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**WOMEN IN LATIN AMERICA AND THE CARIBBEAN:  
POTENTIAL LEADERSHIP IN THE AREA OF POPULATION \***

\* An initial version of this document was prepared by Ms. Miriam Krawczyk for the Meeting of Government Experts on Population and Development in Latin America and the Caribbean, held in Saint Lucia, from 6-9 October 1992.

The views expressed herein are those of the author and do not necessarily reflect the views of the Organization.

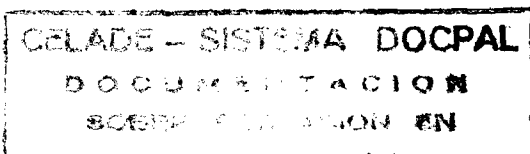
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CONTENTS

	<u>Page</u>
Introduction .....	1
1. Trends in the "women" and "population" issues .....	2
2. The regional situation and changes in women's lives .....	8
3. Some essential aspects of the relationship between women and population .....	10
4. Women in extremely vulnerable positions .....	24
5. Adoption of forward-looking measures .....	26
BIBLIOGRAPHY .....	29
Annex .....	37





## Introduction

Strictly speaking, a separate chapter in a document on the "population issue" should not have to be devoted to the situation of women, since they represent a factor which both determines and is determined by all the variables inherent in the topic, namely, human reproduction, migrations and socio-economic development, including cultural, ethnic and generational elements. There are, however, at least two reasons for doing so: to underscore concern for the women of the region in certain areas which are basic to their being treated equitably but in relation to which they are still in a subordinate position despite their obviously protagonistic role; and to ensure that the gender perspective begins to permeate the approach to the population issue.

This is essential today, when, in addition to major technological advances, genuine changes are taking place in how societies themselves are being perceived. The decline of the great ideologies that provided specific cosmographic views, and secularization and the resultant modernity, at least in the western model, are making room for new theories and cultural models, changes in personal behaviour, a different relationship between the public and the private, the economic and the democratic ideal which takes a broader view of citizenship —all areas in which the links between gender, modernity and culture will be a key factor.

The information used in preparing this document is based on studies on the situation of women in the region which ECLAC has conducted in the area. The findings of these studies have been used in various conferences on women, especially the fourth and fifth conferences (1991) (ECLAC, 1990a; 1991a; 1991b).

In addition to the very real and well recognized situation of women, unfortunately little has been done to clarify it by C. Borsotti when he said that ... "the core areas that need a conceptual framework for diagnosis and action on the situation of women in development are as follows: the precise definition of the type of relationship between domestic units and the overall socio-economic structure; the norms" (ECLAC, 1979). Although much headway has been made in redoubling to relate them to each other and thus get to the root of the position occupied by men and women in society, including their changing production patterns with social equity.

This paper will focus on a number of relevant topics from the studies and attempt to point out, where possible, the gaps that exist between the situation of women in the Latin American and Caribbean region. Our study will be based on the instruments the United Nations has established to benefit women

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members— bearing in mind, in particular, that these instruments have been ratified by all the countries of the region, except one.

This does not mean that the importance the family —both the family she is born into and the one she finds— has had and continues to have for women should be overlooked. However, the complexity of the topic, the lack of sufficient information, the changes that are obviously taking place in various family structures that coexist in the region, make it necessary to analyse very carefully the situation of the family in Latin America and the Caribbean and the new forms it is taking; on the basis of the information available thus far, it is not possible, however, to go beyond the obvious general topics.

The context in which the status of women is currently being studied at ECLAC is the proposal on changing production patterns with social equity, according to which, despite all differences, the framework for regional activity must be strategic coordination and consensus for the achievement of development in a democratic environment. This is a proposal that, by definition, contains the principle of respect for individual rights, which obviously includes the rights of women both to participate in society on an equal footing and in the power structure and the right to have or not to have children in line with their own convictions. The quest for change and equity, which should include equality between men and women, allows ample room to include today's innovative currents of thought and incorporate novel ideas aimed at helping to build more equitable societies in which ethical factors are taken into account. The topic is seen from a viewpoint which integrates economic and social perspectives, on the understanding that it is possible to reconcile growth, social equity and democracy and that there are important areas in which social equity and changing production patterns complement and strengthen each other. It is assumed, moreover, that economic policy is not socially neutral and that it can be combined with other areas in many ways, whose effects would be to promote not only growth but also social equity. The basic pillars of this approach are technical progress, productive employment and investment in human resources (ECLAC, 1992b). The proposal is rounded out by other elements: the role of social policies in the process of changing production patterns with social equity; guidelines for incorporating environmental protection into the development process (ECLAC, 1991b); elaboration of the contents of an appropriate educational strategy (ECLAC, 1992a); and the role of economic integration.

Under this proposal —which is based on the actual situation of the Latin American and Caribbean region— population policies and gender dimensions can play a different role, in which the traditional tension between State policies and individual rights gives way to complementarity.

### 1. Trends in the "women" and "population" issues

ECLAC has always monitored the situation of women in Latin America and the Caribbean, pursuant to the mandates of its member countries, as part of its general concern with development. From the outset, it recognized the diversity of situations in which women lived, the complexity of the issue and the difficulties involved in theoretically and methodologically integrating women into conceptual development frameworks and the State apparatus of the countries of the region. This has evolved into a highly dynamic process of reflection, and the debate on women's role in society has been modified and enriched in recent decades and basic changes have occurred both in the concept of the development process itself and in the perception of how women were integrating into it. A major stride has been made in that whereas development was, until not long ago, seen essentially as a process of economic growth, its integration with social concerns is today accepted as obvious. This change means that the well-being of the

population and the quality of life of individuals are starting to become an integral part of the debate on development, which has helped incorporate the issues of ethics and social equity into it.

ECLAC launched its activities relating to women in compliance with its resolution 321(XV), adopted in 1973. At that time, during the Quito Appraisal, the member countries of ECLAC were advocating a more human conception of development that would encompass its economic, social, cultural and political dimensions. After the 1975 World Conference of the International Women's Year, held in Mexico, the States members adopted, in 1977, the Regional Plan of Action for the Integration of Women into Latin American Economic and Social Development, which assumes that the living conditions of women in Latin America and the Caribbean are linked to the countries' development problems, and whose recommendations relate to desirable development models for the region in the 1970s. In practical terms, this approach called on the region to give priority to the most vulnerable groups of women, especially those in the lower classes. In its section on the family, the Plan sets forth the requirement "to respect the right of the individual and the couple to receive information and decide, freely and responsibly, on the number and spacing of their children" (ECLAC, 1977, para. 45 (7)).

Three main positions coexisted in the region in the 1970s: the "populationist" position, which saw women's issues as fundamentally related to their status as essential factors in the process of biological reproduction and demographic growth, and which saw "modernization" as an influence on their reproductive behaviour; the "developmentalist" position, which perceived women as potentially important human resources for development which should be incorporated into the production process; and the "egalitarian" position, which focused on the full exercise of citizenship by women and gave priority to women's status as human beings, without subordinating it to other objectives. Working along the lines of the mandates established for the United Nations Decade for Women: Equality, Development and Peace, ECLAC emphasized the objectives of i) equality (essentially based on the Declaration and, later, the Convention on the Elimination of All Forms of Discrimination against Women), ii) development (and its corollaries of education, employment and health) and iii) peace. Each of these objectives became more complete—and complex—as it was defined more precisely to include new topics such as domestic violence, problems of migrant women, etc.

From the very outset, United Nations instruments for the incorporation of women have related the status of women to the issue of development. As for its link with the subject of population, paragraph 156 of the Nairobi Forward-looking Strategies for the Advancement of Women refers to the World Population Plan of Action as a basis for the statement that "The ability of women to control their own fertility forms an important basis for the enjoyment of other rights ... all couples and individuals have the basic human right to decide freely and on an informed basis the number and spacing of their children ...". The only requests made of Governments in this regard in the Nairobi Strategies is that they develop policies to encourage the delay in the commencement of childbearing in view of the fact that teenage pregnancy has adverse effects in terms of morbidity and mortality and that they ensure that fertility-control methods and drugs conform to adequate standards of quality, efficiency and safety. They underscore the important role which women's organizations and non-governmental organizations should play in this area and also emphasize the importance of utilizing the indicators for monitoring women's health that have been developed by the World Health Organization (United Nations, 1985).

At present, the Convention on the Elimination of All Forms of Discrimination against Women, which has been ratified by all but one of the countries of Latin America and the Caribbean, furnishes sufficient legal grounds for providing women with genuine access to the educational resources, information and services relevant to the control of their own fertility pursuant to their right to freely take

the decisions which they deem fit in accordance with their culture, ethnic identity, religion, philosophy, and stage of life. Under article 16 of the Convention, "States Parties ... shall ensure, on a basis of equality of men and women ... the same rights to decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights" (United Nations, 1979a).

The *de jure* equality of Latin America and Caribbean women can be said to be explicitly acknowledged, even though many necessary amendments to national laws to ensure their consistency with the instruments ratified, are pending or in the process of being introduced. In this context, the achievement of *de facto* equality, whose roots are much more deeply embedded, is the main obstacle which will require more complex mechanisms to overcome.

The concern for women evinced from a population perspective stems from the studies on demographic growth that were made on the basis of censuses taken in the 1950s, which revealed a decrease in mortality rates. In the 1960s, "a widespread awareness was born of two demographic phenomena which were new by virtue of their intensity: the acceleration of population growth and a process of rapid and highly concentrated urbanization. Also added as new components of the demographic problem in some cases were high population density in relation to arable land area and migratory flows of the unskilled and semi-skilled workforce to neighbouring countries". In fact, the 1950s censuses were the first "modern" censuses, in that they employed a more systematic approach to the problems (CELADE, 1979a, p. 3). This was new in Latin America, since demographic growth, based on racial mingling and immigration policies, had long been considered a positive development —practically since the conquest.

In the 1970s, some countries began to experience an incipient process of demographic transition, which took place at varying speeds and in different directions in each country. There also emerged at that time a more systematic concern about the topic. The first meetings at which the region's Governments tackled the problem jointly were held in Costa Rica (1974 and 1976) and Mexico (1975). At those meetings, concerns about the demographic situation were approached from a perspective which saw them as part of the socio-economic development process, and participants sought ways of designing population policies in that context. At that time, Latin America was characterized by a rejuvenation of the population, high fertility rates and accelerated rural-to-urban migration. It was feared that these phenomena would put a strain on arable land, employment and services, although little was known about the relationships among the variables. Proposals were made for a process of change that would include enhanced participation by women and new attitudes towards the spacing of children in families. However, few countries took explicit measures to these ends; instead, the majority were reluctant to elaborate specific policies and were generally ambivalent. The right of families to decide freely on the number and spacing of children, enshrined in the 1968 Declaration, was acknowledged, but it was affirmed that population policies were an eminently national matter, of growing importance, which must be consistent with other policies. At that time, the Governments of the region recognized that the State had an important role to play in demographic matters and that a general strategy was needed, but it also suggested that policies should be diverse to reflect the heterogeneity of situations and posited that the basic problems were female mortality caused by abortion and women's demands for information on the subject of fertility (CELADE, 1979a).

The first reference to women appeared in the World Population Plan of Action, and was echoed later in the Nairobi Strategies. Among the Plan's objectives is "to promote the status of women and the expansion of their roles, their full participation in the formulation and implementation of socio-economic



policy, including population policies, and the creation of awareness among all women of their current and potential roles in national life". The Plan also recommends the full integration of women into the development process, particularly by means of their greater participation in educational, social, economic and political areas, and especially by means of the removal of obstacles to their employment in the non-agricultural sector wherever possible, as this tends to lower fertility rates. They also maintain that "improving women's status in the family and in society can help reduce family size and that the opportunity for women to plan births also improves their individual status" (United Nations, 1965, chapter I).

The topic has since been raised from two perspectives simultaneously: in relation to individual rights and the duties of the State and on in terms of the effect of the "integration of women" on fertility. Generally speaking, the most recent population policies in Latin America have been formulated in a context of tension or conflict: on the one hand, the recognition of an individual's right to determine the number of his or her offspring and when to have them, i.e., the recognition that this is a private matter that should be kept private and, on the other hand, the interest of the State and other social forces in lowering birth and fertility rates in order to achieve more moderate population growth. In this situation of tension, other social actors enter the scene whenever there is a proposal to change reproductive patterns: churches, mainly the Catholic Church; political parties; professional associations in medicine, the social sciences and other areas of society; and particularly in the past two decades, feminist and gay liberation movements (De Barbieri, 1991).

The Mexico City Declaration on Population and Development returns to this subject, noting that "improving the status of women and enhancing their role is an important goal in itself and will also influence family life and size in a positive way". It notes that "the ability of women to control their own fertility forms an important basis for the enjoyment of other rights; likewise, the assurance of socio-economic opportunities on an equal basis with men and the provision of the necessary services and facilities enable women to take greater responsibility for their reproductive lives" (United Nations, 1984).

Concern for the situation of women in the context of concern for population problems has been somewhat erratic, having been unequivocally affirmed only in recent years. Moreover, concern for women from the demographic perspective, which at first was almost exclusively related to their role in reproduction, has also taken on new dimensions. This was clearly reflected in the topics of some of the studies presented at the Expert Group Meeting on Population and Women, organized by UNFPA and held in Gaborone, Botswana, in June 1992, whose agenda covered such areas as autonomy, education, employment and environment, in addition to those related to fertility and mortality.

Population policies, especially as they concern fertility, have always been charged with political, ideological and religious values. Of all social issues, human reproduction probably involves the most complex interaction of the utmost human intimacy and privacy with the global perspectives of society. Although issues such as migration and spatial distribution also link aspects of daily life with large population movements, they are related more to policy than to private life, which traditionally has been much more impenetrable.

In general, that rapid population growth is an obstacle to development has always been more or less unanimously accepted, although this premise did spark a political debate in the region among various currents of thought, especially neo-Malthusian, Marxist and developmentalist theories. Policies were varied, often ambivalent and highly dependent on the political will of successive governments. Measures differed as a result of the great differences between countries, ranging from steps to increase fertility

(with proposals for access to housing, adequate family allowances, child-care services, labour laws favourable to working mothers and elimination of activities to promote birth control) to policies for reducing the birth rate (with concrete quantitative goals, family planning services, information and education to promote attitudinal change and promotion of modern birth control methods). In addition, some countries set goals which were more qualitative in nature, and which promoted equality between men and women as a means of creating conditions to guarantee freedom of choice. The effectiveness of public policies depended on the degree of coverage of health services. Preceding and later coexisting with them were private family planning programmes in the region, initiated in 1965 in at least 14 countries, which dealt with the question of abortion and new contraceptive techniques and securing external resources for population activities in the field.

Notwithstanding the initial impact of the topic of women, the evolution of its analysis has today made it part of an approach to integrated development which stresses concern for individual well-being. This means, in sum, that demographic concerns cannot be based exclusively on macroeconomic notions of the appropriate population size and growth rate for a country at a given time for purposes of achieving development, but rather on an integrated, much more complex perspective in which equity and ethics are as vital as economic considerations. Policies, in turn, must reflect the needs and demands of women, whose participation should be provided for in their design.

New ideas on the topic continue to emerge more forcefully. The criticisms of the so-called "integration of women into development", which was a natural framework for the topic at first, were based chiefly on the fact that integration as such did not exist, but that it nearly always represented an "appendage" to the core concerns of development. Actions designed to "integrate" women were also called into question, for, often, they only served to marginalize the topic, and women themselves, even further. The approach helped to bring out many key aspects of the situation, but it has its theoretical and conceptual limitations: no matter how broad the concept of development, its economic indicators always refer to the production of goods. "The process of human reproduction, the way in which children are raised, sick people nursed, old people cared for, as a non-commoditised process, undertaken without pay is left out of account. Human resources issues are addressed in terms of 'human capital formation' in which inputs of health and education services and of food, are transformed by individuals into saleable assets like energy and skills. But this is only one dimension of human resource formation, and leaves out of account the care and nurture provided by mothers and fathers, brothers and sisters, friends and neighbours; care that is not organised through the cash nexus, care that is central to human reproduction" (Elson, 1991).

Activities and studies carried out mainly by academic centres, non-governmental organizations, and women's movements have built awareness that the development process alone is not capable of truly integrating women into society, for women are already "integrated"; rather, what is needed are improvements in the manner in which they participate. This means taking into account not only women's position in society as a function of socio-economic stratum, but also the social role which is assigned to them by virtue of the fact that they are women. It is now accepted that development in a broad sense, i.e., beyond economic growth, cannot be achieved without improving the status of women (United Nations, 1992a, p. 1).

While it still cannot be said that gender analysis today constitutes a sufficiently coherent theoretical whole, the many and diverse studies carried out in recent years from different perspectives have generated new knowledge relating to the situation of women and their position in society. Research on women and attempts to elaborate a theory of society that describes and explains subordination as a cultural

phenomenon have made important contributions, though these are still insufficient in terms of both information and understanding of the situation of women. For example, gender concepts and categories are sometimes used without distinction between men and women, or else as synonyms of "sex" or "woman" and not as a complex social construct. However, studies in this field from the viewpoint of social status or prestige and analyses of social relations or the theory of power systems have helped not only to generate knowledge concerning women but also to link this topic more closely to more general social issues. The idea that development benefits or prejudices men and women in different ways is, in today's context, much more accepted and easily understood. How much this change of attitude owes to the contribution of research on gender in recent years, or to action by social movements and women's organizations, is impossible to quantify, but the undeniable fact is that the scope of the discussion has broadened (Portocarrero, 1990).

The organizations in the United Nations system, especially those with specific mandates relating to women's issues, have taken very substantial theoretical and practical initiatives in recent years to incorporate the gender dimension into their activities. Particularly outstanding efforts in the area of women and population are being made by the United Nations Population Fund (UNFPA) which was, in some sense, a pioneer in the field within the United Nations system. It can now be said that a region-wide consensus exists within the United Nations system on the importance of considering the gender dimension as a basic variable in the elaboration of diagnostic studies and the design of policies for women. In fact, at a recent regional meeting of specialized agencies and other bodies of the United Nations system, it was proposed that "the integration of gender analysis into policy formulation should be promoted as a guiding principle". There is also a budding recognition that the main thrust of future activities should be defined by the integration of women's issues into global processes. To that end, it is essential to ensure women's participation at all levels of decision-making and strengthen women's social and political leadership in order to achieve gender equity (ECLAC, 1992e).

The reason that so much stress has been placed on new and different approaches to women's issues in the United Nations and in the region, is that issues and topics seem to be reaching a kind of maturity, which will trigger significant changes, particularly as regards the issue of women and population. One illustration of this is that the conflict between the State and individuals as regards population policy now seems to be subsiding, if not disappearing altogether. All the surveys taken in the region show that women—who are the subjects of these surveys—wish to have fewer children. Increasingly, the desire for a smaller family appears as something natural, and not tied to a person's religious beliefs. It is thus recognized that moderate population growth will put the State in a better position to take up new challenges to the region.

Another major factor is the conceptual maturing of the topic of women and the consensus being achieved in that regard, which will doubtless yield qualitative short-term benefits and will make it possible to carry out much more effective activities. The variety and wealth of proposals, the overall assessment of activities carried out, the contributions of the framework for the integration of women into development, the inclusion of the gender dimension, and the mainstreaming of women form a solid basis for defining integrated policies. In stressing how important it is to consider the agreements reached on the topic of women and attempting to build on them, no attempt is being made to minimize theoretical, political, ethical, religious, ethnic or other differences that exist and will necessarily continue to exist.

## 2. The regional situation and changes in women's lives

The changes that have taken place in the region within the space of just a few decades have radically transformed the profile of Latin America, both in terms of economic and socio-political changes and with regard to the cultural dimension and both political and personal relations. It can be said that not only has reality changed but also the way we perceive it. The long, profound crisis of the 1980s has made it necessary to re-think the future in different terms, and our uncertainty surrounding it forces us to interpret reality with new criteria. It is in this context that the ECLAC proposal for changing production patterns with social equity offers a framework that is sufficiently flexible to more appropriately embrace the topic of women, including concern for gender equity, and provide an opportunity to take firmer action that is more integrated into public, global and sectoral policies (ECLAC, 1990b).

As these changes have unfolded, the status of women in Latin America and the Caribbean has undergone a transformation of unprecedented proportions in recent decades. Women's growing presence in education and the labour force, the legal reaffirmation of their citizenship based on their right to vote, and the mounting social acceptance of women in politics and public affairs are all changes whose importance goes beyond their economic and social significance and which have begun to be manifested in changes in cultural behaviour patterns. The increase in life expectancy—which has given women what nearly amounts to a whole new life following the stage of child-bearing and child-rearing—and the broader dissemination of birth control methods have provided Latin American women with new life choices and opportunities for exercising their rights within what is perhaps a broader context than in other periods. The Latin American and Caribbean region is an extremely heterogeneous region which exhibits striking country-to-country differences that influence the status of women and the pace of change, it would also appear that these changes are irreversible (ECLAC, 1990a).

These changes have an even greater impact on women in the region than the figures would lead us to believe. That sexuality can be separated from reproduction and that, given a reasonable safety margin, one can therefore choose whether or not to have children are still very recent phenomena in Latin America. While it may be more visible among well-educated, middle- and upper-class urban strata, this pro-choice model is beginning to spread throughout all sectors of society, according to the Demographic and Health Survey conducted in the 1980s (CELADE, 1992).

The heterogeneity of the Latin American and Caribbean region and its relationship to the question of democracy is one of the most difficult conflicts to resolve and, at the same time, the greatest challenge facing the region today. Although the countries of the region do have certain things in common, each one has undergone specific types of development processes which are in all likelihood very different from one another. Their varying degrees of modernization, the coexistence of distinct cultural and ethnic groups, the different types of policies that have been implemented, and the earlier or later stages at which modernization processes were undertaken—all these elements combine to make up a variety of profiles and endow the region with a wealth of different situations which will undoubtedly need to be dealt with individually within each national context. The countries also, however, all have certain types of cultural, religious and social variations which constitute some of the main obstacles to development and to the formation of stable democracies. A look at the demographic statistics brings out this heterogeneity even more; it is also reflected in the participation of women, but there is a rather common factor that should be studied in greater depth: the relationship developing between women and democracy in the region. This is essential to promoting the exercise of individual rights and equity. A very common phenomenon has spread throughout the region, which should be studied in greater depth and has to do with women's effective participation in political processes. This participation is often at its peak when authoritarian

governments are in power; it is mainly expressed through social movements and women's organizations, but then tends to fade when the workings of democracy are absorbed into an established political-party structure.

Other characteristics of the past decade include the lack of economic dynamism, changes in the employment situation, and constraints on public expenditure, which have all contributed to an increase in extreme poverty, especially in urban areas. In fact, the number of urban residents living below the poverty line climbed from 112 million in 1980 (35% of all households) to 164 million in 1986 (38% of all households), and a large proportion of those households were headed by women (Buvinić, 1991). The fact that poverty has affected a greater proportion of certain groups of women is recognized. As a result of the crisis, there has been an increase in the number of poor women in the labour force, especially in the informal sector, and in the number of rural women wage-earners. The crisis has also had a particularly strong impact on young women with the decline in urban employment and the increase in open unemployment and, especially, underemployment. As for income levels, which were already quite low for these groups, real wages have fallen in the modern sector of the economy, but the drop has been much greater still in medium-sized firms and the informal sector, where the female members of the labour force are concentrated. Furthermore, the wage gap between organized labour (mostly workers in manufacturing) and workers in the other sectors of the economy widened, while the real minimum wage plunged by 24% during the decade.

Moreover, the region must confront the 1990s —and quite probably the early decades of the next millennium as well— within a context marked by "an unprecedented internationalization of the economy" (Ottone, 1991). This internationalization process, which stems from simultaneous changes in science, economics and technology, encompasses almost all spheres of human activity. "The modern economy —the industrialization process shaped by modern natural sciences— tends to promote the homogenization of humankind and hence to destroy its great variety of traditional cultures" (Fukuyama, 1992).

This new modernity —which originated in a few countries that, as a result, have assumed centre-stage— constitutes a world paradigm whose pivotal element is knowledge and how fast that knowledge can be renewed. Whereas in the 1920s the region equated "modernity" primarily with development and the building of a Latin American identity, the modernity of today knows no such fragmentation but instead presents a picture whose key elements are technical progress, innovation and intellectual value added. In the developed countries, this type of modernity is so closely associated with the concept of democracy that Fukuyama has gone so far as to contend that, "ultimately, liberal democracy will no longer have any serious ideological competitors" (Fukuyama, 1992).

In the fragile Latin American framework, the linkage of modernity, democracy and economic growth in no way appears to be a necessary outcome. Given the structural heterogeneity of the countries of the region, new options and choices may lead to either more or less freedom, just as they may exacerbate economic problems and destabilize democratic processes. The challenge facing the region as it hovers on the threshold of the twenty-first century is indeed formidable. It must grow, it must distribute, it must improve its position in an internationalized economy; in other words, it must opt for becoming a part of the modern world.

With regard to women's issues, however, the modernization implicit in these styles —as yet piecemeal and discriminatory in the region— has led to the entry of women on a massive scale into education, gainful employment, shared cultural codes and alternative or, at the least, different models; in short, modernization has broadened women's scope of action and they have been recognized as

citizens. The question is whether modernity helps to change traditional power relationships, whether it allows for new linkages between the public and private spheres and whether it contributes to the forming of more egalitarian interpersonal relations, especially between men and women.

### 3. Some essential aspects of the relationship between women and population

Employment, education and health were priority issues during the United Nations Decade for Women and, hence, the major focus of studies. In addition to placing women's studies within a more global context, an effort should be made to highlight a number of factors which strongly influence women's behaviour, status and position in society and which have exerted a crucial influence in demographics, especially women's fertility. Since health is a specialized area, only a few essential elements related to the topic of population will be mentioned.

#### a) Employment

Recent studies demonstrate that women's increasing participation in gainful employment has become a structural trend which will continue regardless of the circumstances surrounding it. By the end of the century, the 1950 figure of 10 million women in the economically active population (EAP) —which has already jumped to nearly 48 million in the 1990s— will have risen to 65 million. This is because, despite the decline in the demographic growth rate, women's rate of entry into the labour market will continue to outstrip that of men (rising at an annual rate of 3.2% for women versus 2.2% for men).

During the 1980s, a number of changes were seen in labour market trends, some of the most important of which were a notable increase in structural heterogeneity and a change in the trends relating to underemployment and job stability. As a result, the number of workers in the agricultural and informal sectors increased, and underemployment and unemployment became the most serious employment-related problems in the region.

One of the most outstanding trends in the labour market in the 1980s was the increased participation of women. CELADE estimates of women's rates of participation in the economically active population (EAP) indicate a considerable increment, from 18.83% in 1980 to 20.03% in 1990. This means that women accounted for 37% of the increase in the economically active population between 1980 and 1990 (CELADE, 1992).

One key factor in the restructuring of the labour market was the expansion of employment in less productive areas in small firms and in informal activities. The dynamism of micro-enterprises during the 1980s was largely due to the tendency of large and medium-sized firms to replace permanent or temporary employees by subcontracting work out to small enterprises as a means of side-stepping labour laws. A study of sub-contracting chains in Mexico City describes the subcontracting practices of a multinational firm which produces electrical appliances; an example of this type of practice can be found in certain areas that employ women. Although the enterprise employs 3,000 workers and 300 subcontractors, 70% of its output is produced outside its factories. At the second level of this chain, there is a Mexican-owned company which produces radio and television antennas, has 350 workers, and produces 5% of its output through subcontractors. At the third level of the chain are illegal basement workshops that produce, for example, electronic coils, with an average of six or more low-paid workers

plus subcontracts to homeworkers, at variable wages. At the fourth level of this chain, women working on an own-account basis in their homes perform production tasks similar to those carried out at the third level (Bonilla, 1990).

Since the early 1980s, La Paz has provided another example of women's increased participation in economic activity, especially in independently-run commercial activities. This form of micro-enterprise is part of these women's survival strategies and is often run from their homes or in city markets and streets. It is estimated that between 1976 and 1983, the number of "micro-vendors" jumped by 70%, while the number of women in this trade soared by 83%. In 1983, 71% of the 41,615 street vendors in the city of La Paz were women. This form of "micro-commerce" is concentrated in the sale of products, especially foodstuffs, found in the so-called basic family shopping basket. The sharp competition marking this sector tends to hold down incomes, especially among street vendors, who constitute a majority (Silva, 1988).

Jamaica, where studies were carried out on higglers and inter-island informal traders in 1988, is quite a different case. The own-account sector includes a large percentage of women who work as food vendors, itinerant street vendors or sellers of smuggled goods. The typical profile of a Jamaican woman in the informal sector is that of a middle-aged woman, of rural origin but on the way to becoming more urban, who works alone with little help from family members (Mesa-Lago, 1990).

It is often said that women's employment influences their child-bearing behaviour, gives them autonomy, boosts their self-esteem, affords them financial independence and provides them with a sense of self-worth and control over their own bodies. This is certainly true in conceptual, theoretical terms within what Marshall Wolfe refers to as "significant activities", but in the case of Latin American and Caribbean women, it should not be taken out of context —a context formed by the region itself and its differences in terms of socio-economic factors and the position which women occupy in society within the above-described market. In our day, it has become increasingly difficult to distinguish between formal and informal labour, as there is a fine line between indigence and marginality. More and more in the informal sector, women's workplace is literally the street and this is becoming a link that fuses public and private life through poverty.

According to some authors, there are tremendous differences in the context in which women realize their productive and reproductive roles in the developing world. The context itself plays a part in the determination of the interaction between such roles (Villarreal, 1992). The influence of educational level on employment opportunities, particularly within highly educated strata, is extremely strong. It should also be borne in mind that in highly skewed societies, women are employed in two diametrically opposed areas: in the modern sector and in the lowest-paid jobs (domestic service and working-class sectors). Another factor which strongly influences women's choices is the compatibility of a given job with child-raising and child-care activities. The rest of society's perception of working women also has an important impact, although it is lessening. "The articulation of reproductive work with obtaining an income takes different forms in different societies and changes significantly in the course of development. But generally, in spite of the variety, reproductive work does not carry with it an entitlement to an independent income; and those who bear major responsibility for it must either undertake additional work to generate an income on their own (the double burden) or become dependent for income transfers on those who are largely free from this responsibility. That dependence is organised through gender ascriptive relations ..." (Elson, 1991). One recent study indicates that "in the past decade, women around the world have been moving in increasing numbers into heavy industrial jobs, construction trades and other new professional fields, as well as the informal sector. Women workers tend to be concentrated in

agriculture, microelectronics, textile industries, small enterprises, home-based piece work, as well as being in nursing, teaching and clerical positions ... They are usually on the lower rungs of the employment ladder. The number of women holding decision-making and managerial posts is substantially lower than their education or experience would warrant" (Wainerman, 1992).

An issue which continues to be of deep concern in this regard is the under-reporting of the number of economically active women (both gainfully employed and unpaid workers) in official statistics. "Such a state of affairs results from the specific ways that women are positioned in the labour force, the definition of economic activity, and the characteristics of the censal procedures, all of which are related to cultural assumptions concerning the sexual division of labour" (Wainerman, 1992, p. 43). Although efforts have been made to improve this state of affairs ever since the beginning of the United Nations Decade for Women (Recchini and Wainerman, 1979), it has not changed significantly, except that there is now a greater awareness of the issue. A recent study on the subject "produced evidence that the usual Latin American population censuses give a fairly valid portrait of the male labour force but a quite invalid one of the female labour force. This is much more so in rural than in urban areas and more so in the less as compared to the more developed countries. The study proved that these censuses give a fairly adequate portrait of full-time, salaried, formal workers" (Wainerman, 1992). The study also found that by using the same conceptual definition of economic activity as that employed in the census but different censal procedures, five sixths of rural women and one half of urban women were under-enumerated, as compared to the one tenth of men who became victims of this particular form of statistical invisibility. Other time-based studies show that women in developing countries work from 12 to 13 hours more per week than men (Wainerman, 1992).

Wage discrimination is another prominent issue. An analysis of household surveys taken in six countries of the region in the second half of the 1980s shows that, for less educated adults, the ratio for the monthly equivalent buying power of earned income ranged from 45% to 90%, with the unweighted average being 62%. For those with between six and nine years of schooling, the ratio varied between 44% and 82%. The analysis of results for the last year covered showed that the incomes of women with nine years of schooling were lower than those of men who had only five years of formal education (ECLAC, 1991c).

Another study has found that although the female EAP in Latin America and the Caribbean is more highly educated than the male EAP, the former's rising levels of education and of employment in non-manual activities have not translated into higher incomes (Sojo, 1992). The author of this study asserts that at higher occupational levels women are subject to striking differences in remuneration, and that discrimination increases with age and with educational level.

## b) Education

School enrolment rates continue to rise in Latin America and the Caribbean, and the trend is towards parity between the sexes. Striking achievements have been made in improving access to education, even though they have not had a commensurate effect in terms of employment and income levels. Currently, over one half of all women between 15 and 19 years of age have completed primary (elementary) school. Furthermore, around 45% of the students enrolled in higher education in 1985 were women, and in 40% of the countries, women outnumbered men at this level. On the other hand, illiteracy rates for women in 1985 still ranged from 19.2% to as much as 48% in rural areas, and the distribution of women by field of study has changed very little. Although the number of women majoring in



engineering climbed by 8%, they continue to account for between 60% and 70% of the students specializing in the social sciences and teaching. Women in the region also have fewer opportunities to secure high-ranking academic posts, and they must have more years of education than men to qualify for the same occupations. As noted earlier, the extent of wage discrimination is such that women need to have about four more years of formal education than men in order to earn the same amount; this difference tends to narrow as one moves down the educational scale. A final point of importance is that the region's school textbooks continue to transmit stereotyped images of women's role in society which make it difficult for them to participate on an equal footing (ECLAC, 1992a).

The figures continue to indicate that education clearly has a very strong influence on demographic trends because it affects the variables which bring about population changes. The increase in the population's educational level, coupled with an improvement in living conditions, has played a central role in the decline of infant mortality. Numerous studies have already been conducted on the connection between mothers' educational levels, on the one hand, and fertility and infant mortality rates, on the other, and all have found that an inverse relationship exists. It is generally recognized that education influences reproductive behaviour, especially through the shaping and dissemination of attitudes, values and beliefs regarding desirable family size. It has been observed in the region that more highly educated women tend to marry at a later age and to have fewer children. Nevertheless, in terms of policy-making, education cannot be considered a direct tool for short-term policy design because its immediate effects are not known (since they depend on the content of the education provided and how it interacts with the rest of the social system).

There are some signs that the influence of education in these respects is declining, as is also apparently the case of education as a factor of upward social mobility. As the coverage of education expands, the level of education required in order to actually improve employment opportunities and living conditions has risen considerably. An example of the narrowing of the gap in fertility rates between educated and uneducated women is provided in a recent study on Colombia, Ecuador and the Dominican Republic (Weinberger, Lloyd and Blanc, 1989). It may be that other mechanisms —such as, probably, a greater knowledge about and access to contraceptives and, perhaps, information provided by the mass media— are now displacing education as the main factors influencing fertility rates. Another consideration is the fact that, since a sharp decrease has already been registered in fertility rates in Latin America and the Caribbean (and that this decline is probably very closely associated with rising levels of education), the fertility rates of less educated women are now falling, and this makes the magnitude of change seem less spectacular because it lessens the contrast with the previous situation.

It is important to bear in mind that Latin American and Caribbean women gained wide-scale entrance into the educational system during the period 1950-1980, when the region's formal educational system, scientific and technological research and job-skills training capabilities were steadily expanding. This was accompanied by a rapid urbanization process coupled with migration to the cities and a surge in women's participation in the labour force. Even though the growth of formal education was so widespread, it still heightened the existing heterogeneity among countries. Moreover, it was not accompanied by a parallel improvement in the quality of instruction, as is indicated by the fact that, at 46% for first grade, the region's repetition rate is among the highest in the world. The deterioration in the quality of education, which became even more marked in the 1980s, was due, *inter alia*, to poor living conditions, diminished teaching capabilities, cuts in public spending on education and the use of out-of-date curricula.

For all the foregoing reasons, ECLAC has identified education as the area in which the bulk of the region's efforts should definitely be focused. Above and beyond the question of educational coverage, today the main problem is one of gearing education to the type of society that we are likely to have in the very short term. The changes taking place in the production paradigm and our increasingly globalized world view call for a very different sort of education than what is being provided at the present time, which is designed to meet the needs of the industrial society of the past more than those of the twenty-first century. The basic building blocks of the type of education we need now will be flexibility, know-how, ongoing training, autonomy and creativity.

The features of the new educational strategy being proposed by ECLAC and UNESCO call for educational reform, a consensus among all relevant public- and private-sector actors, strategic coordination combined with decentralization and, basically, as regards content, ensuring that future generations will have access to the codes of modern society, generating an open institutional structure in the field of education, and fostering creativity. Society as a whole needs to make a financial commitment and to promote regional cooperation in education as an essential factor of development (Ottone, 1991).

Within this context, education is an essential element in the creation of a different type of place for women in society and the content of education must be reformulated in order to help create more equitable interpersonal relationships. The influence of female educational levels on fertility rates, children's quality of life, and job opportunities has been quite well documented. There has thus far been little discussion, however, about the importance of gearing the education of women to the types of models that will prevail in the future, by changing the focus of the educational system. The education of the region's men and women must be a participatory, flexible, non-hierarchical, non-authoritarian form of education designed to stimulate change, creativity, innovation and initiative. Women in the region have only had these types of experiences through women's movements, women's organizations or psychological counseling. The type of education being proposed by ECLAC and UNESCO could not only prepare them much more effectively for new jobs, but could also endow them with greater capabilities in terms of decision-making, autonomy and liberty in all areas of their lives as citizens and in their family life.

There are two final elements which should not be overlooked by those seeking to improve the status of women. One is the content of education. Although its present content initially fosters the incorporation of women by giving them access to universally shared codes, it also reinforces existing stereotypes about women's role in society and distorts their position in the labour market; non-sexist education is therefore essential if women are really to improve their position in society. In addition, since, despite all the region's achievements in the field of education and training, its training capabilities are still quite limited, and virtually non-existent where women are concerned, a major effort is needed to improve the region's position in today's world by making thoroughgoing changes in its educational systems in order to link those systems to the region's development needs. This process should take into account the specific needs of women, who are generally trained —if they are trained at all— in marginal areas, e.g., traditional domestic tasks, which are of no further value in the labour market.

c) Women's health and the right to control their fertility

The topic of women's right to control their fertility is taken up within the context of health, where health is construed as a balanced and harmonious state of the individual's physical and psychological functions, closely related to the basic conditions of his or her existence (Pitanguy, 1989). In this regard, the health of Latin American women is largely determined by their socio-economic situation, biological factors and aspects relating to their status and role in society. They should therefore have genuine access to health services and the right to reproductive health, including the right to decide not to become pregnant if they do not wish to do so and the right to have the best health care during pregnancy and childbirth. These rights, which have to do with privacy, must be integrated into types of public policies formulated with input from the interested parties as part of the democratic process.

i) Demographic changes. Demographic figures are perhaps the clearest indicator of one of the sweeping changes in women's lives in the past decade, for they show that, although there are still very profound differences from country to country and within each country, Latin America as a region is undergoing a demographic transition marked by a decline in fertility and mortality. In the 1980s, the mean annual growth rate was 2.0%; it is expected to go down to 1.7% in the 1990s, reflecting a decrease in the average number of children per woman from 5.9 between 1950 and 1955 to 3.4 between 1985 and 1990; the lowest fertility figures correspond to more educated urban women (CELADE, 1992 and United Nations, 1992b).

There are also very profound differences among the subregions; the Caribbean region has the lowest total fertility rate and Central America has the highest. None the less, the Central American rates were the ones that registered the sharpest decline between the periods 1965-1970 and 1985-1990. It should be noted that there were some exceptions within these regions: Costa Rica and Panama in Central America; Uruguay, Argentina and Chile in South America; and Haiti in the Caribbean (see chart 2). According to data from the most recent Demographic and Health Survey, the total fertility rates of certain Latin American countries are similar to those of other developing countries, although they are higher than those of some Asian countries and lower than those of some African countries (see chart 3).

Increasingly (70%) pregnancies are occurring in the middle-age bracket, i.e., between 20 and 35 years of age. There is still a sizeable high-risk group (25 to 30%), teenage mothers are more vulnerable and the number of women having children later in life is smaller. In the Caribbean subregion, teenage pregnancies increased by approximately 20% in the early 1950s to 30% in the early 1980s. By the late 1980s, they ranged between 15% and 20%, but it is still too early to establish a trend (Boland, 1992). While multiparity has become less common in the region in general, 50% of women still have more than the critical limit of four children. There is very little reliable information on birth spacing because abortion is illegal (PAHO/WHO, 1990).

It is also impossible to ascertain what has brought about the changes; there is no way of knowing what the standards were for previous models since those standards were not spelled out. The figures very likely reflect various factors, *inter alia*: i) policies and programmes to regulate fertility that have been implemented in the region in recent decades; ii) differences in the cultural model that has increasingly been portrayed by the mass media, with the advent of television to the region, and the broadcasting of television programmes in which the small family is most frequently the norm (and, it might even be said, appears as the key to happiness, too); iii) urbanization and the growing incompatibility of women's gainful employment and unpaid work, as almost all countries were virtually lacking support or infrastructure for preschool child care; iv) new models of consumption that attach greater importance to

material wealth; and, lastly, v) the needs and desires of women, who never participated either as individuals or within organized groups or social movements in the design and implementation of programmes.

This is an unknown that cannot easily be resolved, for it cannot be affirmed with absolute certainty which inexplicit norms were the basis for previous models, as is very clearly illustrated by a study on the fertility transition in England; this shows that there is not necessarily a connection between industrialization and urbanization and a decline in fertility unless the State deliberately decides to establish one. The study also maintains that the process of identifying "free choice" is a complex one. For example, in order not to offend the "sexual modesty and virtue" of English women, doctors promoted the acceptance of birth control as a means of protecting the health of mothers and their children through birth spacing, rather than as a means of separating sexuality from reproduction. In this same spirit, an appeal was made for responsible fatherhood, and for fathers to play a larger role in bringing up their children and spend more time with them—which would be possible only if they had fewer children (Population Council, 1991).

ii) Contraception. The situation with respect to reproduction has changed at a dizzying pace during this century. Although it is true that all cultures have controlled fertility in some way or another in the past, it seems that it has only been in the twentieth century that a new way of dealing with this issue has been sought, in pursuit of freedom of choice for all people, but especially women; a deliberate separation of sexuality from reproduction (for women, since such a separation already existed for men); and an effort to find more effective methods of controlling fertility.

This subject sparked a great deal of controversy at first. Some groups objected to the fact that the models of reproductive behaviour used in the developed countries were being applied in the region; others opposed the implementation of family planning programmes that were tied to the economic resources of the countries; in some circles, arguments were based on majority-group religious values; in others, concern was expressed about the diversity of reproductive behaviour patterns in the region, the indiscriminate sterilization of women, and many other issues. Today there is a legal instrument—the Convention on the Elimination of All Forms of Discrimination against Women—which embodies universal recognition of the freedom of choice for all individuals. Democracy as a political model has also been reappraised on a consensual basis. Women's freedom of choice must thus be exercised within a framework of social, political and participatory freedom of choice, and of unwavering respect for plurality and differences of opinion, which calls for the participation of all social actors.

The statement by the World Health Organization that "the fact that women can control their own fertility is probably one of the landmark events in the history of women" (WHO, 1980, p. 13) and the statement in the Nairobi Strategies that "the ability of women to control their own fertility forms an important basis for the enjoyment of other rights" amount to recognition, at least on paper, of women's right to control their own fertility.

Women have thus gone from a situation in which their fertility was controlled in the name of a "higher interest", without their having any further say in the matter, to one in which they have been given freedom, at least in principle, but responsibility for reproduction as well. While it is true that this freedom is not strongly asserted, a look at the way fertility is currently being regulated in the region reveals that, nowadays, nearly 80% of the time, the woman is responsible for contraception (PAHO/WHO, 1990, table 10). More recent information drawn from the Demographic and Health

Surveys confirm that this responsibility is even greater (on the order of 90%) in certain countries (see table 3).

It should be noted that although it is common to refer to the "population" in connection with information on reproductive behaviour, in practice, virtually all the available information comes from women, as they are the sole subjects of health and fertility surveys. In this regard, it would be most interesting in future to analyse the meaning of information that reflects only the female view on an issue at once so private and public as the reproduction of human societies, which involves not only the individual but the couple.

The possibility of engaging in sex with a certain amount of security without it necessarily resulting in procreation is an age-old aspiration. According to anthropological studies on the subject, mainly qualitative ones, it would seem that the rhythm method, withdrawal, induced abortion, temporary abstinence and certain types of condoms were the most frequently used or at least the most written about forms of contraception in the past, although the extent to which they were used and their significance cannot be ascertained. High mortality caused by epidemics, infectious diseases or complications in labour, was the major and most dramatic factor regulating population growth because of the death of women and of children, especially at tender ages. Interestingly, unlike modern methods of birth control, which are largely designed for women, some of the traditional methods assigned greater responsibility to men.

Current figures on the use of contraceptives in the region show, first of all, huge discrepancies among countries ranging from 7% in Haiti to 70% in Costa Rica and Puerto Rico. More recent figures indicate that contraceptive use among married women is over 60% in Brazil and Colombia and less than 30% in Guatemala (see table 1). The variations depend mainly on such factors as socio-economic status, educational level, age, the country's stage of development, and the prevailing health policy, which would also include policy on contraceptives. According to some studies, "in the 10 years between the mid-1970s and the mid-1980s, average contraceptive use went up from 36% to 49% in Latin America" (United Nations, 1989).

The contraceptive methods in use today are sterilization, drugs, the intrauterine device (IUD), implants, the condom and vaginal methods. Statistically, the most common traditional methods are rhythm and withdrawal. Clearly, only withdrawal and the use of the condom place the responsibility for procreation essentially on the man, while all the others are dependent on the woman. Another fertility regulation method still used in the region is induced abortion, which will be discussed later in this paper.

Of all these methods, the most widely used in Latin America in the past decade has been female sterilization: in 1983, 36% of sexually active women controlling their fertility were using this method (PAHO/WHO, 1990). Some countries of the region, according to more updated information, have more than surpassed the 1983 regional average, e.g., the Dominican Republic, El Salvador and Brazil, which account for 65.8%, 63.8% and 40.4%, respectively, of all contraceptive users (see table 2 and chart 4). Male sterilization has also begun to be practiced, although, with the exception of Puerto Rico (4%), at a rate of less than 1% in Latin America—which does not even begin to compare with the extent of female sterilization. Given the prevalence of contraception, a few questions should be raised. First, it is important to reflect on whether sterilization, as a means of limiting the number of children, is really comparable to methods which attempt to achieve no more than birth-spacing. It is true that, in terms of risks, under the proper conditions, sterilization is a relatively more economical option, since it requires a one-time investment; moreover, it is guaranteed to be effective and probably does not have physical side effects. None the less, when the method becomes so prevalent among sexually active fertile women, one

## Box 1

## FEMALE STERILIZATION IN COSTA RICA

Today, female sterilization is the most widely used method of birth control in the world. It is estimated that nearly one third of women who control their fertility have been sterilized.

As far back as 1964, 6.1% of sexually active Costa Rican women between 20 and 50 years of age who lived in the San José metropolitan area had been sterilized. Female sterilization ranks in second place, after the birth control pill, as a method for controlling fertility in Costa Rica. This is important because in the Latin American regional context, Costa Rica is one of the countries with the highest rates of contraceptive use; in that connection, it should be noted that 70% of married women use some type of birth control method.

Sterilization is subject to provisions of the Penal Code, which classify it as an offence unless it is performed on a doctor's advice in order to protect the patient's life. Illegal sterilization is punishable by from three to ten years' imprisonment, and yet sterilization is an undeniable reality.

In general, women who resort to this practice are over 30 years of age and have had more than two children —i.e., they opt for sterilization when they believe that they already have completed their maternity phase. Most operations, nearly 90%, are performed in state institutions such as the Costa Rican Social Security Fund (CCSS) and are thus very low-cost; in most cases, patients are treated free of charge.

In its initial phase, between 1965 and 1975, this practice mushroomed between 60% and 70%, following a major investment in technology in the late 1960s by CCSS, making it possible to expand surgical facilities nation-wide.

A second period, between 1976 and 1977, was marked by a decline in the number of operations, basically in reaction to opposition to the National Family Planning and Sex Education Programme and CCSS policies. Those who protested against such procedures believed that a "massive sterilization campaign" was being waged "for the purposes of birth control". As a result, certain restrictions were imposed.

The seemingly temporary nature of the measures taken and the scant attention paid to them gave rise to a third period, between 1978 and 1982, marked by an increase in sterilizations, although at a slower pace than in the first period. In 1981, the percentage of sexually active women sterilized was 18.3%, which was higher than the 1976 figure of 12.1%.

A fourth period, between 1982 and 1986, showed a decline in operations after a national debate on the issue, which pushed the percentage of sterilized women down to 17.6% in 1986. As a result of this debate, legal sterilization was limited to those cases in which the patients' health was affected and even then, doctors, on a recommendation of the Doctors and Surgeons Association formulated in 1983, sought to avoid it.

In 1987, a number of public and private institutions in the health sector and interested individuals and groups expressed their disagreement with the Penal Code provisions, denouncing them as antiquated. In view of these differences of opinion and the valid arguments put forward, a set of regulations was drawn up in 1988 concerning sterilization for therapeutic purposes, and the decision lay in the hands of sterilization committees established in private hospitals and clinics. These measures, which did not amend the Penal Code, came about with less controversy than in previous years, which was a sign of greater social acceptance of sterilization and thus that it is likely to become more common in future.

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*Source:* The Alan Guttmacher Institute, "La esterilización femenina en Costa Rica, 1976-1986", *Perspectivas internacionales de planificación familiar*, special issue, 1989.

wonders to what extent this irreversible decision —for, the fact is that it is irreversible for the vast majority of sterilized women— is an effective exercise in free choice in this day and age. When a woman, drained by a double working day during her child-rearing years —as is the case of the overall majority of women in Latin America and the Caribbean— voices her conscious and firm desire never to have any more children, it is obviously not the same as actually doing something about this "never again"; this is true in general and especially in the social and cultural environment of Latin America and the Caribbean, where these women will be leading their lives for many years to come. If they were all women in the high-risk pregnancy age group, it would be much more understandable, but, by and large, they are young women whose future should still hold many more "free choices". It is important to analyse this process more deeply in the region; not only must the programmes being implemented, and the type of education and information being provided to women be reviewed, but also, and above all, a comparison must be made of women's genuine options to choose another method. To illustrate this point, table 1 describes what is happening in a number of Latin American countries. It can be very specifically concluded that the most common methods are the so-called modern ones, and, of those, the most common are "the pill" and female sterilization. What has been most striking is that in the case of Brazil and the Dominican Republic, where over 90% of the women of child-bearing age are aware of these methods, the extent of contraceptive use is different. In the case of Brazil, "the pill" and female sterilization are both widely used. In the Dominican Republic, on the other hand, female sterilization is much more prevalent.

Current knowledge of traditional methods, which has never equalled that of modern methods, reflects these women's lack of information about their own bodies and how their bodies function. None the less, in Bolivia, periodic abstinence is the most widely used contraceptive method.

The predominance of modern methods in Brazil, the Dominican Republic and even in Guatemala, where contraceptive use is very low, is hard and fast proof that campaigns to promote the use of a given method are having an impact.

On another level, there has been a steep decline in traditional methods compared to modern methods. While in Bolivia and Peru, traditional methods are still more prevalent, in other countries, such as Colombia or Mexico, they represent a very small fraction of the total (see chart 6).

According to figures from recent Demographic and Health Surveys (see table 4 and chart 1), the demand for contraceptives among women of child-bearing age ranges from over 80% (Brazil and Colombia) to barely more than 50% (Guatemala). The largest unsatisfied demand is in Bolivia (35.2% of all Bolivian women); in rural areas and among poorly educated women, it is even worse (Westoff and Ochoa, 1991). Perhaps a more in-depth look should be taken at the concept of demand in order to determine how it is tied in with class, ethnic background and culture, and also in order to understand what women really need. It is a normal human tendency to gravitate towards what one is most familiar with, but, in order to have freedom of choice, women must have effective access to all the information currently available on all methods and to the methods themselves. If it is true that, by and large, women in the region prefer limiting the number of children over birth spacing, the demand for contraceptives should logically be greater. This preference is also discernible among young adult women, who, instead of spacing pregnancies, prefer to prevent another birth once they have had the desired number of children (Westoff and Ochoa, 1991).

Although the topic of contraception has been approached by various actors in the region in very different and very contradictory ways —which is one reason why the information is so piecemeal— there is undoubtedly a huge, very explicit unsatisfied demand for it. The unsatisfied demand owes basically to lack of information and to the cost of modern methods, which precludes most women from using them. Hence, although the Convention recognizes women's right to control their fertility, this right is still not fully exercised in most countries of the region.

iii) Abortion. Although it is not considered an appropriate method of fertility regulation in our times, when women have other options, abortion —by virtue of its prevalence in the world and, according to available estimates, in the region as well— is a topic that must be studied. Particularly distressing are abortion's harmful effects, such as disease, physical and psychological damage and death for many women, especially poorer women, for they are the ones who must undergo illegal abortions in very unsafe conditions.

As far back as 1967, the World Health Organization, at its Assembly, warned that: "Abortions and the high maternal and child mortality rates constitute a serious public health problem in many countries" (WHO, 1970).

It is generally agreed that today abortion is not an acceptable contraceptive method. However, it is still widely in use and proper fertility regulation in future will depend largely on how well women can be made to understand the complexity of decisions about contraceptive options and, at the same time, on ensuring that they have access to alternative methods. The origins and consequences of sexual conduct and reproductive behaviour go way beyond one form of reasoning and transcend ideological, geographical, linguistic, and religious borders (David, 1974).

Induced abortion is one of the greatest unknowns, and a major source of controversy. According to some authors, "As a means of fertility regulation, abortion is as old as humanity and probably occurs in all cultures. Throughout recorded history women have resorted to abortion to terminate unwanted pregnancies, regardless of moral or legal sanctions and often at considerable physical or psychological risk and cost" (David, 1974, p. 1).

At present, the only official statistics in existence are on legal abortions; such statistics are available in countries which have promulgated more liberal laws on abortion, generally from the 1930s onward. Abortion has known many legal ups and downs; for example, in the United Kingdom, abortion was not considered an offence between 1327 and 1803 and, in the United States, whose legal system is based on English case law, it continued not to be classified as such until the mid-nineteenth century. However, there is no reliable information on illegal abortion, which rules out any possibility of forming any sort of well-founded opinion on the subject. Legislation on induced abortion now ranges from total prohibition to selective authorization at the pregnant woman's request. Thus, 10% of the world's population lives in countries where abortion is banned; 18% in countries where it is allowed only to save the pregnant woman's life and 39% in countries where it is authorized at the pregnant woman's request.

Total opposition to abortion emanates from conservative groups, mainly on religious and moral grounds, the Catholic Church perhaps being the institution that has been most energetically opposed in the last few centuries. Moslems, fundamentalist Protestants and orthodox Jews take the same stance as the Catholic Church.



In Latin America and the Caribbean, Cuba is the only country where abortion is performed as part of State health care services. In 1974, the overall rate was nearly 70 per thousand women between 15 and 44 years of age and, in the subsequent five-year period (1974-1980), the figure dropped to 21 per thousand and the number of births by 33%, which seems to suggest a greater use of contraceptives. Abortion figures are believed to be high and on the rise in other countries, especially in urban areas. There are vast discrepancies between abortion figures. According to PAHO estimates contained in Health Conditions in the Americas (PAHO/WHO, 1990), the abortion rate in Cuba in 1975 was 47 per thousand which is well below the figure given in the World Abortion Report (Tietze, 1987).

Box 2

ABORTION IN CUBA

Within the context of political and social change in Cuba and of a more subjective appreciation of the child, Cuban women have changed their attitudes about fertility, which has prompted them to control it by various methods, among which abortion has become increasingly important.

With certain exceptions, abortion was prohibited under the law of 1931. In view of this situation and given that the number of maternal deaths caused by illegally performed abortions had tripled between 1960 and 1965, the law of 1965 made it easier to practice abortion and established the proper conditions for it to be performed in hospitals free of charge, just like any other medical procedure. Thus maternal mortality caused by abortion dropped from 11.9 per thousand live births in 1975 to 8 per thousand in 1988.

This practice, now legal, is considered by the population as the chief means of limiting births, which shows, moreover, that Cuban society is not overly concerned about socio-cultural and/or religious taboos. Although the legal rate of abortion in Cuba has gone down in recent years, its important role in the decline in fertility in Cuba cannot be dismissed.

The National Working Group on Sex Education, in conjunction with the Cuban Women's Federation, is making a major effort to disseminate the harmful effects of abortion. This is borne out by the following statements by the President of the Cuban Women's Federation: "In our country, women can exercise the option of induced abortion if a contraceptive has not been effective or if they were unable or did not know how to prevent an inopportune pregnancy, in other words, when they become pregnant or are not fit to have a child ... induced abortion —while it is true that every woman is entitled to resort to this procedure— is a bad solution, for it carries risks even when it is performed in the best aseptic conditions, by experts and in a hospital. Abortion should be considered as a last resort for solving the problem of an unwanted pregnancy which could not be prevented. In no sense is abortion a family planning method.

"Let us consider abortion as an emergency method, the last resort for solving a problem of an unwanted pregnancy that could not be prevented. As there is still no method that is 100% effective and, at the same time, 100% safe, there is an obligation to carry on with the pregnancy, while acknowledging a woman's right to use her own judgement about whether to seek an abortion.

"Our job is to educate the people so that the still frequent recourse to abortion is replaced by the effective and responsible use of contraceptive methods."

*Source:* Vilma Guillois Espin, *Mujeres en Cuba: familia y sociedad*, Discursos, entrevistas, documentos series, Havana, Imprenta Central de las FAR, 1990.

Currently, the reasons for allowing abortion vary from country to country. In the Nordic countries, it is basically allowed for medical, eugenic (including mental and hereditary illnesses), legal and socio-medical reasons; women between 38 and 40 years of age and women who have four or more live children are also permitted to have abortions, at their request, in the first quarter but no later than the eighteenth week. Elsewhere in Europe, abortion was restricted until 1975; today, personal, psychological and family counseling services are available. The most common methods of abortion are surgically performed vaginal extraction; uterine surgery, medical induction of uterine contractions. In Latin America, abortion is legal only for specific medical reasons. According to 1982 data (Tietze, 1987), it is authorized in the Dominican Republic and Haiti if the woman's life is in danger; for a limited number of medical reasons in Brazil, Chile, Ecuador, El Salvador, Guatemala, Mexico, Nicaragua, Panama, Paraguay, Uruguay and Venezuela; for a broader range of medical reasons in Argentina, Bolivia, Costa Rica, Honduras, Jamaica, Peru, and Trinidad and Tobago; for eugenic reasons in El Salvador; for legal reasons in Argentina, Bolivia, Brazil, Ecuador, El Salvador, Mexico and Uruguay; and for social and socio-medical reasons in Uruguay.

The methods used by persons without medical training, especially common in countries where abortion is illegal, include witchcraft, traditional, at times toxic, medication and traumatic procedures designed to destroy the fetus, leaving the job of expulsion to nature. The most widely used method is the insertion of a foreign body into the uterus (Tietze, 1987). This type of abortion, which is performed with unsterilized instruments in unsanitary conditions, causes such complications as hemorrhaging and sepsis, which, if not treated, are fatal for the woman. This is the cause of 54% of all maternal deaths in Trinidad and Tobago; more than 35% in Argentina and Chile; and 25% in Uruguay and Venezuela (PAHO/WHO, 1990).

Abortion laws, which are vital for the preservation of the physical and mental well-being of women, are also woefully inadequate. This is in some sense reflected in various related phenomena: maternal mortality figures; the discrepancy between the actual frequency of abortion and estimates that do not include illegal abortions; the reporting of induced abortions as spontaneous and the whole issue of the socio-economic situation, since abortions can indeed be performed under the proper medical conditions among the region's wealthy classes.

iv) Maternity. The possibility of separating sexuality from reproduction and the recognition of women's right to control their fertility inevitably leads to the consideration—a brief consideration, as the topic is complex—of the place occupied by maternity, real and imagined, in Latin America and the Caribbean. Women and men assume their male and female roles in society not only because of their biological functions but also because of the social and cultural connotations of those functions. It is not possible to refer to one type of woman in Latin America and the Caribbean, but "it is worth considering a few signs that provide much food for thought. The traditional role of women, like many other aspects of Latin American culture, is defined by the original fact of the conquest and inter-breeding that have taken place ... The key element in the relationship between the conquest and inter-breeding is the mother figure, in whom the contradictions and ambivalencies of the Latin American, as regards his condition as such, have been concentrated ... Recent studies point to the importance of the cult of the Virgin Mary as a kind of imaginary conciliation of this conflict: a virgin mother, a protective and nurturing mother, but free from original sin ... [in whom] the Virgin of Catholicism (as mediator between man and God) and the female divinities of the indigenous cultures, who are not mediators but goddesses in their own right, merge" (Valdés, 1991). This topic is being studied further and only a few very general ideas are summarized here.

While the mothering role of women in the region is narrowly confined to the home and probably limiting in many respects, it has traditionally been the realm where she can truly make her power and her presence felt in daily life. The mothering role of the region's women has been inflated, conferring broad, and to a large extent, solitary responsibilities on her. This mother model is part of a specific cultural and historical environment where fathers are distant or absent as a model and, oftentimes, in reality as well. As demographic statistics on reproductive behaviour change, so does the day-to-day expression of the norms which continue to set the tone of the discussion. When the region's woman-mother decides whether or not she will have children and how many, at this latest stage in her development, it increases her power over her own fertility, but, at the same time, heightens the solitude in which she must deal with the responsibilities that go with procreation, which are the couple's task. Another factor that should be mentioned is that, in many societies, women's fertility, closely related to the prestige that went with bearing many children, bolstered the images of male virility. Thus, the question becomes: what will be the new determinant of women's prestige, now that, statistically, maternity is on the decline? and what shape will the new female/male relationship take? how will the new father image fit into this reality?

There is a manifest desire on the part of the Latin American woman to limit her fertility to a maximum of three children and even that is tending to go down; in the 1970s, the target was four children. Today's reality is another story, however; the desire to lower fertility is being expressed by women who, in some cases, have had many more than the desired number of children, except in Guatemala and El Salvador (see table 5 and chart 7). This would indicate that there are a great many children from unwanted pregnancies, which, either for lack of financial means, disinformation or because the size of a family is a couple's decision within a given socio-cultural context, could not be prevented. As of the second child, the desire to prevent any further pregnancies comes to the fore and increases with birth (see table 6).

In other words, "it can be asked whether women effectively improve their status within society through family planning. This goes beyond the study of whether economic benefits are redistributed equally between men and women to the more intangible questions such as ... their prestige in societies where women's status is determined to some extent by their fertility. It can also be asked whether a woman really believes she is receiving benefits in exchange for her contribution to lowering fertility beyond the mere impact on health" (United Nations, 1992a, p. 6).

Moreover, taking a look at how the vast majority of the region's women actually experience motherhood, many contradictions become apparent. In fact, the vast majority of women, especially the younger ones, still do not become mothers by choice and working-class women who do not have access to the proper information or are in no position to question a situation that seems inevitable in most cases. Poverty aggravates the problem and further overburdens women with double and triple working days which are difficult to handle. While the average figures on life expectancy and maternal-infant mortality have improved noticeably in recent decades, they do not bring out the vast differences between countries and within each country. In the Latin American region, at least 28,000 women lose their lives every year for pregnancy- or birth-related causes, despite the fact that probably between 90 and 95% of these deaths could be prevented by simple, very well-known, low-cost procedures. The most susceptible women are those from the poorer economic strata and from rural areas far from hospital centres and with no access to health services (PAHO, WHO, 1992). The chief causes of mortality among women between the ages of 15 and 44 years are complications during pregnancy, labour and the post-natal period, although there are huge discrepancies from country to country, depending on living conditions and health coverage. Maternity-related mortality and morbidity vary widely from country to country but the greatest differences

show up between developed and underdeveloped countries, especially as regards abortion, toxemia, hemorrhaging, and post-natal complications. Anaemia and malnutrition are two other major causes of mortality which are related to pregnancy and cultural factors within the family, but are basically the result of poverty. An analysis of the status of women in the region cannot easily be detached from the issue of poverty, since most women are poor.

For Latin American and Caribbean women, motherhood continues to be fraught with contradictions. It is deeply rooted in the "Virgin Mary model", and yet modernity, bringing new life options, especially the opportunity to decide, to choose, is posing a great challenge at the same time that it raises unprecedented contradictions. For the time being, then, it is mainly suffused with guilt; guilt over abandonment, if these women have children and work outside the home; even greater guilt if they do not have children. Maternity thus constitutes a complex life-giving, gratification and guilt process which, in this region, is aggravated by poverty.

#### 4. Women in extremely vulnerable positions

Women find themselves in many different types of vulnerable positions for a variety of reasons. In view of the relationship between vulnerability and population, our discussion will focus on three categories of vulnerable women who combine a number of kinds of vulnerability: poverty, risk of all kinds of harassment and discrimination, and relative or absolute impossibility of gaining access to education, appropriate jobs or training and, in most cases, of exercising their reproductive rights. In the first two categories, at least, female heads of household and teenage mothers —and very often in the third as well, refugee and displaced women— only the woman is vulnerable even though the situation originates with the couple.

##### a) Female heads of household

Despite the limitations of the term "female head of household" —which stem from its varying definitions from country to country and the ambiguity and lack of neutrality of the term "head of household"— researchers consider it important for identifying households which are headed by women, especially in developing countries, where such households tend to be poorer than those depending on a man for support and usually perpetuate poverty from generation to generation. According to a number of studies, this is because female heads of household tend to have more dependents; women's wages tend to be lower; and these women have to play both the economic and the social role in the family, a fact which limits their choice of jobs and work schedules, since they have to fit them in with the care of their children. This is why they also tend to accept lower wages.

These women's positions are highly vulnerable. Although figures are incomplete and unreliable, there is general agreement that at least between 20% and 40% of the region's households are female-headed, which points up the absence of a stable couple. These households are made up, to a large extent, of single or separated, usually young women who must cope with at least three other types of problems: many are teenage mothers; they are, for the most part, from the poorest homes; they usually perpetuate poverty from generation to generation. They thus represent one of the most vulnerable groups of women in the region, and have greater difficulty in fulfilling their role as mother. One of the most visible groups within this segment is that of teenage mothers, whose number is increasing in the region, and who

combine the precarious position of head of household with extreme youth and poverty. Another growing phenomenon is that of households headed by widows, especially in urban areas.

Although the data are not entirely reliable, many researchers have found that the number of female-headed households is multiplying, owing to economic trends that force women to earn their own income, to an increase in poverty and to other demographic and social phenomena, including migrations, the death of a spouse, separation or divorce, and adolescent fertility (Buvinić, 1991).

b) Teenage mothers

As mentioned above, teenage pregnancies are increasingly commonplace. Teenage mothers usually set up female-headed households or else they go back home to live with their families. Motherhood makes girls in their teenage years —already a complex stage of personal development— even more vulnerable. According to recent studies, the school drop-out and unemployment rates among adolescents in the Caribbean subregion is alarmingly high, for their lack of direction makes them a high-risk group (Boland, 1992).

Although not much follow-up information is available on the situation of teenage mothers, detailed studies do exist that illustrate certain situations. For example, a study conducted in Chile and Barbados shows that, up to six to eight years after the birth of their child, 50% and 75% of teenage mothers, respectively, still live with their parents. The impact of the biological father's economic support or presence in the lives of his children may vary depending on specific cultural patterns; for example, in Barbados the child's well-being is not affected by the father's absence, but the lack of his economic support is reflected in school achievement.

Teenage mothers represent a highly vulnerable group because their personal growth is stunted, both emotionally and intellectually, by their being prematurely thrust into situations of tension and responsibility which they are not prepared to deal with. Paradoxically, these are the women who receive the least support; they are usually unable to escape from the cycle of poverty and their daughters also become teenage mothers (Buvinić, 1992).

c) Refugee and displaced women

The vulnerability of refugee and displaced women is obvious. The measures generally adopted to resolve their problems must not be confined to these groups of women, as their problems are not only individual but also affect their families and communities, tearing apart the social fabric. Although no precise information is available about this group of women, their situation is known to be dramatic and complex. Some of the most serious problems confronting refugee or displaced women —simply because they are women— are sexual and physical abuse, discrimination and sexual exploitation, frequent imprisonment, failure to be recognized as refugees in many cases and the under-reporting of the number of female-headed households (ECLAC, 1990b).

Estimates are that from 70% to 80% of all refugees are women and children, although it is impossible to know for sure what percentage women represent. Reports on this topic seem to place the figure at around 40%. The problems that most frequently affect refugee camps, besides those mentioned earlier, are teenage pregnancy, abortion and resultant complications. The psychological problems caused

by poor physical conditions, uprooting, loss of cultural identity and loneliness remain practically hidden. Violence (sexual attacks, rape, harassment and abuse) permeates the lives of refugee and displaced women and endangers their physical safety daily. Women are also discriminated against in their efforts to provide themselves with food, and their access to health care is problematic in most countries for cultural reasons (UNHCR, 1992).

The Office of the United Nations High Commissioner for Refugees (UNHCR) has recently designed some guidelines to deal with the problems of women refugees under an integrated policy framework. Recommendations include the physical reorganization of refugee camps to prevent attacks on women; participation of refugee women in expressing their needs and finding ways to meet them; establishment of committees in the camps with equitable representation of both men and women; programmes to raise awareness among refugees and those in charge of the camps about violence against women; job training and family planning programmes and the provision of basic services.

In 1992, the First Regional Forum on the Gender Approach in dealing with Refugee, Repatriated and Displaced Women (FOREFEM) was held in Guatemala and various steps were taken to support these groups. The projects formulated by the International Conference on Central American Refugees were evaluated and concrete activities were launched, including instantly effective projects to facilitate the integration of returnees, specific studies to encourage women's participation and the planning of activities to benefit them, and other initiatives by Governments, refugee women and professionals (UNHCR, 1992a).

### 5. Adoption of forward-looking measures

The suggestions below are based on the recommendations of the Expert Group Meeting on Population and Women (Gaborone, Botswana, June 1992), and the Meeting of Government Experts on Population and Development in Latin America and the Caribbean (Saint Lucia, October 1992), preparatory to the 1994 International Conference on Population and Development.

The backdrop for the topic of women and their relationship with development is undergoing a very profound change that includes changes in the relationship between the developed and developing worlds. A process of economic internationalization of unprecedented scale is taking place in the region, in which knowledge appears at the core of a process of exceedingly fast-paced changes in the fields of science, engineering and technology. The fruits of scientific progress—which are almost simultaneously applied to technology—are generating changes in a world where competitiveness, technical progress, innovation and intellectual value-added are key factors. Modernity, which is not even an option for Latin America, has not brought greater harmony or social equity. At the same time that ideological polarization is a thing of the past and democracy has come to be considered as virtually essential to human development, we are witness to greater economic and social disparities, and the marginalization and physical deterioration of huge masses of people and the planet itself.

Nor is it in any way possible to continue proceeding on the basis of past models as regards the topic of women. The crux of the matter is that in Latin America and the Caribbean, the basic problem is not the integration of women into development but rather how they should be integrated into development. This presupposes profound social changes, including cultural changes and changes in power relationships, many of which are already taking place (ECLAC, 1991a).

One institution cannot possibly respond to all the needs of the region's women. The problem is complex and there is no national entity that has the human and financial resources necessary. In order to ensure the participation of women in global processes and formulate truly effective policies that support them, government entities (national women's mechanisms and ministries of sectoral activities, especially education, labour and health), non-governmental organizations, research centres, universities, etc., must join forces.

Decentralization at the local level must be emphasized. Local politics is a sphere of action that affords women excellent opportunities to receive training and play leadership roles, for they already have a long tradition of participation at this level. Coordination which ensures the participation of women at all levels of activity will help to bring about an authentic democratic process in which all points of view are represented.

Recommendations to Governments lay stress on the provision of necessary services in order for women to fully exercise their rights as concerns health, including access to health services, information on reproduction and the means of controlling their fertility in accordance with their beliefs; education which trains them to exercise their rights as citizens on an equal footing; informal education and formal education which incorporates changes; and jobs that are not restricted to given areas and in which wage discrimination is not practiced.

All social institutions are urged, in accordance with their respective mandates, to support government activities for women; carry out research and studies that contribute to an understanding of women's needs and facilitate their participation; disseminate the most current information on the women's issues; and help to plan and implement educational programmes for men and women which make them aware of the need to assume shared responsibilities for procreation.

Procreation must be recognized as a much more complex issue than those addressed by other economic and social policies, because it touches on the private lives of individuals, because it includes a greater number of very intimate affective and emotional components, and because it is heavily weighted down by cultural, historical, religious and ideological factors. Changes must be encouraged in the area of population so that reproduction, which is unquestionably the couple's biological decision, will also be a process involving both man and woman as regards the decision to procreate and all aspects of child care and child-rearing.

In Latin America and the Caribbean, it would be neither realistic nor feasible to advocate the adoption of any single model. A very wide diversity of models will very likely be adopted in future. What they must all do is offer women all available education, training and information so that they can choose the best possible alternative in accordance with their convictions.





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**Annex**

**CHARTS AND TABLES**



Chart 1  
COMPONENTS OF THE UNSATISFIED DEMAND

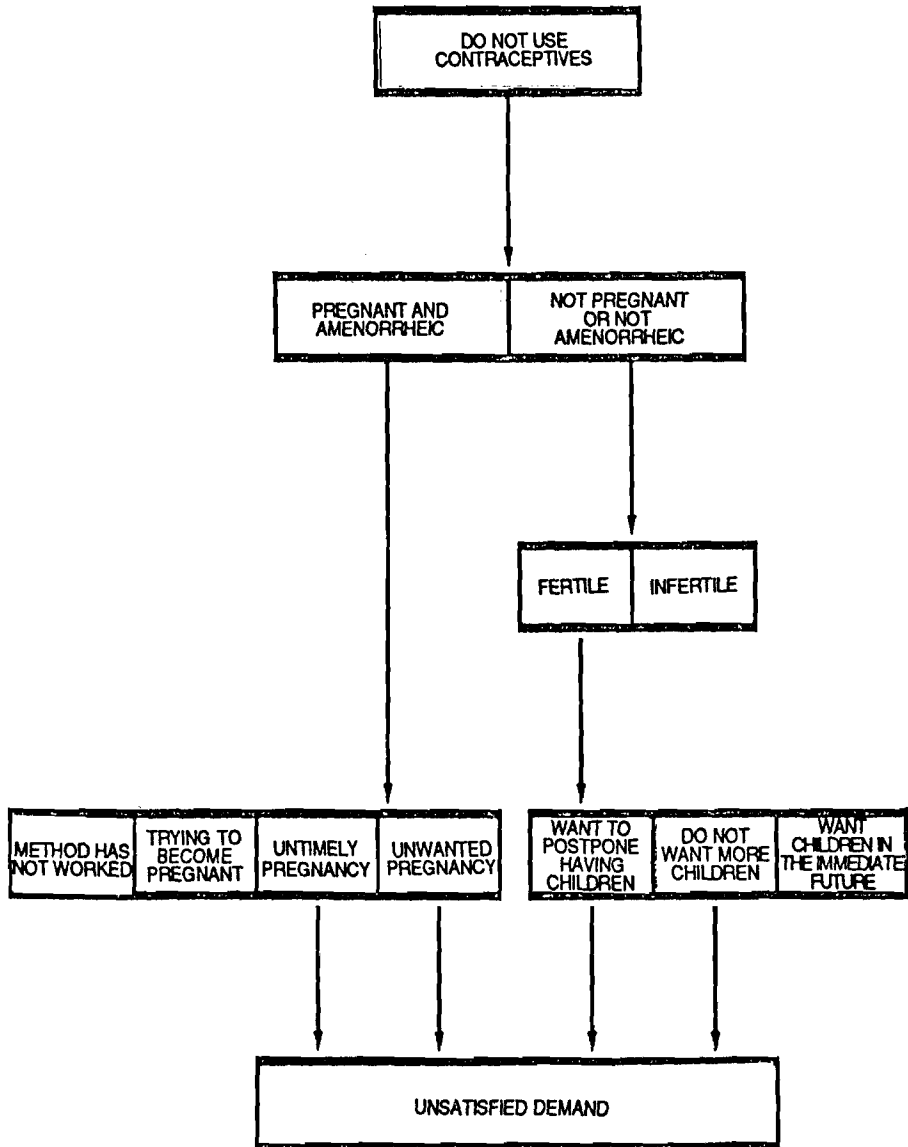
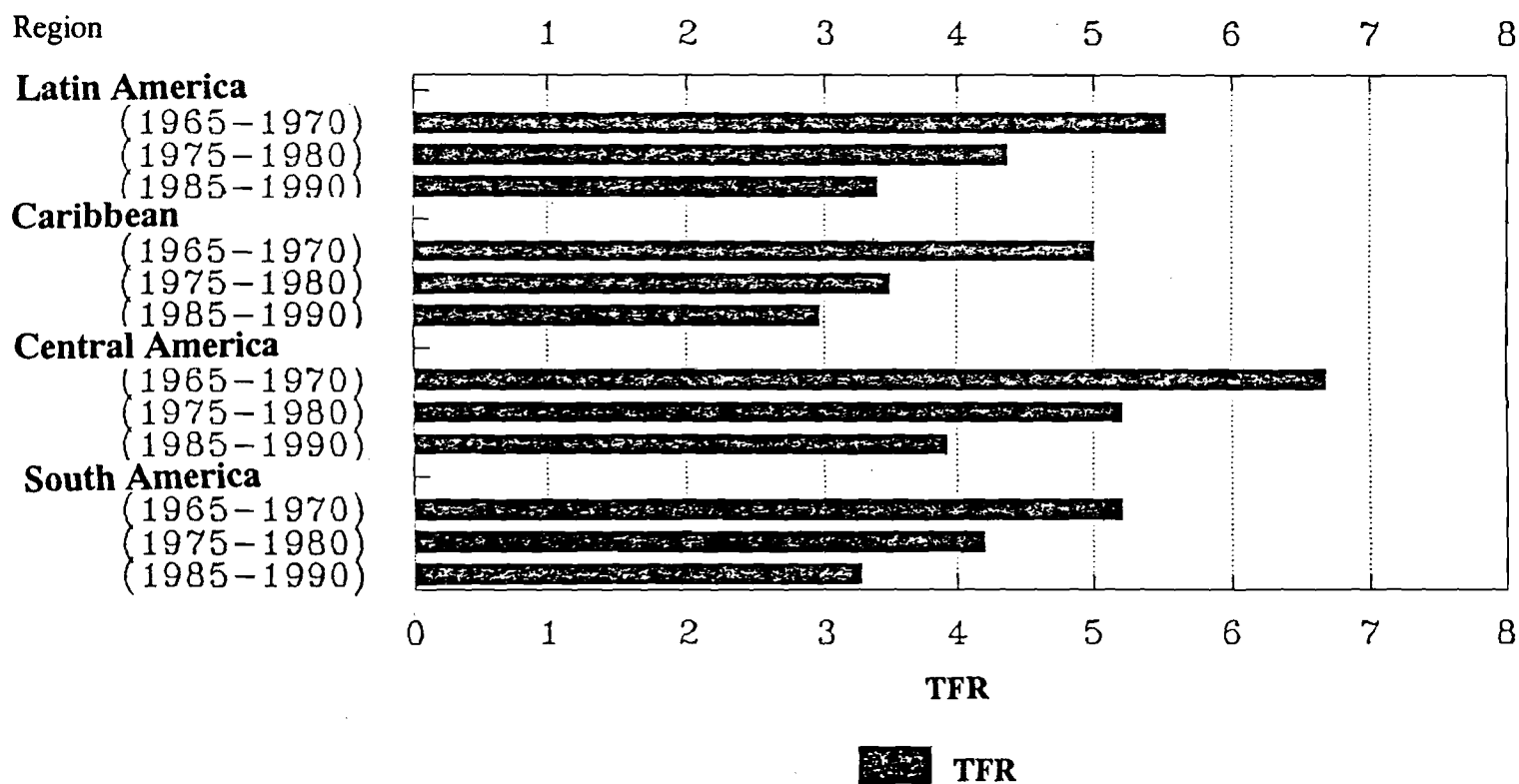


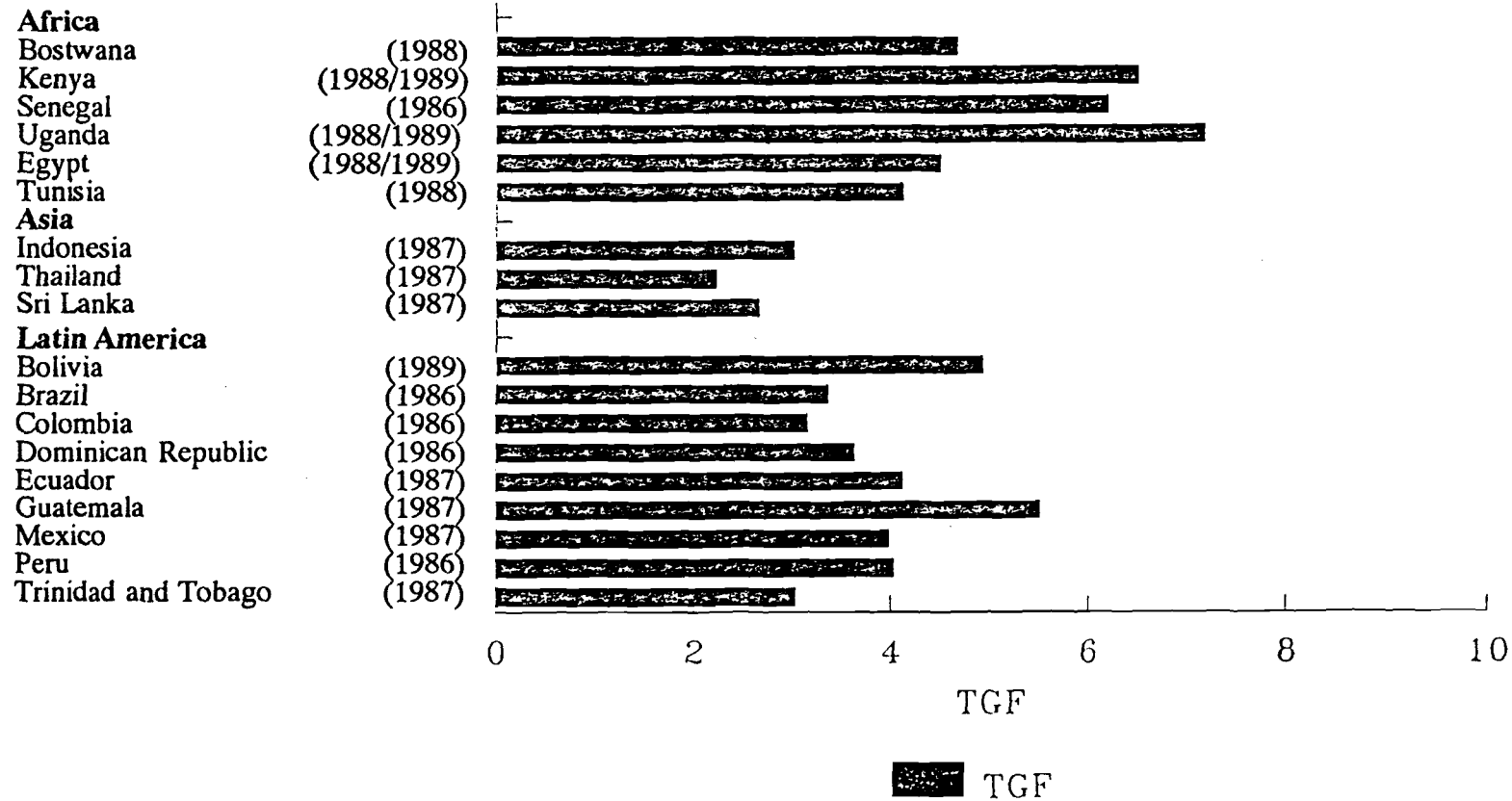
Chart 2  
**LATIN AMERICA: TRENDS IN THE TOTAL  
 FERTILITY RATE (TFR)**



Source: United Nations, *World Population Prospects: the 1992 Revision*, New York, Population Division, Department of Economic and Social Development, 1992.

Chart 3  
**ASIA, AFRICA AND LATIN AMERICA AND THE  
 CARIBBEAN: TOTAL FERTILITY RATE (TFR)**

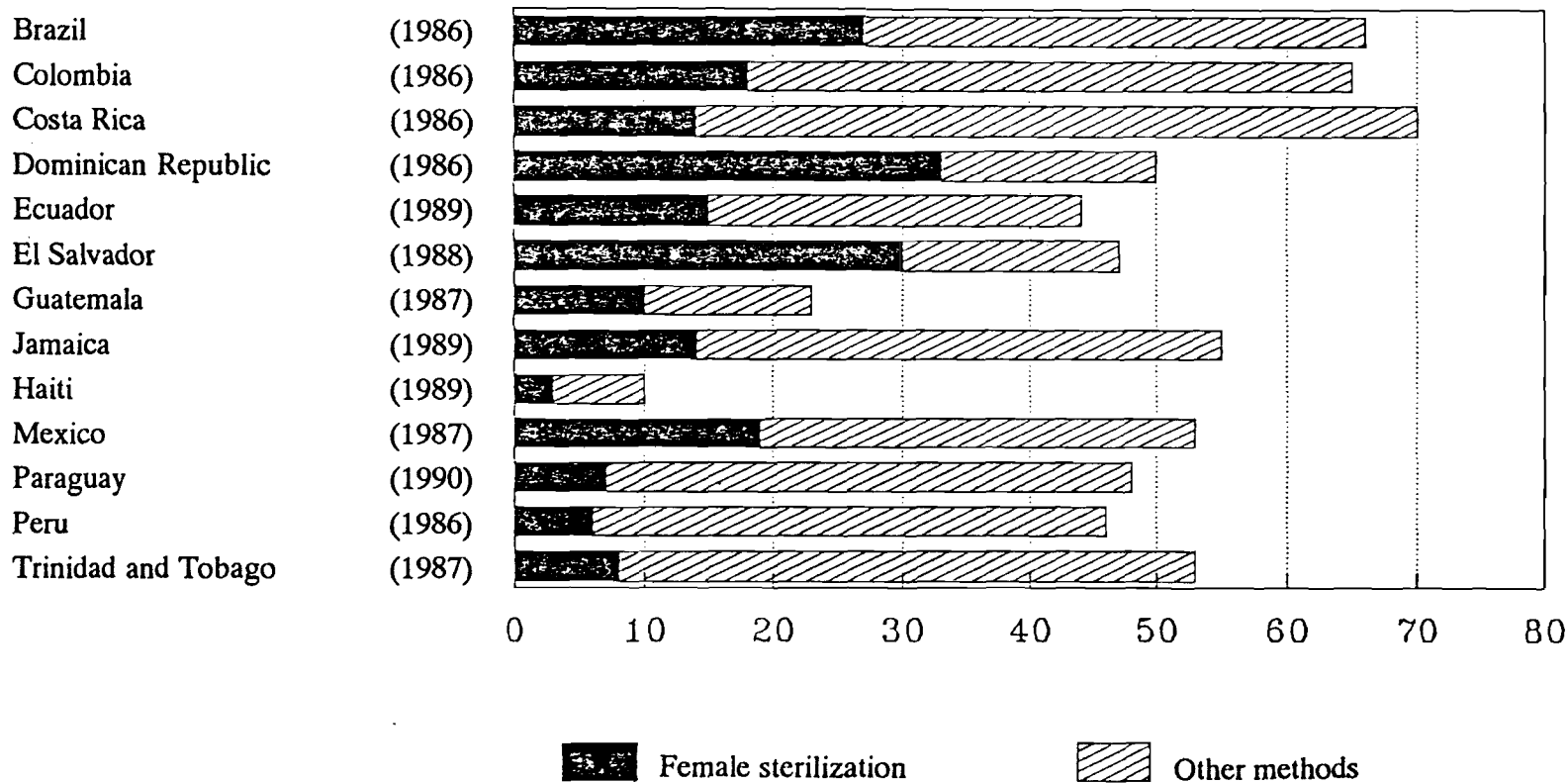
Region



Source: Institute for Resource Development, Inc., Demographic and Health Surveys, Columbia, Maryland, 1985-1989.

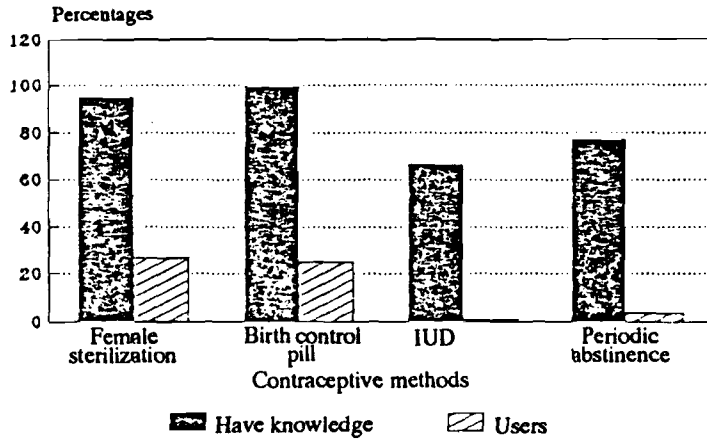
Chart 4  
**LATIN AMERICA (13 COUNTRIES): PREVALENCE  
 OF FEMALE STERILIZATION**  
*(Percentages)*

Country

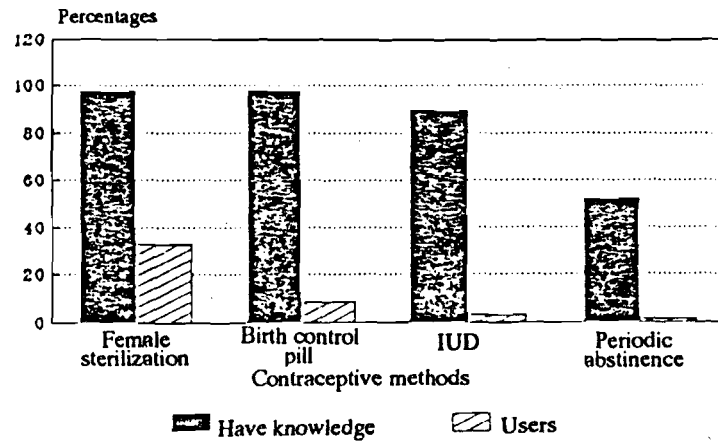


LATIN AMERICA (FOUR COUNTRIES): KNOWLEDGE AND USE OF CONTRACEPTIVES

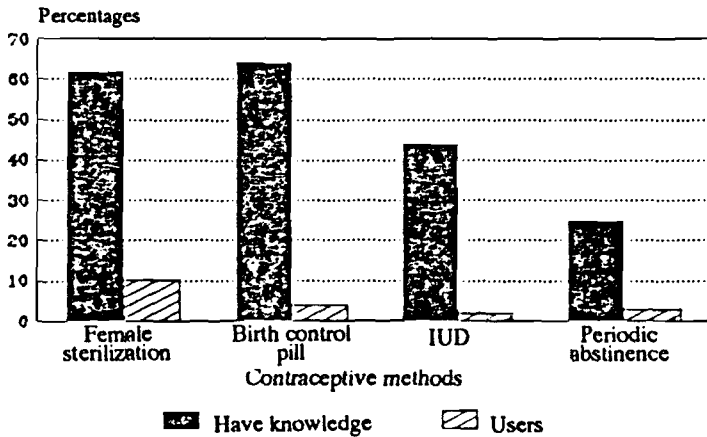
BRAZIL  
1986



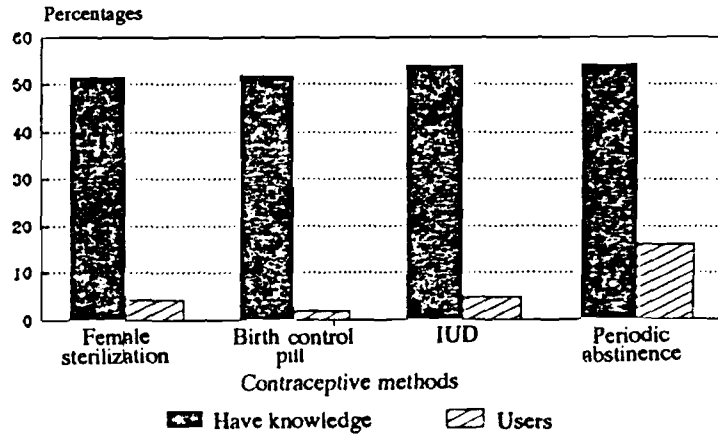
DOMINICAN REPUBLIC  
1986



GUATEMALA  
1987



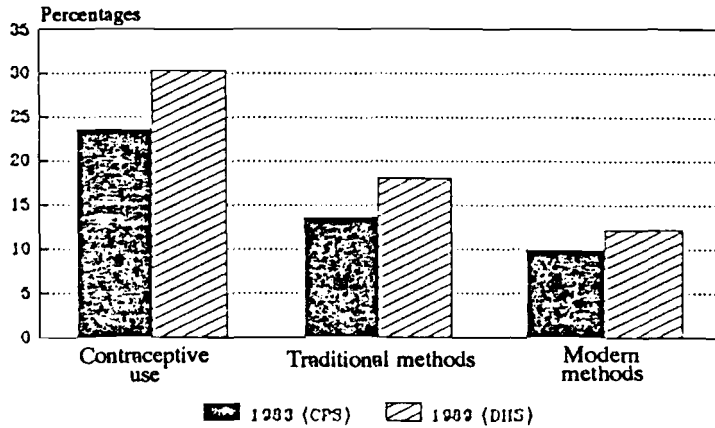
BOLIVIA  
1989



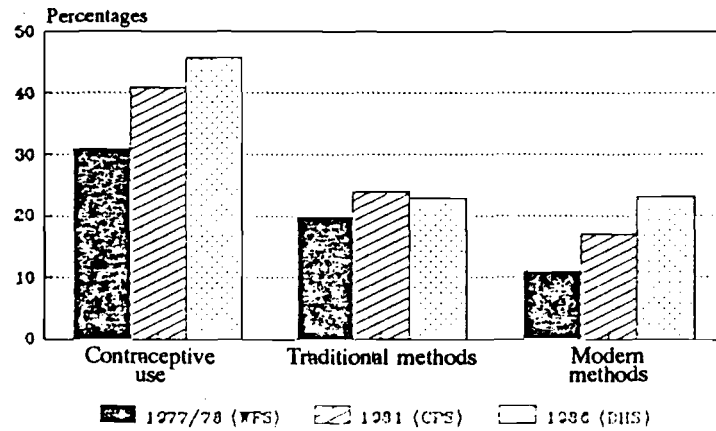
Source: Institute for Resource Development, Inc., Demographic and Health Surveys, Columbia, Maryland, several different years.  
Note: IUD stands for intrauterine device

Chart 6  
**LATIN AMERICA (FOUR COUNTRIES):  
 TRENDS IN CONTRACEPTIVE USE**

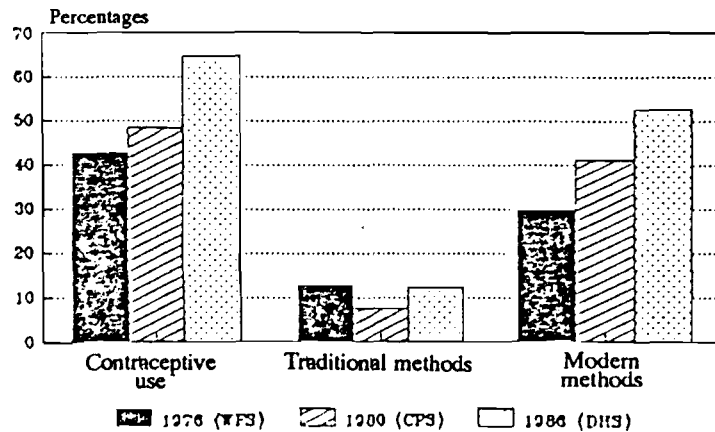
**BOLIVIA**  
 1983-1989



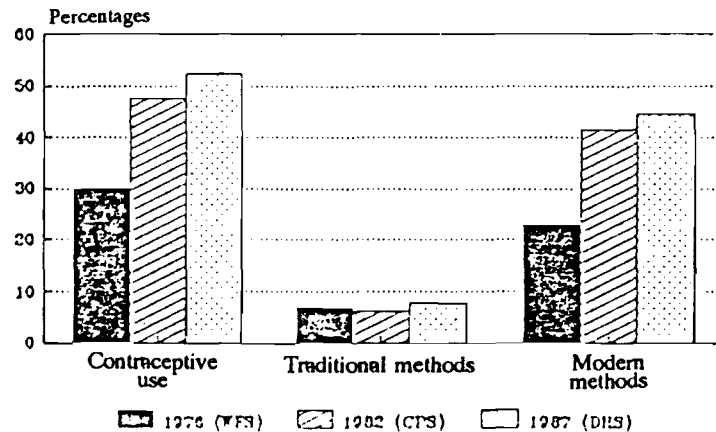
**PERU**  
 1977/1978-1986



**COLOMBIA**  
 1976-1986



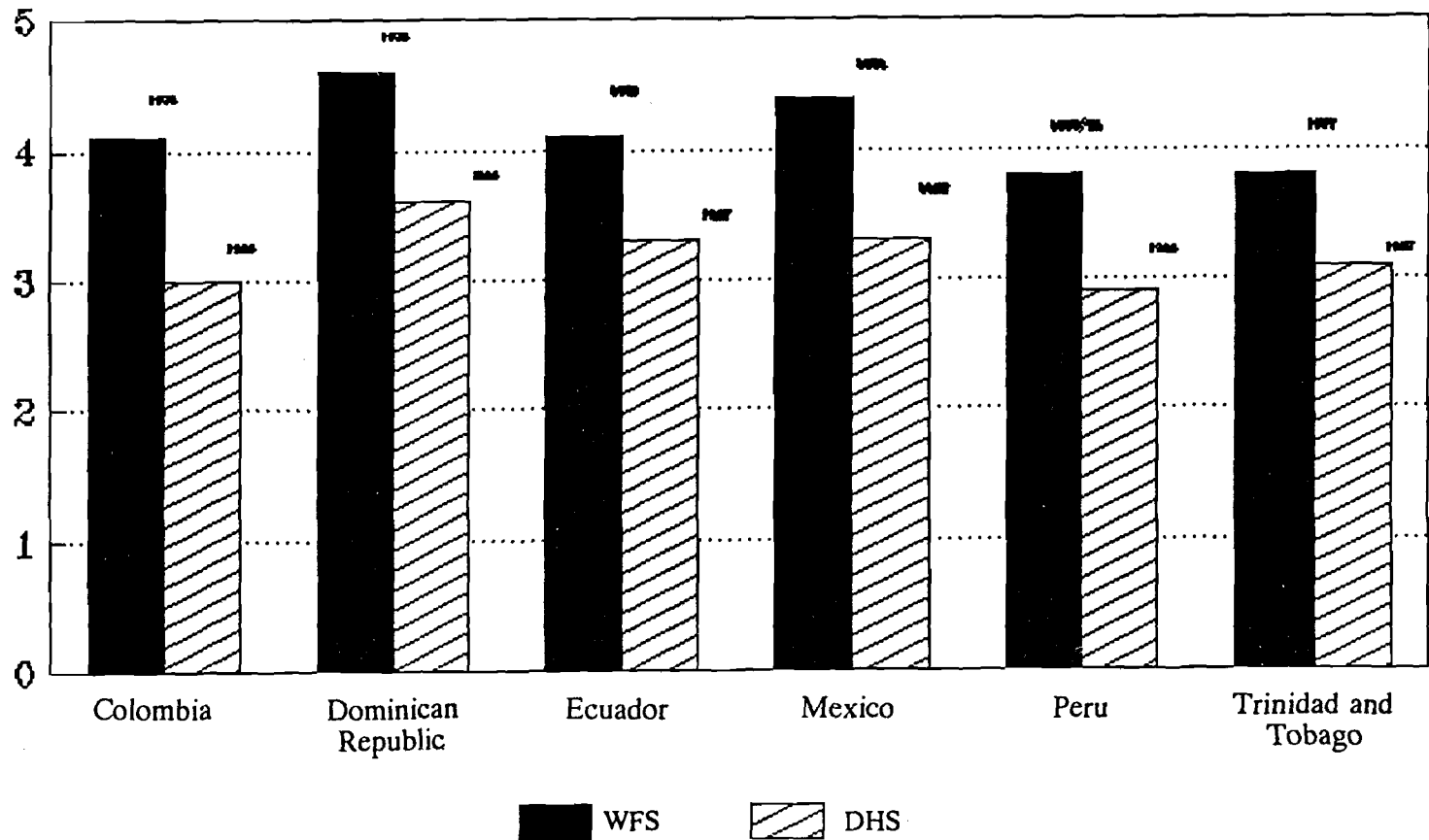
**MEXICO**  
 1976-1987



Note: The following abbreviations are used in this chart: CPS : Contraceptive Prevalence Survey; DHS : Demographic and Health Survey; WFS : World Fertility Survey.



Chart 7  
**LATIN AMERICA (SIX COUNTRIES): TRENDS IN  
 THE DESIRED NUMBER OF CHILDREN**



Note: The following abbreviations are used in this chart: WFS : World Fertility Survey; DHS : Demographic and Health Survey.

Table 1

**LATIN AMERICA (NINE COUNTRIES): PERCENTAGE OF CURRENTLY MARRIED WOMEN  
OF CHILD-BEARING AGE, BROKEN DOWN ACCORDING TO KNOWLEDGE  
AND USE OF CONTRACEPTIVES**

Country	Have knowledge about contraceptives		Have used contraceptives at some point		Currently using contraceptives	
	Some method	Modern methods	Some method	Modern methods	Some method	Modern methods
Bolivia	75.0	67.5	45.8	21.7	30.3	12.2
Brazil	99.9	99.9	86.3	82.0	66.2	56.5
Colombia	99.5	99.4	83.0	75.0	64.8	52.4
Dominican Republic	99.3	99.3	73.0	69.1	49.8	46.5
Ecuador	90.5	90.0	62.9	54.7	44.3	35.8
Guatemala	71.9	71.6	34.0	29.5	23.2	19.0
Mexico	93.4	93.2	70.2	64.1	52.7	44.6
Peru	89.1	86.6	65.1	40.6	45.8	23.0
Trinidad and Tobago	99.0	98.9	83.1	79.2	52.7	44.4

Source: Institute for Resource Development Inc., Demographic and Health Surveys, Columbia, Maryland, 1985-1989.

Table 2

## LATIN AMERICA (NINE COUNTRIES): USE OF A SPECIFIC CONTRACEPTIVE BY CURRENTLY MARRIED WOMEN OF CHILD-BEARING AGE

Country	Total users	Users of some form of contraceptive											Total non-users	Total	
		Modern methods							Traditional methods						
		Total	Birth control pill	IUDa/	Injection	Vaginal methods	Condom	Sterilization Female	Male	Total	Periodic abstinence	Withdrawal			Other methods
Bolivia	30.2	12.2	1.9	4.8	0.7	0.1	0.3	4.4	0.0	18.0	16.1	1.0	0.9	69.8	100.0
Brazil	66.3	56.6	25.2	1.0	0.6	0.5	1.7	26.8	0.8	9.7	4.0	5.0	0.7	33.7	100.0
Colombia	64.8	52.5	16.4	11.0	2.4	2.3	1.7	18.3	0.4	12.3	5.7	5.7	0.9	35.2	100.0
Dominican Rep.	50.0	46.5	8.8	3.0	0.1	0.2	1.4	32.9	0.1	3.5	1.4	1.5	0.6	50.0	100.0
Ecuador	44.2	35.7	8.5	9.8	0.7	1.2	0.6	14.9	0.0	8.5	6.1	2.0	0.4	55.8	100.0
Guatemala	23.1	19.0	3.9	1.8	0.5	0.4	1.2	10.3	0.9	4.1	2.8	1.2	0.1	76.9	100.0
Mexico	52.9	44.8	9.8	10.2	2.8	0.6	1.9	18.7	0.8	8.1	4.4	3.5	0.2	47.1	100.0
Peru	45.6	22.9	6.5	7.3	1.3	1.0	0.7	6.1	0.0	22.7	17.7	3.6	1.4	54.4	100.0
Trinidad and Tobago	52.7	44.4	14.0	4.4	0.8	5.0	11.8	8.2	0.2	8.3	2.6	5.3	0.4	47.3	100.0

Source: Institute for Resource Development Inc., Demographic and Health Surveys, Columbia, Maryland, 1985-1989.  
a/ Intrauterine device (IUD).

Table 3

**LATIN AMERICA (NINE COUNTRIES): PERCENTAGE OF CURRENTLY MARRIED WOMEN  
OF CHILD-BEARING AGE WHO USE CONTRACEPTIVES, BROKEN DOWN  
ACCORDING TO RESPONSIBILITY FOR USE**

Country	Total users	Responsibility for use		Total users	Responsibility for use	
		Male <sup>a</sup>	Female <sup>b</sup>		Male <sup>a</sup>	Female <sup>b</sup>
Bolivia	30.2	1.3	28.9	100.0	4.3	95.7
Brazil	66.3	7.5	58.8	100.0	11.3	88.7
Colombia	64.8	7.8	57.0	100.0	12.0	88.0
Dominican Republic	50.0	3.0	47.0	100.0	6.0	94.0
Ecuador	44.2	2.6	41.6	100.0	5.9	94.1
Guatemala	23.1	3.3	19.8	100.0	14.3	85.7
Mexico	52.9	6.2	46.7	100.0	11.7	88.3
Peru	45.6	4.3	41.3	100.0	9.4	90.6
Trinidad and Tobago	52.7	17.3	35.4	100.0	32.8	67.2

Source: Institute for Resource Development Inc., Demographic and Health Surveys, Columbia, Maryland, 1985-1989.

<sup>a</sup> Includes the following contraceptive methods: condom, vasectomy and withdrawal.

<sup>b</sup> Includes all other contraceptive methods.

Table 4

LATIN AMERICA (TEN COUNTRIES): DEMAND FOR CONTRACEPTIVES AMONG CURRENTLY  
MARRIED WOMEN OF CHILD-BEARING AGE, ACCORDING TO INTENDED USE

Country	Demand for contraceptives <sup>a</sup>			Users			Unsatisfied demand <sup>b</sup>		
	Total	Birth spacing	To limit no-births	Total	Birth spacing	To limit no-births	Total	Birth spacing	To limit no-births
Bolivia	69.8	17.5	52.3	30.3	6.5	23.8	35.7	9.5	26.2
Brazil	81.1	24.2	56.9	66.2	17.9	48.3	12.8	4.8	8.0
Colombia	81.0	22.1	58.9	64.8	15.4	49.4	13.4	5.1	8.3
Dominican Rep.	71.2	20.8	50.4	49.7	9.6	40.1	19.4	10.0	9.4
Ecuador	70.8	23.8	47.0	44.3	11.6	32.7	24.2	10.8	13.4
El Salvador	73.8	22.3	51.5	47.3	8.1	39.2	26.0	13.9	12.1
Guatemala	53.5	22.1	31.4	23.2	5.1	18.1	29.4	16.4	13.0
Mexico	79.0	25.9	53.1	52.7	13.5	39.2	24.1	11.0	13.1
Peru	77.8	21.7	56.1	45.8	11.2	34.6	27.7	8.1	19.6
Trinidad and Tobago	71.1	28.6	42.5	52.7	18.9	33.8	16.2	8.3	7.9

Source: Institute for Resource Development Inc., Demographic and Health Surveys, Columbia, Maryland, 1985-1989.

<sup>a</sup> Includes users, users of methods that were not effective, and other women who want to use contraceptives but have not.

<sup>b</sup> Excluding users of methods that were not effective.

Table 5

**LATIN AMERICA (10 COUNTRIES): AVERAGE DESIRED NUMBER OF CHILDREN BORN  
TO WOMEN OF CHILD-BEARING AGE WHO WERE MARRIED AT SOME POINT,  
ACCORDING TO NUMBER OF LIVE BIRTHS**

Country	Year of information	Number of live births <sup>a</sup>							Total
		0	1	2	3	4	5	6 or more	
Bolivia	1989	2.2	2.3	2.4	2.8	3.0	3.1	3.5	2.8
Brazil	1986	2.4	2.4	2.6	3.2	3.5	3.5	4.0	3.0
Colombia	1986	2.3	2.3	2.6	3.0	3.4	3.6	4.1	3.0
Dominican Republic	1986	3.1	2.9	3.2	3.6	4.0	4.1	4.5	3.6
Ecuador	1987	2.5	2.5	2.8	3.2	3.4	3.9	4.8	3.3
El Salvador	1985	2.9	2.7	3.0	3.7	4.5	4.9	6.2	3.6
Guatemala	1987	3.5	3.2	3.4	3.8	4.2	5.0	5.9	4.1
Mexico	1987	2.4	2.5	2.7	3.2	3.5	4.1	4.4	3.3
Peru	1986	2.1	2.2	2.5	3.0	2.9	3.3	3.6	2.9
Trinidad and Tobago	1987	2.5	2.6	2.9	3.1	3.5	3.7	4.0	3.1

**Source:** Institute for Resource Development Inc., Demographic and Health Surveys, Columbia, Maryland, 1985-1989.

<sup>a</sup> Includes pregnancies.

Table 6

**LATIN AMERICA (10 COUNTRIES): PERCENTAGE OF CURRENTLY MARRIED WOMEN  
OF CHILD-BEARING AGE WHO WISH TO PREVENT FUTURE BIRTHS,  
ACCORDING TO NUMBER OF LIVE BIRTHS**

Country	Year of information	Number of live births							Total
		0	1	2	3	4	5	6 or more	
Bolivia	1989	10	31	68	80	86	94	90	72
Brazil	1986	11	26	69	86	87	90	92	65
Colombia	1986	8	28	69	85	91	91	93	70
Dominican Republic	1986	5	16	56	82	89	93	92	63
Ecuador	1987	4	24	58	75	84	87	86	63
El Salvador	1985	11	25	58	81	78	81	78	63
Guatemala	1987	6	13	35	52	62	60	64	47
Mexico	1987	5	15	60	75	83	83	80	62
Peru	1986	6	27	68	77	86	90	84	70
Trinidad and Tobago	1987	5	18	59	76	85	86	89	55

Source: Institute for Resource Development Inc., Demographic and Health Surveys, Columbia, Maryland, 1985-1989.

