- In New York Latinas have a rate of sterilization seven times higher than white women and almost double that of Black women.[36]

- Most Latina women in New York in 1978 were sterilized between the ages of 25 to 29 while most Black and white women were 30 to 34.[36]

- 50% of Puerto Rican women of reproductive age have been sterilized in Hartford, CT.[38]

- Overall, 38% of all Puerto Rican women have been sterilized.[39]

- In 1981, a survey done in a low income neighborhood in Brooklyn, New York found that women in 66.7% of Puerto Rican households had been sterilized.[40]

- A study comparing birth control knowledge, attitudes and practices of Puerto Rican (migrants) and white women of working class and middle class backgrounds found the former had a significantly higher incidence of tubal ligation, as opposed to hysterectomy.[41]

- Women who have undergone tubal ligation can experience "posttubal ligation syndrome" which consists of symptoms similar to those reported by women with premenstrual problems. Findings suggest that preexisting premenstrual complaints can be aggravated by sterilization.[42] Given the fact that one third of Latina women in this country have been sterilized and continue to be, they are likely to experience PMS symptoms. There is considerable potential for further abuse to Latinas using mental health services since PMS is a category which has been added to the DSM III-R (Diagnostic and Statistical Manual of Mental Disorders).[43]

Prenatal Health

- Only 57% of Puerto Rican women begin receiving prenatal care during the first trimester.[44]

- While 4% of white women do not begin prenatal care until the third trimester or receive no prenatal care at all, this figure stands at 16% for Puerto Rican women.[44]

- One-fourth of all Puerto Rican teen mothers do not enter prenatal care until the third trimester.[44]

- Among women who have prenatal care, Puerto Rican women average two fewer visits per pregnancy than white women.[44]

- 12.3% of Puerto Rican infants are born preterm compared to 7.6% of white infants.[44]

- Overall, 9% of Puerto Rican newborns record low birthweights (under 2,500 grams/5 lbs, 8 oz.) compared to 5.5% for white newborns.[44] In New York City, 10.3% of Puerto Rican newborns have low birthweight compared to 5.8% of white newborns.[39] A survey of 500 Puerto Rican families in Hartford found a low brith rate of 11.6%, as well as high incidence of chronic illnesses, and diagnosed impairments among children birth to five years of age.[45]

- 21.3% of Puerto Ricans born in 1986 in New York had teenage mothers compared to 3.6% of white babies.[39]

- In 1986, the mortality rate in East Harlem, a predominantly Puerto Rican neighborhood was 11.2 per 1,000 live births compared to 8.6 in the neighboring affluent white Kips Bay-Yorkville area. In New York City generally, the Puerto Rican infant mortality rate for 1986 was 12.8 up from 12.4 the previous year.[39]

- The fertility rate among Latinas is the highest of any population group; among Puerto Ricans the rate in 1979 was 22.6 per 1,000 population and 80.7 per 1,000 women aged 15-44, compared to 14.7 and 63.7 for non-Hispanics.[46]

Sexually Transmitted Diseases

- A review of the literature on sexually transmitted diseases among Latinas by the Hispanic Health Council produced two noteworthy findings: 1) literature on STDs in Latina populations is scarce; 2) literature on Puerto Ricans is particularly limited.[47]

- 33% of Latino adolescent patients in a Brooklyn, New York study tested positive for gonorrhea.[48]

- A recent study of 113 sexually active female adolescents attending a family planning clinic found that the highest rate of Chlamydia was among Latinas. Among 15-17 year old Latinas in this study, 40% were infected, while 33.3% of 13-14 year olds were infected. This sexually transmitted pathogen is implicated in the occurrence of a variety of health problems including nongonococcal urethritis, epididymitis, Reiter's syndrome, acute salpingitis, cervical dysplasia, and infertility.[49]

- A mass screening study of of 2,761 women attending a family planning clinic found that 9.7% of Latinas in the sample were infected with Chlamydia.[50]

- In 1987, 35,241 cases of primary and secondary syphilis were reported in the U.S., a 25% increase over the 1986 rate and the largest increase in 35 years. The increase in incidence was greatest for Blacks and Latinos. Among Latinas, the rate increased from 17.8 to 22 per 100,000 persons.[51]

- An examination of STDs among sexually active adolescents attending teen clinics found that rates for Latinas were 23%, 4% and 2% respectively for Chlamydia, gonorrhea, and Trichomoniasis, compared to rates of 14%, 2% and 1% for whites.[52]

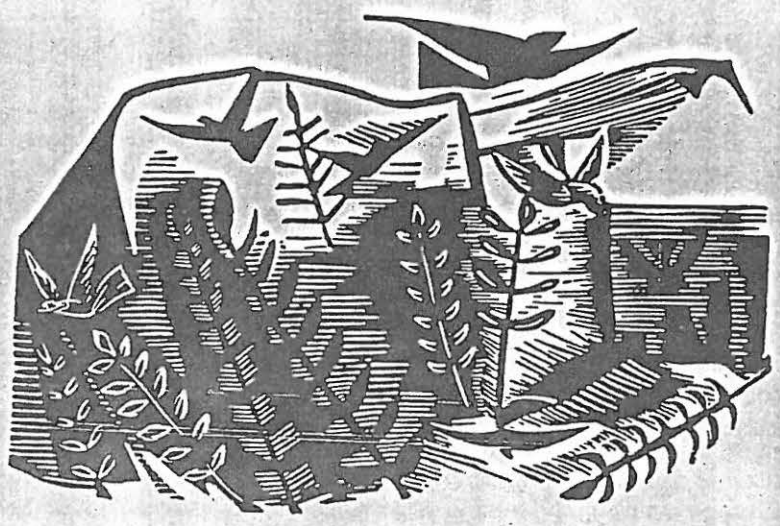
Caesarean-Sections

- About half of the caesarean-section surgeries performed in the U.S. during 1987 were unnecessary according to a recent review of state records and the existing medical literature. Hospitals with the highest rates, tend to be in states with a high proportion of Latinos. Of the hospital with cesarean rates over 35%, 22 are in California, 18 are in Florida, and 8 in New York. The report notes that the percentage of all deliveries performed by caesarean section has increased rapidly over the last two decades from 5.5% in 1970 to 24.4% by 1987. C-sections are now the most common major operation performed in U.S. hospitals. Of the 475,000 unnecessary C-sections performed in 1987, according to the study, 25,000 resulted in serious infections, 1.1 million extra hospital days, and a cost of more than $1 billion.[53] Also C-sections have an average maternal mortality rate four times that of vaginal births (41 deaths per 100,000 for C-sections vs 10 deaths per 100,000 for vaginal births).[54] A recent study found a 27-fold increase in maternal mortality with C-sections compared to vaginal delivery, with a third of those deaths occurring in women with repeat Caesareans. For premature, low birthweight babies, C-sections have been found to present a mortality disadvantage compared to vaginal delivery. Importantly, C-section patients disproportionately tend to be low income minority women, as do premature, low birthweight babies.[54]

- Related to the rise in the rate of C-sections generally, is the rise in court-ordered Caesareans. When parents refuse to have a C-section performed, doctors can go over their heads and have judges issue court orders. Yet considerable uncertainty exists concerning the actual necessity for the procedure in numerous cases. There is a growing recognition that physicians tend to over diagnose fetal distress because of erroneous data provided through electronic fetal monitoring (EFM). One study found that EFM can have a false positive rate for fetal distress of up to 80%. C-sections performed pursuant to a court order are even more disproportionately directed at low income and minority women than C-sections without court involvement. A recent study in *The New England Journal of Medicine* found that 86% of doctor or hospital requests for court orders to perform Caesareans are granted. Of these, 81% involve Black, Latina, or Asian/Pacific American women.[54]

Latina Attitudes About Abortion

- Little research has been done on Latina attitudes concerning abortion. A recent study of attitudes among Latina in Los Angeles provides some suggestive findings. Women in this study, contrary to the researchers expectation, were not hesitant to express their views on the topic. Rather, the 120 women in the sample were eager to talk. Responses fell into three groups: a small number of women adamantly opposed abortion under all conditions even when the life of the mother was threatened, the pregnancy was the result of rapé, or the child would be born with an abnormality. Religious belief, primarily fundamentalist Protestantism, was the basis of most of these women's attitudes. Another group of women strongly supported abortion rights. These participants felt that it was a women's right to choose an abortion. Finally, the third group, composed of the majority of women in the sample, approved of abortion under certain circumstances, especially when the mother's life was at risk, in cases of incest or rape, and when an abnormality in the fetus was indicated. Most of the women in the study had not had an abortion, although a minority reported abortions for a variety of reasons including becoming pregnant while single, inability to support the child financially, unstable social situation, and feeling too old to have another child. Importantly, the study found that many of the women in the sample had never been given information on contraception, especially in their early childbearing years. They also complained that physicians did not take time to explain contraception to them.[55]



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COMMISSION FOR WOMEN'S AFFAIRS
Office of the Governor

Facts on Puerto Rican Working Women

General:

In 1980, the female population was 1,639,793 representing 51.3% of the total population.

The median age was 25.5 years.

Marital Status:

Fixty three per cent of women 15 years and over, in 1980, were legally married.

In 1980, 72 of every 1000 women were divorced. This represents an increase compared with the rate of 38 of every 1000 women in 1970.

Regarding to the participation of women in the labor force, divorced women had the highest participation rate in all age groups except for the 25-34 age group.

Amoung married women, the highest participation in the workforce were in two groups: 25-34 years of age with 39.9 per cent and 35-44 years of age with 35.3 per cent.

Family Composition:

In 1980, 21.27 per cent of the Puerto Rican families were supported by women. This represents one of every five family households.

Twenty-three per cent of these families have incomes below poverty levels.

Participation in the labor force:

In 1985, 27.9 per cent of women 16 years of age and over were working or actively seeking employment. The majority of women, 72.14 per cent, of the civilian labor force were not participating in the labor force.

Working women represent 35 per cent of the total labor force.

The highest participation rate by female age groups were 25-34 years of age (45.7%) and 35-44 (43.2%)

Employment Rates, by type of Industry (1985)

Manufacturing	22%
Trade	15%
Transportation, Comunication and Public Utilities	3%
Service Industries	24%
Public Administration	32%
Others	4%

Employment Rates, by Type of Occupation (1985)

White Collar Workers (professionals, managers and officials, clerical and related)	62%
Blue Collar Workers (craftsmen, operators, laborers and related)	20%
Service Workers (private household, protective services and others)	18%

In 1987:

** 49 per cent of all workers in public service were women

** 38 per cent of all workers in private sector were women

** Of all working women, 42 per cent are government workers, and 58 per cent are private sector workers

The highest unemployment rate was for women 16-24 years of age; it was 55.6 per cent for women 16-19 years of age; and 35.4 per cent for women 20-24 years of age.

Working women and their children:

The highest rate of participation in the labor force was for women 25-34 years of age with no-children under 18 year of age. Among women with children under 18 years of age, the highest rate of participation was for women 25-34 years of age with children under 6; it was 49.6 per cent.

Education:

The median of academic achievement for women in the labor force is 12.6 grade level.

In 1985-86 women constituted 60.3% of the population seeking post secondary education degrees.

Earnings

The average anual income for women in 1980 increased to $4,774.00 dollars in contrast to the male average income of $8,205.00 dollars.

The average income for women represented 58 per cent of the average income for men.

Women in Politics

52.2% of the electorate population in Puerto Rico is composed of women.

Female participation in government:

a) The Legislative branch is represented by 10 women, it represents 10 per cent of the total body.

b) The judicial branch includes 57 women who are either judges or administrators, representing 23%.

c) The executives branch includes 16 women who are agency directors or cabinet members representing 15%.