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**LATIN AMERICA: THE  
CHALLENGE OF  
SOCIALIZING THE  
HOME ENVIRONMENT**

**SOCIAL DEVELOPMENT DIVISION  
WOMEN AND DEVELOPMENT UNIT**



**ECONOMIC COMMISSION FOR LATIN AMERICA AND THE CARIBBEAN**

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## CONTENTS

	<u>Page</u>
I. INTRODUCTION .....	5
II. FAMILY PLANNING .....	7
III. WORK IN THE HOME .....	11
IV. CHILD-CARE .....	15
V. SOME PROPOSALS .....	19
Bibliography .....	25

## I. INTRODUCTION

The living conditions of women in Latin America and the Caribbean have undergone major changes as a result of the severe economic crisis which has affected the region as a whole in different ways and in various economic, social, political and cultural areas.

Contradictory and opposing developments have taken place during the 1980s. On the one hand, activities which have traditionally been considered as falling within the private sphere, such as household chores and caring for children, have become issues for debate and public concern (family planning has already been one such issue since the 1960s). On the other hand, this concern for the socialization of domestic activities has not yet produced concrete policies, and the possibilities for trying out various alternatives are left to the private initiative of individuals and families. This situation has undoubtedly been worsened by the crisis and the consequent budgetary cuts in social spending.

The changes of the last few decades have brought with them a decline in the size of households, with a resultant redistribution of roles within the family. A large number of functions formerly carried out in the home, such as food preparation and educational, cultural and recreational tasks are now carried on outside the home. The new articulation between the family and society is not clearly defined; most of the members of the family spend a considerable proportion of their lives outside the home, and the disorganization and destabilization of most traditional family models and the rise of new family structures can be discerned (ECLAC, 1988a).

Current studies of urban low-income sectors in Latin America and the Caribbean show that the family differs from the traditional images of both the extended and nuclear families. In the majority of cases there is no male head of household to provide for the family, owing to the high rates of unemployment that affect the lowest-income groups. In 1984 the regional average rates of open unemployment were 9.4%, but the figure rose to two digits in Colombia, Chile, Ecuador, Honduras, Jamaica, Panama, Trinidad and Tobago, Uruguay and Venezuela. The Regional Employment Programme for Latin America and the Caribbean (PREALC) has noted that although the participation rates are stable, they mask important differences by socioeconomic strata, since they are lower in precisely those strata which are most needy (PREALC, 1988, p. 21).

As mentioned above, demographic changes over the last few decades show a trend towards smaller families. Moreover, an increasingly large number of female heads of household combine their domestic work with a growing participation in the job market. There are also an increasing number of families living together. The family as an emotional refuge and principal socializing agent is not to be found in the studies that describe the current situation of families from urban low-income sectors; the most frequent image is that of several families living together in a dwelling of a few square meters, with a mother who is out looking for work or working at whatever she finds, an absent or unemployed father, and children engaged in largely unproductive activities in the informal sector or begging.

This new panorama of family situations varies a great deal by social class and by country in the region. However, it can be said that it is becoming a mass phenomenon, owing to a lack of development and the effects of the crisis. Its solution certainly requires innovative and effective social policies in support of women. It should be noted once again that the effects of social policies directed towards women are felt by the society as a whole, in respect of the availability and skill of the labour force, the creation and financing of jobs, social organization and other related aspects. Ultimately, these social policies are designed to help the population as a whole, for the reproduction of the population and society is a task which involves and affects everyone: men, women and children.

The following observations are focused mainly on the need to design social policies for families with the aim of improving the living conditions of women in general, and especially those belonging to the most vulnerable groups in the society, whose subordinate position has been accentuated by the crisis.

## II. FAMILY PLANNING

The issue of whether the State can and should intervene in areas of private life and deal with such topics as family planning was first raised outside the region as a preoccupation of the developed countries. In the beginning it was related to the far-reaching processes of demographic transition, in which the mortality rate was sharply reduced as a consequence of health measures, control of pandemics and improvements in the living and health conditions of the population. As far back as the mid-1950s, there were various political and ethical perspectives in the debate on whether States should or should not take steps to narrow the gap between a high birth rate and a declining death rate as well as on the form and substance of such action.

Since the 1950s, the influence of neo-Malthusian sectors has undoubtedly been felt; they have raised (in terms of a problem of survival of the human species) the question of population increase, with which they associate growing poverty, the imbalance in State finances and the difficulty encountered by local economies in realizing domestic savings. In their view, the ever-increasing demand for goods and services will result in a future world shortage, and the masses of poor whose basic needs are unsatisfied might pose a danger for the national social order and the world economic order (Barbieri, 1985).

In any case, despite the diversity of situations, in the early 1960s there was a convergence in the interests of the developed and developing countries which led to the establishment of a model of family planning in the region. Wiarda and Helzner point out that "for most of the countries of Latin America the elaboration of population control policies and their implementation and operation has been parallel and straightforward. Upon carrying out a comparative examination of such policies, what strikes the observer are, rather than the differences, the similarities shared by several countries in the development of family planning policies and services" (quoted by Claro, 1988).

The attempts to introduce a policy of family planning in Latin America provoked strong reactions from various social and ideological sectors. There was an initial rejection by the left (which was opposed to the neo-Malthusian aspects of the approach and to their conse-

quences in terms of social control); by the Catholic Church (because it disregarded the sanctity of life); and by rightist groups (who considered family planning an unacceptable interference in the private lives of people).

Nevertheless, many family planning programmes have been developed in the region and there has been de facto acceptance. This acceptance is reflected in the data on fertility in the region, which in 1950-1955 and 1980-1985 showed a sharp decline in the number of children per female. For the region as a whole, the overall fertility rate fell from 5.89 in 1950-1955 to 4.0 in 1980-1985. These orders of magnitude conceal major variations among countries: Argentina showed no variations in its rate (3.15), while Brazil began with a rate of 6.15 and had reached a rate of 3.81 by the end of the period (CELADE, 1988). The exact magnitude of fertility depends on the degree of modernization of the countries, broken down by social sectors and urban or rural residential areas. Added to these structural social variables are differences associated with the personal attributes of women (level of education, occupation and other related variables) (Parada, 1988; Elú, 1986).

The general decline in fertility has been associated with an increase in births among young women and adolescents. Apparently, most women in the region are familiar with contraceptive methods. The world fertility surveys conducted in the late 1970s showed that the percentage of married women who say they are familiar with at least one birth control method varies between 83% and 100% (United Nations, 1984). However, their use is not widespread and is confined mainly to married women with two or more children and to middle and high income groups with access to private health services. The problem of young women thus arises. They receive contradictory information: the social messages are highly eroticized and society is more sexually permissive, but there is no access to guidance programmes and health services, and there are many different forms of social sanction for behaviour which the society itself promotes. There is now earlier sexual activity among the young women in the region, but without the use of contraceptives. This has meant an increase in the risk of pregnancy and clandestine abortions, although the Latin American countries (except Cuba) penalize abortion.

Most of the governments of the region have not been able to implement family planning programmes effectively. Although in some cases they have been favourably disposed towards it, this is not necessarily reflected in concrete measures, since not all women have a real choice with respect to the forms and methods of controlling their reproductive function, and current legislation governing marriage and the family severely limits the choices available to women.

In the late 1970s and early 1980s, a consensus was reached in the United Nations that governments should promote access to family planning services, irrespective of their population policies. In that perspective, the International Conference on Population (1984) and the Nairobi Forward-looking Strategies for the Advancement of



Women (1985) have come a long way from the 1950s in their recognition that "... all couples and individuals have the basic human right to decide freely and informedly the number and spacing of their children" and that "... the ability of women to control their own fertility forms an important basis for the enjoyment of other rights" (United Nations, 1985, para. 156).

This rapid overview of the situation of women in Latin America and the Caribbean with respect to family planning points up a series of shortcomings. These are areas in which action could be taken and suggestions made for actions by the State and by women's organizations themselves. There is a general consensus that the State should provide free health services to those sectors of the population which cannot pay for them, and that such services should include information on reproduction for women and men that is appropriate to their age and marital status. The State should also provide access to effective means of birth control so that the woman or couple can decide on the number and spacing of their children. At the same time, the experience of organized groups should be compiled and an impetus given to the organization of new women's groups in defence of their rights in this field, with a view to acquiring and sharing information and services from community or State organizations. It should also be recalled that family planning still encounters serious legal and cultural obstacles to its genuine application and that it is an issue on which collective and individual interests may conflict. However, it should not be forgotten that women themselves are the principal protagonists in the problem of population growth, and that if population policies have been successful in the region it is because they have been geared towards a female population which has been receptive of this message (Barbieri, 1985) and which wanted to take control of its reproductive function. This greater control also requires more information so that maternity may be a choice which is sought and desired, and also adequate to the needs of women, men and society.

### III. WORK IN THE HOME

During the United Nations Decade for Women, a number of subjects have emerged from the private into the public sphere. One of these is work in the home, considered as an extremely important aspect of social reproduction. Housework crystallizes and illustrates the problem of discrimination against women. The argument is often advanced that housework is an obligation which all societies assign to women; it is isolated and fragmented; it has no recognized economic value; it is heterogeneous according to social class, region, cycles of family life and other factors. However, it is always essential to the development of the society.

In Latin America and the Caribbean, housewives constitute between 30% and 50% of the female population over 15 years of age, depending on the country (ECLAC, 1988b). However, the fact should not be overlooked that women who work in increasing numbers must also perform domestic chores in their homes.

A characteristic of the region is the existence of remunerated domestic work to which both working and non-working women in the middle- to high-income bracket have recourse. Women who work as domestic servants make up the largest sector of the occupational groups and account for somewhat more than one quarter of the economically active female population (see ECLAC, 1986). If we assume that each domestic servant works for a woman who is herself employed in the labour market, this means that more than 50% of women in the economically active population do not have remunerated domestic help to perform the household chores. In practice, these women --if they do not have other women in their family to do the housework-- are doing a double day's work; in the words of the International Labour Office, they are "overemployed" (ILO, 1985).

Estimates for Chile indicate that housewives a few years ago had an eight-hour work day, including Sunday; women who work outside the home, on the other hand, had a total work day of twelve hours (Pardo, 1983). The incorporation of women in the labour market does not necessarily mean a corresponding reduction of work in the home, and the increase in family incomes is not translated into a lesser volume of work for working women.

For women who have domestic servants, the work within the home has changed, in that the most onerous tasks have been delegated to other persons to perform, but women continue to be responsible for

the monitoring, supervisory and administrative activities involved in domestic work. They even assume new tasks in keeping with the family's enhanced social status.

It should be emphasized that the effects of the crisis facing the region have been most strongly felt by working women and housewives, particularly those from low-income sectors. They have had to increase their share of the domestic work performed; with the reduction of wages and social spending, households have had to assume certain functions which used to be purchased or received as services from the State. These include, for example, pre-school child care and the preparation of food which used to be bought in partially processed form. Moreover, although in many cases the male role of provider has diminished, this has not led to corresponding increases in men's contribution to household work, which has remained very low.

The situation of women employed as domestic servants is also very unsatisfactory. The prevailing modality in the region is domestic work of the kind known as "live-in", which is performed mainly by young migrant women from rural areas (Aranda, 1988). In this modality, the servant resides at her place of employment. The "non-live-in" modality is tending to increase, although updated information about it is scarce, and the crisis seems to have reversed this trend.

Remunerated domestic work represents a contradiction with the analytical definitions, since as it becomes more modern (that is, when the "non-live-in" modality is adopted), it becomes, according to the definitions, more "informal" -- in that employees are paid an hourly wage without social security, and are treated as independent workers. However, the most fundamental change is the replacement of a personal service relationship by a contractual service relationship, thereby modernizing it. Income from this type of work is also increasing.

Domestic work in the region is the most poorly remunerated on the labour market and also has the least social prestige. The stigma of this low value applies to all women who perform it, whether as housewives or as paid workers. Income received by female domestic servants in five cities in 1985 varied between 20% and 54% of the median income of the active population as a whole (ECLAC, 1988b). Moreover, in most Latin American countries, paid domestic work is not adequately covered by legislation. Most women who work as domestic servants have no social security or health coverage; their working day is not covered by regulations, and their work is performed with a lack of organization and in isolation. Legally speaking, it is one of the most vulnerable of all occupations.

Various solutions have been proposed for the problem of housework. The basic premise, however, is that both men and women and the society as a whole must begin to consider domestic work as a social function and consequently the responsibility of the society as a whole and not of women exclusively.

From this social perspective, a number of strategies for the performance of housework emerge. Firstly, some domestic tasks which can be performed outside the home could be performed collectively,

by State, community and private organizations or by informal women's groups created for this purpose. At the same time, the entire population needs to be made aware of the idea that domestic tasks are the responsibility of everyone and should be distributed among the various members of the household.

Several experiences have been documented of the socialization of domestic tasks as a result of the crisis. These include communal soup kitchens, which have taken different forms: some in which meals are prepared jointly and each family eats by itself in its own house, or community dining rooms, in which they do so collectively. There are also experiences with school lunch-rooms, joint or co-operative purchasing, etc. Although these strategies developed by the low-income sectors have been used to deal with situations of severe shortage, there exists in the region an experience at organizing which could be useful and could represent a first step in the search for real solutions to the problem of housework.

From the perspective of domestic servants, there is a broad scope for action. This could begin with the elaboration of legislative measures to regulate working hours, establish minimum wages, define duties, etc.; in short, to recognize paid domestic work as employment in every sense, with all the rights and obligations common to any other job performed on the labour market.

#### IV. CHILD CARE

Caring for pre-school-age children and after-school child care has not yet become a centralized and continuous concern in the region; nor has sufficient research yet been carried out in this area. Until quite recently, it has been considered --and in many countries and social classes it still is-- a family obligation which each woman or family was forced to fulfil individually. However, the increasing insertion of women into the labour force outside the home has meant that they are required to devise other strategies to resolve the problem of child care. Of course, these vary according to social class, the country in question, whether the women reside in urban or rural areas and other factors.

Some of the child-care strategies employed in the region are:

- a) women who take their children to work with them, as in the case of urban and rural women who work in the informal sector, on farms, as street vendors and sometimes as domestic servants;
- b) women who leave their children in the care of a relative or neighbour, or of older children who may be students and do not work outside the home. These examples are also to be found in low-income and lower middle-income sectors;
- c) women who send their small children to be taken care of by a grandmother or other relative in rural areas, a situation which is very common among migrant domestic servants;
- d) women who leave their children alone at home under lock and key. This is quite common among working women from low-income sectors, and incidents of children involved in accidents are documented daily in the region;
- e) women who use child-care services subsidized by the State or provided by their own companies. This is the case of women employed in the formal sector of the economy. Such services are not offered by all companies, and when they are, they usually do not meet the entire demand;
- f) women who have recourse to private child-care services for pre-school-age children. These women work in the formal labour market and can afford these services, which are expensive;
- g) women who leave their children in the care of a domestic servant who takes care of them while the mother works, corresponding to the case of women in the medium- and upper-income brackets. The alternatives described in f) and g) are sometimes combined.

This overview of different child-care strategies requires that certain aspects of the problem be highlighted. First of all, it is essential to quantify the demand for child-care services for pre-school-age children, evaluating the existing conditions in Latin

America and the Caribbean, since little is known about the number of families who adopt one or another of these strategies. This requires that research be carried out in order to assess the development and socialization needs of children of various social classes, broken down according to area of residence and ethnic group. The need for services will also vary according to the number of children, the type of occupation of the parents, the type of family and other factors.

However, one fundamental aspect which should be taken into account is the need to modify deep-rooted cultural behaviour patterns. The task of taking care of children is assigned exclusively to women, with the father playing virtually no role. This care is also considered to be private to each family individually, and to be a matter in which society should not interfere. Such behaviour patterns are very difficult to change because of their long historical tradition, especially in Latin American societies. They are so deeply rooted that mothers required to work outside the home blame themselves for "abandoning" their children, although they know full well they would be unable to support them if they did not work outside the home.

In several countries of the region there are legislative provisions that allow mothers to nurse their babies during working hours and provide for crèches to be operated in the companies in which a given number of women are employed (see table 1). There are also attempts to modify current legislation by requiring companies and factories employing a certain number of workers (men and women) with family responsibilities to establish crèches to be financed jointly by the State, the company and the workers. This change seems to be pivotal to the recognition that the biological and social reproduction of the species is a responsibility to be assumed by men and women and by the society as a whole.

Table 1

LATIN AMERICA AND THE CARIBBEAN: LEGAL PROVISIONS  
REGARDING NURSING AT WORK AND DAY-CARE CENTRES

Country	Permission for nursing during working hours	Day-care centres
Argentina	30 minutes twice a day	No regulations
Bolivia	Short rest periods totalling no less than an hour a day	If there are 50 female employees or more
Brazil	30 minutes twice a day for a period of up to six months	State administered centres or those receiving aid from the State in areas of high density of female employees; incentives for employers who provide day-care centres
Colombia	30 minutes twice a day during a period of up to six months	National system of centres for pre-schoolers; employers must provide or hire services and installations to facilitate nursing
Costa Rica	30 minutes twice a day or 15 minutes every three hours	If there are 30 female employees or more
Cuba	No information	No information
Chile	30 minutes twice a day	If there are 20 female employees or more
Ecuador	15 minutes every three hours during a period of up to nine months	If there are 50 female employees or more
El Salvador	No information	No information
Guatemala	30 minutes twice a day	If there are 30 female employees or more

(Table 1 concl.)

Country	Permission for nursing during working hours	Day-care centres
Haiti	30 minutes twice a day or 15 minutes every three hours	If there are 50 female employees or more
Honduras	30 minutes twice a day during a period of up to nine months	If there are 20 female employees or more
Nicaragua	No information	No information
Mexico	30 minutes twice a day	Service provided by the Mexican Social Security Institute in accordance with its rules and regulations
Panama	No information	No information
Paraguay	30 minutes twice a day	If there are 50 female employees or more
Peru	30 minutes twice a day	If there are women who are nursing
Dominican Republic	20 minutes three times a day	No information
Uruguay	30 minutes twice a day	No information
Venezuela	30 minutes twice a day	If there are 30 female employees or more

Source: Comisión Interamericana de Mujeres (CIM). "Estudio comparativo de la legislación de los países americanos respecto a la mujer", Study Series, No. 7 (SG/SFR F/2.11), Washington, D.C., Organization of American States (OAS), 1982.



## V. SOME PROPOSALS

The countries of the region, in ratifying the Regional Plan of Action for the Integration of Women into Latin American Economic and Social Development (RPA) in 1977, introduced a change in the traditional approaches to the care of pre-school-age children. With regard to measures for the incorporation of women into economic, political, social and cultural life, they stated that "day care and similar facilities should be provided for women and girls who have responsibility for the care of children, to allow them to continue their studies" (RPA, para. 29 (17)). It also proposed that governments, employers and trade unions should "adopt measures for the establishment of quality child care centres, ensuring the integral education of children and making it easier for women to embark on work and study" (RPA, para. 50).

The document entitled *Women in Latin America and the Caribbean: Evaluation and proposals for action*, which summarizes the conclusions and recommendations of the Fourth Regional Conference on the Integration of Women into the Economic and Social Development of Latin America and the Caribbean, includes the following action proposal:

"All measures aimed at socializing housework and promoting its performance by both men as well as by women must be strengthened. Since it is recognized that both production and reproduction are the responsibility of both men and women, this will be a major step forward along the path to genuine equality. The first step to be taken in furtherance of this objective must be the socialization of those activities that are associated with the raising of children, through the establishment or expansion of nurseries and day-care centres, networks of laundries, and the provision of low-cost or free meals at the places where women work or in centres near their homes. These and other measures will help initially to relieve and subsequently to eliminate the burden of household tasks, which at the present time are performed almost exclusively by women" (ECLAC, 1988c, p. 30).

The most important task lies ahead, which is to ensure that the countries translate this desire for change into concrete action. Latin American women will probably have to organize themselves in order to achieve these objectives. It should be kept in mind that women play a very important role in the quest for solutions and alternatives to the current unsatisfactory situation with respect to family

planning, housework and child care. This special participation of women is seen from two points of view: that of women as the principal users and beneficiaries of these services, and that of women as individuals who may contribute their experience and creativity to the search for new solutions to old problems.

Three synoptic tables are given below of the three topics discussed, some aspects of which require further research and development (see Barbieri, 1985, Anderson, 1988, ILO, 1985). Each table shows, for the respective services, the demand, supply, objectives, coverage and financing. These are the minimal requirements for the design of a social policy in support of families. By grouping the needs for information in this way, it is hoped to contribute in a practical way to the examination of solutions designed to socialize a part of the work performed privately. The objective, of course, is to establish an adequate network of support for women and thus to progress towards a society in which men and women assume their social obligations and rights under equal conditions.

a) Demand for services

More information is needed in order to distinguish between existing and potential demand. Such information would include the number of women, their stages in the family life cycle, their geographical location, their level of education, their occupation and other relevant factors. Attitudinal and opinion-related aspects should also be studied, taking into account the social and cultural factors which have an impact on women's willingness to use the existing services, or alternative ones.

Potential demand covers all women who may request services. It should be kept in mind that the greater the supply of services, the greater the demand, and that this demand will be composed of currently unsatisfied and new demand, which will be generated by a greater and more diversified supply. The projection of maximum demand will be as follows: i) for family planning services, all women and men of child-bearing age; ii) for child care services, all children from birth to age eight; and iii) for housework, all households.

b) Supply of services

The supply of services has three basic sources: the State, the community and private organizations. The variety of alternatives stems from the various possible combinations among them. In this sphere, there is ample room for creativity, and the current experiences of women in their own organizations must be taken into account. Many of them were formed as a result of the crisis and severe

Table 2

## FAMILY PLANNING

Existing and potential demand	Existing and potential supply	Present/future objectives	Potential coverage	Effectiveness/financing
Number of potential women users, as defined by:	<u>State</u> -Ministry of Health -Ministry of Education	To provide information on birth control methods	All women of child-bearing age	<u>State:</u> Ministry of Health, Family Planning Office or its equivalent
1. Age and family life cycle	-National Health Office (family planning)	To provide information on uses and risks to potential users		Municipalities
2. Number of children	<u>Community</u>	To enable women and couples to take decisions that are appropriate to their needs		Community
3. Marital status of women users	-Municipalities -Community organizations -Organized women's groups	To determine present and potential demand and supply		Women users
4. Education				Inspection of services; protecting women against inadequate birth control methods
5. Insertion of women users in the labour force				
6. Urban or rural residence	Private services			
7. Willingness of men and women to use birth control methods	The present supply of family planning services and the capacity to expand such coverage must be determined			

Table 3

## HOUSEWORK

Existing and potential demand	Existing and potential supply	Present/future objectives	Potential coverage	Effectiveness/financing
Number of households according to size and type of family, age of children, insertion of parents in labour force	Existence of private/public laundry services Provision of meals by companies	To determine the real supply and demand for domestic services for households  To offer socialized alternatives to domestic work	Female workers in low-income sectors, who bear the brunt of the work  In future all women according to their needs	To determine the costs and benefits of the various alternatives of domestic services of meal preparation in terms of quality/quantity  Combination of financing by the State, company and users
Rural or urban residence	Domestic servants			
Current methods of performing domestic tasks. Differences according to social classes, residence, ethnic groups, etc.	-non-live-in -live-in Women's organizations for the purchasing of foodstuffs	To cover the needs in the area of domestic infrastructure for households		Activities for control and inspection of quality of services
Forms of insertion into remunerated employment. time, flexibility, income	Women's organizations for the joint preparation of meals  Possibilities of expanding the coverage of existing services  Possibility of use of schools for: -children's lunch-rooms -preparation of take-home food	To establish a priority of the supply of services according to need		

Table 4

## CHILD-CARE SERVICES

Existing and potential demand	Existing and potential supply	Present/future objectives	Potential coverage	Effectiveness/financing
Number of children of pre-school age	<u>State:</u> -Child-care centres for pre-school-age children -Crèches	To determine the existing child-care services	All children of mothers who work inside and outside of the home	Financing of staff and infrastructure by the State, community and users
Urban or rural residence		To create the necessary infrastructure for the present demand for services	In future, all children from birth to age eight	Relationship between personnel and children
Types of family	<u>Companies:</u> -Child-care centres for pre-school-age children -Crèches			Supervision by the State, community organizations, users
Family life cycles		To offer both the mother and the child services as suited as possible to the needs of both: flexibility of hours during which services are provided, mono/bilingualism, reasonable cost, etc.		
Willingness to request the service	<u>Private organizations:</u> -Child-care centres for pre-school-age children -Crèches			
Number and ages of children with effective access to the services of child-care centres				
Current forms of child care, and new alternative forms of child care already in operation	<u>Community organizations:</u> Existing coverage and the possibilities of its expansion. Cost and financing of the service. New and already tested alternatives			

shortages, but others could be formed with an outreach to broader sectors of the population.

c) Present and future objectives

Obtaining a coverage which would satisfy those who use the services and those who provide them will require an exploration of the existing forms of the services and what they may be like in the future. State agencies and the private organizations connected with them might study the various possible forms of complementarity among the organizations. Alternative and more creative forms than the existing ones must be explored in order to provide users with a basis for appropriate decisions.

d) Potential coverage

In this area a projection exercise needs to be carried out to determine the various stages of growth in the coverage of services so as to approximate as much as possible the maximum demand.

e) Effectiveness and financing

Regularly scheduled assessments should be made of two pivotal aspects of service: their degree of effectiveness (quantitative and qualitative) and their form of financing. This latter aspect is especially relevant in view of the State's diminishing social spending in most countries of the region. It may be necessary to explore new forms of financing and possible combinations between the State (through ministries, municipalities, autonomous centres and other bodies), private organizations (profit-making and non-profit enterprises, bilateral or multilateral assistance agencies) and users.

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