CREATIVE ASSOCIATES 4419 39th STREET, N.W. WASHINGTON, D.C. 20016 | (202) 966-5804

PN-AAY-532
ISN 50734

"RURAL BOLIVIAN WOMEN: AN UNDERSERVED CONSTITUENCY"

An Assessment of AID Programs' Impact

on

The Status of Women in Bolivia

(AID/lac-C-1284)

TABLE OF CONTENTS

		Page
I.	Introduction	1
II.	Summary, Conclusions, and Recommendations	3
	Summary	5
	Conclusions	7
	Recommendations	16
III.	Methodology and Survey Results	17
	Data Collection Instruments	17
	Survey Design (The Sample)	19
	Survey Results	20
	Daily Tasks and Responsibilities	23
	Mothers' Clubs and Other Organizations	27
	Education/Training	30
	Health/Nutrition	35
	Income	40
	Social Services	42

Appendix A. The CIMDER Project

Appendix B. Excerps From: Nonformal Education Activities at Lesotho Distance Teaching Center: Evaluation Report

Appendix C. International Nutrition Communication Service

Appendix D. Data Tables

Appendix E. Data Related to Women in Development in Bolivia

Appendix F. Annotated Bibliography on Publications Related to Women in Development in Bolivia

Appendix G. Interviewers' Notes

Appendix H. List of Communities, by Department, Included in the Sample

I. INTRODUCTION

In 1973, the U.S. Congress amended the Foreign Assistance Act of 1961 to include section 113, the Percy Amendment. That amendment mandates that the United States Agency for International Development (USAID)

> ....shall be administered so as to give particular attention to those programs, projects and activities which tend to integrate women into the national economies of developing countries, thus improving their status and assisting the total development effort.

In response to this mandate, the USAID mission in Bolivia contracted with Creative Associates to determine the extent to which its programs are presently benefiting women and to develop strategies for further including women both in program activities and in the economic development process.

The AID mission in La Paz is currently funding 27 loans and grants. A subset of nine of those projects was selected as the focus for this study. Those nine projects are:

- Rural Electrification I/II
- *Educational Management and Instructional Development
- Agriculture Sector I/II
- Small Farmer Organizations
- Rural Access Roads
- *Rural Education I/II
- *Rural Health Delivery Services

---

*Listed in the WID Report to Congress

- Food for Peace
- CARE water

The subset, selected with advice from the mission's contract monitor, includes projects that have an active human services component and those that were listed in the 1978 report to Congress on "Women in Development" as being especially beneficial to women.

II. SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This study was accomplished through the five tasks listed below. The information obtained through Tasks 1 through 4 allowed Creative Associates staff to develop both an understanding of the AID program goals and the development needs of Bolivia, as expressed by GOB and PVO staff.

Task 5 of the study, the survey of rural Bolivia women was the major tool used for determining what life is for rural women. It also provided insight into women's aspirations and priorities for service.

A comparative analysis of program goals and activities with women's expressed needs and interest was then made. This analysis also included consideration of women's ability to participate in programs based on accessibility, time and resources required for participation. The conclusions drawn from this analysis are summarized below. Recommendations follow.

Study Tasks:

1. Review of program papers and descriptive material to understand the goals and objectives of the programs.
2. Interviews with AID program staff to clarify program goals and their relationship to specific program activities. These interviews were also intended to find out whether any specified steps had been taken to insure that the needs of women were being addressed.
3. Interviews with GOB staff and PVO personnel familiar with developmental activities in various areas of Bolivia. These

interviews were also intended to get those persons' perspective on the needs of rural Bolivian women.

4. Review of related literature and existing statistical data to develop some perspective on the quality of life and status of the rural Bolivian woman.

5. Survey of rural women was used to collect information on the quality of life of the Bolivian rural woman, her role and her needs for services and training. It is important to note that the focus of the study was the rural woman. AID is presently committed to increase its services to the rural poor. Therefore, the study and particularly this survey was designed to determine the extent to which current AID programs are reaching women in rural areas and to determine, first hand, what services women believe are important to improve the quality of their lives.

Summary

The role of the rural Bolivian woman is well-defined. She is a member of a family, a homemaker. Her role requires that she spends most of her time and energy caring for and helping to provide the family as many of the necessities of life as she can. Her tasks are all-consuming. She spends her days tending her home, caring for her children or her sibling, working in the fields, tending animals and trying to earn money by making and selling crafts and other goods.

The decisions in her life are determined by the potential impact of those decisions on the family. As an example, in early youth, her involvement in the support of the family usually means the termination of her education, for that time could be more fruitful to the family. And, from birth she has had constantly before her a strong role model that has clearly shown that her choice should be that which serves the family best.

She may marry and continue to live out this role in her newly formed family or she may remain and continue in the role as a part of the family into which she was born. But she will almost certainly continue in this role.

Women in this role are an appendage of their homes. They are rarely far from them. They are not mobile in part because their responsibilities are home-based and in part because rural Bolivia is bereft of transportation services that would make coming and going quickly possible. In fact, many women walk to the places they must go. This means that even short distances require long periods of travel. To a person who perceives that she belongs at home,

long periods of travel mean that she travels very little. Thus, her access to anything very far removed from home is minimal.

By all objective reports the rural Bolivian woman is in poor health. She suffers from the ravages of nearly epidemic levels of malnutrition and disease. Often, because she knows nothing else, she is herself only dimly aware of the frailty of her own and her family members' health. And she has access neither to the knowledge nor to the resources to change that situation.

She does, however, have some visceral concept of a "better life" for her family and her community which she would like to help attain. But the health services, technical assistance in agricultural production, and non-formal educational training which she associates with achieving this "better life" are out of reach. She wants to help increase her family income but has a limited vision of how this can be done. Even then she has almost no instruction and few resources to increase her productivity.

She is the support system of the family, yet she has no support system of her own.

Conclusions

The data presented in subsequent sections of this report reveal that rural Bolivian women have these three major areas of need:

1. health education and health care
2. non-formal education and training geared toward income-generating skills
3. technical assistance and resources for increased agricultural productivity coupled with nutrition education.

1. Health Education and Health Care

One of the most pressing problems in rural Bolivia is poor health. Health care and health education programs are woefully lacking in rural areas of Bolivia. In the developmental axis areas of the Department of Cochabamba and Santa Cruz, only 50% of the communities have health posts. However, more remote areas of the country have even fewer health posts.

The information women provided on the health services available to them, their beliefs about the cause of illness and what they can do to affect their own and their families' state of health highlight some difficult problems.

First, health statistics show that nearly every person in rural Bolivia is subject to debilitating and life-threatening illness. Much of this disease is caused by micro-organisms that simply do not exist in the minds of the women surveyed. The lack of information on the relationship of invisible microbes and disease means that women are not taking the precautions they might in order

to reduce the probability of disease. Moreover, virtually no one is receiving information that would change this situation.

The outreach and education components of health care systems need to be expanded. Until women have the opportunity to learn what constitutes ill health, what the symptoms of disease are, and what the value of preventive medicine is, they cannot be expected to seek out health care. Rather, a concerted effort must be made to bombard them with information and services that will ultimately increase their awareness of and desire to seek out medical aid.

- The Montero Model

In light of this situation, it is important to examine the scope and feasibility of AID's health information and health care activities.

The Health Care Delivery System currently being piloted in the Montero area does not appear to be reaching a larger segment of that area's poor than projects in other departments of Bolivia. Rather, health care services as reported by women in this study's survey are more comprehensive in the Department of Chuquisaca. In that Department, more women reported the existence of health posts in their communities (see Survey Appendix, Section D, Table 26). Even more importantly, women in Chuquisaca reported with greater frequency than women in Santa Cruz that when they are sick they go to a nurse. That seems to imply that the outreach effort of nurses in Chuquisaca surpasses those of Santa Cruz and the Montero project.

While the Montero project is avowedly a "model development" effort, these data suggest that the model should be scrupulously examined to assess

its transferability. It would also be particularly important to consider the implicit assumption of substantial personal mobility; the viability of the staff/salary structure; and the time and cost necessary to refine and disseminate the model to the total population of the country.

- Transferability to other areas of the country

The Montero Model may be very difficult to transfer to very remote and geographically difficult areas of Bolivia, particularly those with a dispersed population. The project description of criteria used for selecting the site of this model development project appears to minimize barriers that will exist when moving into other areas of the country.

1. Rationale for Selecting Montero

> The Montero area was selected for the initial implementation of the RHDS after systematic consideration of seventeen rural areas of Bolivia during the joint MSW/PH-USAID Health Sector Assessment effort. The process of assigning priorities to areas resulted in rating these seventeen areas on the basis of factors such as economic potential, accessibility, health infrastructure and population density. The Montero area receives the highest score in USAID's application of the criteria and the second highest score (behind Tarija) by the GOB.
>
> The Montero area (north of the city of Santa Cruz) with a population of 150,000 is made up of both colonized and traditional communities, with the city of Montero (pop., 30,000) as its center. MOH activities in the area have been characterized by a lack of adequate equipment, supplies, drugs, and comprehensive rural programming. Other organizations have contributed more to the health program development. The Department Public Works Committee (OO. PP.) of Santa Cruz has financed and built community water systems and some health centers in the rural areas. The Methodist Church has been actively involved in comprehensive public health programming for more than eight years in the town of Montero, the Yapacani Colony and in the town and surrounding areas of Portachuelo.

2. Rationale for Selecting Target Communities

> The rationale for choosing pilot communities is based on the need to observe the differences in the development of the program in several distinct communities in order to evaluate its replicability. Pilot communities have been chosen as representative of larger aggregates of communities.
>
> Other factors such as geographic accessibility and socio-cultural homogeneity (e.g., absence of inter and intera-group conflict) also were taken into account in order to facilitate project implementatio. Further, the RHDS will use the current cluster pattern of rural education facilities, i.e., the nuclear/satellite community organizational structure, as the basis for the location of community health services. This structure is well-suited to provide the basis for a national rural health service structure, since the clusters are defined by population density, and accessibility, they cover the rural area of the nation and are well-received by rural population.[1]

These criteria lead one to believe that the Montero Model is being developed in a geographic area which imposes few of the difficulties which will be encountered in other areas of Bolivia. The Montero area has better infrastructure (i.e., roads, water systems) and more history of health care services than most areas of the country. Can a project developed under these circumstances be successful elsewhere?

- The assumption of personal mobility

The Montero Model seems to presuppose a certain personal mobility that the data from this survey do not support, particularly among women. How accessible to women are services that are one, two, or many communities away from their homes? The data from this survey say they are not very accessible. A health

[1]Project Agreement - Rural Health Services Delivery, June 1976.

care delivery system for rural Bolivians, should include strategies that compensate for the population's general lack of mobility.

- Viability of staff/salary structure

The staff of the Montero Model includes health promotors who "will be working on a voluntary basis or with a community subsidy."[2] In view of the economic conditions of rural communities and the need that most individuals have for income, one might question the viability of a staffing pattern that relies on volunteerism and community willingness to subsidize the salary of a health promotor. Particularly when the promotor is so critical to the acceptance and success of the project. And, when many people have had no opportunity to develop an appreciation for what health care can accomplish, the community might well refuse to pay for the needed staff.

- Cost/Time to refine and disseminate the model

Most of rural Bolivia is badly in need of health education and health care. There is evidence from this study that the Montero Model needs to be further evaluated and modified if it is to serve adequately the rural poor. Currently AID is investing nearly all of its health care funds in this project which has a limited geographic sphere of influence.

Can the GOB and AID afford the time and resources necessary to refine and disseminate the Montero Model while simultaneously providing additional services to the rest of rural Bolivia? Or do they intend to ignore the need for health care elsewhere while refining the Montero system?

---

[2] Ibid.

If AID is committed to the Montero model as its health care delivery system of choice, then it must also invest in the infrastructure necessary to implement the project by eliminating sanitary and physical barriers. At the same time, the pressing needs of the rural poor for disease control projects must be addressed.

Recommendations:

1. A thorough assessment of the transferability of the Montero model, that should include consideration of the social factors discussed.
2. Alternative health delivery systems should be investigated. For example, the CIMDER project in Cali, Colombia has been recommended to Creative Associates as one that merits investigation for potential transferable components. (See attached project description, Appendix A.)

2. Non-formal Education Geared Toward Income-Generating Skills

Women interviewed have had very little opportunity to educate themselves through either formal or non-formal education. The content of a formal education has little relevance to adult rural Bolivian women's lives and responsibilities. They do, however, hold out hope that formal education can improve the lives of their children, but formal education seems to them valuable for children rather than for themselves. Still, young girls are often unable to continue their schooling because of a greater responsibility to the family.

The project evaluation of Rural Ed I completed in July, 1978 includes among its many recommendations that "half-day morning school sessions only be considered."[3] This recommendation was made as a possible way of achieving the project's stated goal of increasing female enrollment and retention in school. Implementation of this recommendation certainly seems merited since women indicated that they terminated their schooling to help at home. Perhaps in this way young girls would be able to fulfill their responsibility to their families while capitalizing on their mother's continued belief in formal education for children.

Additionally, education reform should include an examination of curricula for their relevance to the activities and ultimate responsibilities of the average "campesina." Much could be included in the curriculum on the subjects of health, hygiene, agriculture, and animal husbandry that would have immediate applicability for young girls. Parents' interest in keeping girls in school might increase if they could see their daughters becoming more productive and helpful at home because of what they learned in school.

While women do not see formal education as useful for themselves, they continue to have a desire for training that will increase their earning powers. The education of adult females should be undertaken through non-formal education programs that focus primarily on two issues: improving the income-generating skills they already have; introducing new income-generating skills that offer more fertile possibilities for increasing earnings.

---

[3]Project Evaluation Summary, Part I, Rural Education I, August, 1978.

The former should capitalize on women's interest in knitting as a way of earning money but should expand this interest to include such activities as dying processes, and learning about and using color fixatives. In this way, women who live in areas where they have access to raw wool can be encouraged to develop a modest yarn-producing industry.[4] This type of activity would lend itself to the development of a cooperative and would also fit a woman's need to be engaged in income-generating activities that are home-based.

The distribution and marketing of the finished skeins of yarn would be the responsibility of the - again reducing the woman's need for more mobility than she has while increasing the size of the market for her goods.

Research should be undertaken to identify and develop other kinds of income-generating activities that are appropriate to women's interests and are viable new sources of income. These non-formal education programs should not require literacy for success; they should be experimental.

It seems important to note that to date the education projects currently funded by AID have suffered tremendous delays. These delays have in part been attributed to difficulties with the Ministry of Education. Perhaps AID should consider increasing its use of PVO's and local community development groups like CIPCA (Centro de Investigación y Promoción del Campesinato) for both research and program implementation.

---

[4]Possibilities here are probably good since alpaca yarn currently sells for $4 per 10 gram package in the U.S.

Finally, non-formal education programs have been successfully designed and implemented in other countries. The models for those used in Ecuador and the Philippines as well as others should be examined to identify components appropriate to the situation and needs of Bolivia. Of particular note is the Lesotho Distance Training Center program which has offered non-formal training to women interested in increasing their incomes through improving their crocheting and knitting skills. (See Appendix B.)

3. Technical Assistance and Training in Agriculture Coupled with Nutrition Education

Data gathered from this study's survey, as well as secondary statistics, shows that rural Bolivians often do not have access to foods that constitute a nutritionally sound diet. One approach to this problem is to provide technical assistance that would improve farming techniques, an area of interest to the women surveyed.

This technical assistance and training would be provided through an increase in agricultural extension programs. Extensionists could take to the local level not only information resulting from agricultural research and modern farming skills, but could also serve as nutrition educators and counselors. Extensionists who know what the land is capable of producing can teach techniques to improve productivity and can recommend that farmers begin to produce crops, that, when eaten in combination with existing produce, will increase the family's protein intake and generally improve family nutrition.

Here it seems important to note that the emphasis of nutrition education should be to encourage agricultural and consumption practices that will result in better nutrition. At this point, no large-scale attempt at improving women's understanding of abstract nutritional concepts should be undertaken.

Recommendation

Creative Associates recommends that the AID mission take advantage of the technical assistance in nutrition education planning available through the Education Development Center, currently under contract to AID to provide such assistance to missions as requested. (See Appendix C for project description.)

A Final Note

A review of the Bolivian government's Five Year Plan shows a primary goal of improving the general economy through the development of industry. Fully 70% of the GOB's budget is committed to industrial development. In view of GOB's plans and in light of its legislative mandate to reach the poor, AID must strengthen its commitment to providing the basic human services that the government of Bolivia cannot address now or in the immediate future.[5]

---

[5] Latin American Programs, AID Submission to the Congress, FY 1978, February, 1977.

III. METHODOLOGY AND SURVEY RESULTS

This section of the report presents and discusses the data collected during the course of this study.

Data Collection Instruments

Five data collection instruments were used during the course of this study:

- Survey questionnaire is divided into six major areas of inquiry:

  A. Daily Tasks and Responsibilities

  B. Mothers' Clubs (Club de Madres) and Other Organizations

  C. Education/Training

  D. Health/Nutrition

  E. Income

  F. Social Services

  Questions developed for each of these six areas were designed to provide information both on the status of women, the services provided to women and the interest women have in traditional assistance in each of these areas.

  To collect information specific to AID projects that does not fall into one of these general areas, a short section with questions related to agricultural extension services, rural education reform, and small farmers co-ops was also included.

The questionnaire was reviewed and revised by Bolivian anthropologists Javier Albó and Hugo Fernandez of CIPCA (Centro de Investigación y Promoción del Campesinato); American anthropologist, Bambi de Arellano, and Bolivian educator, Ema Alegria de Ruilova. Their recommendations were invaluable to the final selection of questionnaire items.

- Record of Community Services - was completed by project managers to provide a comprehensive listing of program activities and the communities that programs are working in. The record of community services was the basis for selection of a sample of communities in which field interviewing took place.
- Interview Records -were used by AID or local program staff to determine goals, objectives, activities that are directly or indirectly serving the needs of women.
- Servicios Nacionales de Desarrollo de la Comunidad Regional Staff/Promotor Interview - was used with either the SNDC Regional social promotion or planning staff, or with the promotor working in the AID target communities to determine the extent to which programs are known to be serving women and to get an overview of area/community needs.
- Departmental Development Corporation Interview - was used with the director or staff of the development corporation to determine department/community needs as identified by the corporation; to determine needs for services and programs as identified by the corporation, especially as they relate to women.

Survey Design

The Sample

The universe of communities in which AID projects are reported to be operating was developed using information from the "Record of Community Services" which indicates those communities where the nine subset projects that are the focus of the study are currently operating. For each of the six departments included in the study, a master list of target communities and the project(s) working in those communities was compiled. From each department pool, communities were selected for field interviewing. An attempt was made to select a sample that represented at least 20% of the communities in which a given project is operating. That means, for example, that in a department with nine communities receiving rural water services, at least two were included in the sample for that department. It should be pointed out that because of the large number of communities served by the rural electrification projects, only a 17% sample of those communities was feasible. Additionally, a lack of available detailed information on the communities served by the Agriculture Sectors I/II and the Rural Roads Projects means that those projects are probably underrepresented in the sample.

In order to minimize logistics problems for interviewers, a decision was made not to randomly select communities, but rather to select communities where two or more projects were reported to be working. This selection was not always possible since AID projects often do not have the same target communities. When the sample of communities had been selected for each depart-

ment, interviewers were asked to review the list and identify those communities that are inaccessible or accessible only with great difficulty during the rainy season - when the survey would take place. As a result, a few communities included in the original selection were replaced.

Appendix E contains the list of 46 communities, by department, included in the sample.

In each community, interviews were conducted with ten women. Those women were to be identified by the interviewers with cooperation from the "diregente" or "autoridad" of that community.

Interviewers were instructed to explain the purpose of the study to the local autnority and to ask for the names of women of whom ten would be selected, randomly, for interviews. Interviewers were also instructed to make separate random sampling lists of married and single women.

Survey Results

As described earlier, the survey questionnaire is divided into six major areas of inquiry. The survey results, in each of those areas, will be discussed below. Additionally, in each area relevant statistical data collected from a variety of sources during the course of this study will be described and discussed in relationship to the responses of the women interviewed for this study. That data is included in Appendix D.

Four hundred forty-seven women were interviewed (see Table 1 for number of interviews by department). Of those 447 women, 55% are married, 44% are

single or widowed, and 0.4% are undeclared. Slightly more than half of the interviews were conducted in Castellano, 37% in Quechua and 3.6% in a melange of Castellano/Quechua. When asked if they had been born in "this community," 57% said yes. Those who said no reported they moved to the community with their families (15%), or moved there when they married (10%). A few moved as colonists (6%), to find work (5%), and for other unspecified reasons (7%).

Twenty-seven and one-half percent of the women interviewed reported having no children. The average number of children is 4.02 (Table 2 gives the frequencies of number of children).

The rate of response to individual questions was generally quite good. Respondants appeared to have no reluctance to describe their lives in any of the areas of inquiry. For example, 98% of the women interviewed responded to the question "Who do you go to for help when you are sick?"; 97% replied to questions about the foods they eat and the availability of foods; and 96.6% answered the question "Who earns money for the family?"; 95% answered "How is money earned?"; and 94% answered "What does the family do with the money?"

Women also seemed quite willing to offer their opinions. Questions such as "Why do people get sick?", "Is it important to have seminars or courses for women? - For men? - What kinds of courses?", "What do people in this community need to learn most?" were responded to by 85% or more of the women interviewed.

The lowest rates of response were in connection with questions that asked for recommendations for ways to improve a service or situation. As an example,

when asked "What activities should a co-op offer to increase women's participation?", only 45% of the women responded.

The overall survey response rate was remarkably high. Interviews were scheduled with 460 women. The number completed was 447 or 97.1% rate of return.

Each interviewer was asked to keep notes describing any problems she encountered, her impression of the community and of the women she interviewed. Many of these notes also included some of the interviewer's recommendations for ways to improve the lives of women in the communities they visited. While subjective, these opinions are an important insight into a few Bolivian women's assessment (some of whom are but one step removed from the women they interviewed) of how other Bolivian women can be helped. Interviewers notes are attached in Appendix G.

Daily Tasks and Responsibilities

In general, married and single women report having the same daily responsibilities. This is because most single women live with their parents. When asked "What are your daily tasks?", both groups most frequently mentioned general housework (68.4%) and cooking (67.1%). The two tasks that follow in frequency of response are knitting (21.7%) and taking care of children (25.9%). Not surprisingly, married women more frequently mentioned that they spend time caring for their children (31.0%) than did single women or widowed women (19.2%). Both groups, however, are equally involved with knitting/weaving activities - married, 21.3% and single, 22.3%. (See Table 3.)

Although in response to this general question of how a women spends her day, only 8.5% of all women mentioned working in the fields, and 9.3% mentioned being responsible for the care and pasturing of animals, a quite different percentage of women reported that they participate in field tasks and animal care when asked specifically about these activities.

In response to the question "What are your tasks in the fields?", 62% of the women reported they are involved primarily in tending crops (see Table 4). From this table, it can be seen that married and single women are equally involved in field tasks with only a slight variation on types of tasks they are involved in. The 38% of women who did not have field tasks were asked "Why don't you work in the fields?" While some did not respond, slightly less than 1/2 of them said it is because they have no farm. The others said because they work in the house (9%), care for their children (1%), or are too old or too sick (1%) to work in the fields.

When asked, "What are your tasks in the care of animals?", 73.3% of all women reported they have responsibilities for the care of livestock (see Table 5). Once again, the responses show that there is little difference between the duties of married and single women.

Women were also asked what their role is in the sale of produce or livestock. Forty-five percent of all women interviewed reported some type of involvement, principally the actual sale of goods at the marketplace (see Table 6).

To find out more about the types of activities women spend time on, they were asked if they produced crafts or other goods at home or with other women. Sixty-four percent of women interviewed said they spend some time in the production of crafts and other wares. They make these goods for their own use (28.9%) and for sale to others (22%); a few make things solely for sale (14%). There was no significant difference between married and single women who reported involvement in either the production of goods or the reasons for making goods at home. Single women, as adult members of their families, are expected to contribute to this effort in the home. Women involved in making goods were asked if they had any interest in having help to improve their wares. Slightly more than half of the women in the survey said they were interested in such help (55%). The reasons given for wanting that help are to be able to produce faster (18%) and to receive more income (35%). One can probably safely assume that producing faster is also viewed as a means of having more for sale. However, they lack the instruction and the materials, or the money to buy materials needed to produce more (see Table 7).

Section Summary

From this survey data, one can conclude that there is virtually no difference between the daily role and responsibility of the married and single woman. Each sees her primary responsibility as the care and management of the home. As an adult before marriage, she contributes to her parents' household, and then as a wife in her own household. Each reports similar involvement in field work, animal husbandry and the home production of goods for family use and as an income producing activity. Women would like to have assistance in the form of instruction and access to materials that would allow them to produce more home-made goods so that they can earn more.

Very little other statistical data on women's use of time could be located. However, an NCDS study on Organizational Attitude of Rural Women conducted in the Cochabamba area reports findings similar to those of this study.

The study, Data Related to Women in Development in Bolivia (see Appendix E), also shows women to be principally involved in housework with similar ratios of involvement in field work, crafts and goods production and the sale of produce as was found in field work, crafts and goods production and the sale of produce as was found in this survey.

The Codex study on the Role Situation of Rural Women makes a computation of female/male involvement in selected income generating activities, but does not present data on the general use of time. Therefore, comparison of that data will be made in a later section of this report related to women's contribution to family income.

Similarly, the UNICEF Study on Women in Marginal Areas of La Paz presents data on remunerated activities. However, that study did ask women about the work that their daughters do (household chores, study, paid employment). Forty-five percent of the women in that study responded that their daughters helped with household chores.

This data supports our findings that single women - most of whom still live at home - spend a good deal of their time in home management activities. Though the UNICEF data was for La Paz, an area not covered by this study, there is most probably some applicability to other populations.

Mothers' Clubs and Other Organizations

In this survey 49% of all women interviewed reported that there is a mothers' club (Club de Madres) in their community. However, a comparison between departments shows quite a spread from Potosi, where no women reported knowing of a mothers' club in their community to Santa Cruz, where 73% of the women reported that there is a mothers' club (see Table 8). Other types of organizations or clubs are virtually nonexistant. Only 10% of the women surveyed reported knowing of an association, club or group other than a mothers' club. Of the 447 people interviewed, 13 knew of an agricultural co-op, 9 knew of youth clubs, and 26 knew of informal local clubs or neighbors' clubs.

Membership in clubs and other organizations is very low. Twenty percent of the women say they belong to the mothers' club. This means that even in communities where the clubs exist, fewer than half (43%) of the women who know about the club are members. When asked why they don't belong to the club, non-members most frequently cited lack of time as the problem (33% of non-members); 14% of non-members said single women were excluded, so they were ineligible for membership. A few non-members (8%) said their husband would not allow them to join.

Female membership in organizations other than the mothers' club is 1.5%. That is not surprising, since few other types of groups are operating in the communities covered by this survey.

Mothers' club members were asked a series of questions about the benefits of membership and the ways they think the club can help them in the future.

When asked "What do you get or learn from the mothers' club?", the two things most frequently mentioned were receipt of food (Food for Peace) and learning to knit, of which receiving food is only slightly more important than learning to knit (see Tables 9 and 10). In response to the question "What would you like to have the club help you with that it is not doing now?", members most frequently mentioned acquiring work tools, learning to knit and learning to sew, in that order (see Table 11).

Section Summary

Few women belong to groups or formal organizations. The data from this study supports this, as does the data from the CODEX Study on the Role Situation of Women; the NCDA Survey of Women in the Cochabamba Area; and the UNICEF Study of Women in Marginal Areas of La Paz.

It seems important to note that the CODEX study compares male and female participation in several types of organizations (unions, agricultural crops, commercial co-op, wage and hour co-op, artisan co-op, educational organizations, health organizations and neighbors' clubs). Fewer than half of the men surveyed by CODEX reported any participation in organizations; the highest participation was in unions (20%), neighbors' clubs (14%), and agricultural co-op, (8%). The women in that study reported less involvement in clubs (31%); their highest participation was in neighbors' clubs (12%) and unions (10%).

These figures suggest that participation in organized groups or associations is generally unpopular with rural Bolivians - especially women.

If one presumes that people join clubs because they receive some benefits from membership, then not joining can mean that individuals see no benefits for them in participation.

Education/Training

Many of the women in this survey have had some schooling. When asked "How long did you attend school?", 64% of the women interviewed reported some school experience, with the largest number reporting 2 to 4 years of "primaria" (29%). (See Table 12.)

A comparison of levels of education by department shows that of the women interviewed, those from the Department of Potosi are the least well educated; 67.6% of the women from Potosi report no school attendance followed by Chuquisaca (63%), Cochabamba (37%), Tarija (37%), Beni (20%), and Santa Cruz (13%). The proportion of women with some secondary school experience is highest in Santa Cruz (34%) and Cochambamba (17%). (See Table 12.)

In general, women reported that they terminated their schooling because they had to work at home (28%) and because of lack of money. (See Table 13.) A look at the data by department shows some variance in that pattern. Money was mentioned as an issue in every department except Potosi. There the reasons for leaving school, in addition to the primary reason of having to work at home, were that the schools closed or there were no teachers. The other exception to the pattern is in the Department of Beni. There the primary reason for leaving school was reported to be the lack of money - followed by "My parents withdrew me," presumably because they could no longer afford to send them to school.

Here it should be noted that very few women say that they finished school. "Finished" was not defined as completion of any particular grade level. That

means that in their own minds, the level of education they attained does not constitute a complete education.

In addition to asking women why they discontinued their studies, women who had no school experience were asked why they had never attended school. Many women did not respond to this question. One can only speculate that they had never concerned themselves with the reason why; it was simply a fact of life.

Respondents from the Departments of Cochabamba and Santa Cruz indicated they hadn't attended school primarily because they had to help at home. In Chuquisaca, Tarija and Potosi, the primary reason given was that there were no schools nearby coupled with the fact that the women were needed at home. Only four of the women interviewed in the Department of Beni had not had some schooling (see Table 15).

Whether they attended school themselves or not, women believed that education is important for their children, both for boys and girls. When asked if it is more important for boys or for girls to attend school, 85% said it is important for both to attend school. The women believed it was important primarily to learn to read and write and to prepare for a better life. (See Table 16.)

Here it seems important to note that learning to read and write and preparing for a better life seems to be viewed as the benefits of formal education, but only for children. In this series of questions related to "school," women were asked if there are some things they would like to learn. Very few women responded to that question (19%). However, when asked later about their attend-

ance at courses or seminars, it became clear that women would like to receive some training that they apparently do not associate with school or the formal education process.

When asked if it is important to have courses for women, 84% said yes. And, although only 11% of women reported having even attended a course, 68.9% indicated that they would like to participate. In fact, they were specific about the types of courses they were interested in. (See Table 17.) Conspicuously low on this list is literacy training. Apparently learning to read and write are viewed as important reasons for children to go to school, but they are not priorities for women who want to improve their lot in life. Table 18 shows that to achieve that better way of life, people in the community need to learn to cook for their families and to knit, sew and produce foods and goods. The data in the section "Daily Tasks and Responsibilities," show that women prepare knitware, produce and other goods both for family use and for sale.

The data from Tables 17 and 18 show a marked lack of interest in learning about health or nutrition. A subsequent discussion of women's attitudes and beliefs on these topics offers some insights into this lack of interest.

It is clear that women are interested in and recognize the value of training, but the question is whether they can take advantage of training opportunities. Although many women were interested in participating in training (69%), only 38% indicated that they could leave their communities to attend those courses, with married women having less mobility than single women. Of the

married women who could leave home for a time, most indicated they could leave for 2 weeks or less; most of the single respondents said they could stay away for 2 or more weeks (see Table 19).

Section Summary

The women in this survey have had little opportunity to educate themselves either formally or through non-formal courses and training classes. However, they have great interest in learning ways to improve the daily living conditions of their families by acquiring skills that they can apply at home and use to earn money for family necessities.

Women are restricted in their access to education by home care and management responsibilities. Clearly a decision between remaining in school or leaving the community for training and staying at home to help with household and field chores will always be made in favor of the latter. This decision process has important ramifications for program planners when they undertake the design of the delivery component of whatever service information of training they propose to offer. Women have very little access to anything outside of their immediate communities, therefore, service or information delivery will be more successful if its outreach extends to the local level. Training programs for mothers that require leaving home would have to be of short duration.

Census and pre-census and Ministry of Education data report levels of education achieved by women that are in keeping with the information gathered through this survey. Little additional information on participation in non-

formal education programs was found. However, data reported in the section "Mothers' Clubs and Other Organizations" show little participation in organizations or institutions that would be likely to provide learning opportunities.

Health/Nutrition

Women were asked a series of questions about health and the health services they have access to. This series of questions also included a few items on the types and adequacy of foods available to them and on their sources of water. The items in this section of the questionnaire were designed to find out what women believe are the causes of illness; what measures, if any, they believe they can take to reduce the incidence of illness; and whether these beliefs are in any way related to the types of diseases the health statistics say are most prevalent in rural Bolivia.

This series of health related questions began with "What makes people get sick?" The most frequently mentioned causes of illness were food, either too little or bad food; bad water, and insects. The order of importance varied by department and reflected local conditions, but these three were seen as the major causes of bad health. (See Table 20.)

Women were asked, "What can one do to intervene in the cause/effect cycle of disease?" Most women said to eat better and to practice hygiene (see Table 21). However, one can see from this data that practicing hygiene does not mean purifying water. Apparently, water purification was not seen as a measure women should take to prevent illness, generally because women did not believe that their water is in need of purification. In response to the questions, "Where do you get your water? and "Is it good water?", most women said they got their water from a well or the river and that it was good water because it was clear. Obviously, there is no understanding of water-borne micro-organisms and their relationship to disease (see Table 23).

When women indicated that food was a cause of illness, there were some differences of opinion across departments whether the problem was that there is too little to eat, or that what was available did not constitute an adequate or "good" diet. (See Table 20.) However, most women indicated that a way of keeping well would be to "eat more or better." Since 76% of women indicated that their diets consisted mainly of potatoes and other starches, one can surmise that the need is for access to a greater variety of foods, and that women do have some understanding of the need for a diet that consists of more than potatoes, vermicelli, rice, and other starches. As in the case with bad water, the mention of bad food as a cause of illness did not seem to imply any understanding of micro-organisms or bacteria that could be killed through proper cooking.

And what of the insects that women said were causing illness? Evidently they believed one simply had to live with them. (See Table 21.) A mere 2% of women surveyed mentioned pest control as something they could do to prevent illness.

From the data a picture begins to emerge of women with little insight into the existence of micro-organisms, bacteria and viruses that are the primary cause of the most prevalent diseases in rural Bolivia.

Is anyone going into rural communities to change this situation by educating women in the causes of disease and providing them with remedies? Very little is being done in these areas. When asked "Who comes to this community to teach you how to keep from getting ill?", 68% of women interviewed indicated that no one came. In fact, when asked "Has anyone ever told you to go to a

health post for immunization or shots?", of the 44% of women who said yes, 31% said they had been told by another member of their family or another community member rather than by a doctor, nurse or promotor. (See Table 25.) However, women were interested in having someone come to teach them what they can do to keep themselves and their families well; 71% of women in this survey said yes when asked if they would like someone to teach them how to keep from getting sick.

Statistical data presented in the Montero Rural Health Delivery Project Paper show that disease, malnutrition and the illness associated with malnutrition are epidemic in rural Bolivia. Therefore, this survey attempted to find out what women do when they or members of their families get sick or when they need medical assistance. For example, who helps them deliver their babies? Most women indicated that their husbands or the midwife or a neighbor helps with birthing. Very few use a doctor or nurse. In response to the question "When you get sick, who do you go to?", a remarkably large percentage (65%) of women said they go to the doctor. (See Table 26.) Yet only 43% say they have been to a health post. How can this be? They go to the doctor when sick, but they have not been going to the health post. The responses to the questions "Why haven't you been to a health post for yourself or for a member of your family?" give some insight to this apparent contradiction (see Table 27). Thirty-five percent of women who had never been to a health post for themselves said they had not been because they had never been ill, and 32% said they had not taken anyone in their family to a health post because no one had been ill. Given the extremely high incidence of gastroenteric disor-

ders, it seems unlikely that more than one-third of the women interviewed for this study or members of their families had never been sick. More likely they are so accustomed to a certain level of illness that they have no idea of what it means to be well. With no way of distinguishing harsh illness from sickness, many women apparently believe that they and their families are well. Probably they are, in comparison with others who have died or are suffering from extreme forms of the illnesses known to them. And, as was pointed out earlier, no one is going into communities to provide women with information on disease and disease prevention, so they have no information that would help them recognize their own or their children's illnesses. One might expect that some of this information would be available to women through outreach services of a health post. But only about one-half of the women surveyed have access to a health post. The existence of health posts varies from Beni, where no woman interviewed had one in their community, to Chuquisaca, where 85% of women said there was a health post in their community. (See Table 28.)

Since about half of the communities don't have a health post, how would women get to the nearest one? The predominant mode of transportation for women is by foot.

Section Summary

The information women provided on the health services available to them, their beliefs about the cause of illness and what they can do to affect their own and their families' state of health highlight some difficult problems.

First, health statistics show that nearly every person in rural Bolivia is subjected to debilitating and life-threatening illness. Much of this disease is caused by micro-organisms that simply do not exist in the minds of the women surveyed. They are making judgements on the quality of their water by its "clearness," unaware that clear water can harbor many disease-causing microbes.

Women do realize that their diet is inadequate, but it is unclear that they fully understand what makes it inadequate. Moreover, there is no apparent comprehension of the fact that food can also harbor disease-causing microbes. The lack of information on the relationship of invisible microbes and disease means that women are not taking the precautions they might in order to reduce the probability of disease. Moreover, virtually no one is receiving information that would change this situation.

Income

One purpose of this survey was to gather information on women's contribution to the family income, how family income is generated, and how decisions are made about the use of family earnings.

Women reported that husbands, they themselves and fathers are the major contributors to family income, (see Table 30) and that income is made primarily through agriculture, including selling surplus produce. (See Table 31.)

Women were asked specifically how they helped earn money. Interestingly there was very little difference between married and single women's income-generating activities. Though 12% more married than single women reported involvement in money-earning activities (see Table 32), both contributed to the family income by selling produce and homemade goods and through farm related activities (herding and harvesting). (See Table 33.)

Money earned by family members is used primarily to buy food and clothing. (See Table 33.)

When asked "Who decides how to spend money?", women more frequently said themselves than their husbands, although they had a tendency to mention their husbands first. (See Table 34.)

Section Summary

Women clearly both participated in the earning and spending of family income. The information from this section of the report shows that they helped earn money through sale of produce and homemade goods. This informa-

tion serves to reinforce data from the section, "Daily Tasks and Responsibilities", where women reported they spent time on these activities, at least partially in order to earn money.

It becomes clear that women used their time in pursuit of family survival. Money was spent primarily on the basics of life - food and clothing. In fact, when one peruses the list of items purchased with family monies, the only item that cannot be directly related to basic survival is school supplies. (See Table 33.) Also, significally absent from the lists are items that can be useful to one member of the family only. Goods are purchased to keep the family afloat.

Data presented in Appendix E show that very little labor force data shows a breakout of females and males. However, there are some statistics presented on active as opposed to passive members of the labor force.

Although women are not deeply involved in remunerated activity in the sense that they are salaried, they are, by self report, significant contributors to family income through what can be termed self-employment activities. It is important to note that being self-employed allows women to fill their roles as home makers and is probably more culturally realistic for many than becoming wage earners.

Social Services

This portion of the questionnaire was developed to gather information on women's access to certain goods and services. Of special interest were those services available through AID projects. For example, what benefits have women derived from the technical assistance or training activities of non-formal education, agricultural extension, or co-op projects? Do they see that there are ways in which such programs or projects like rural electrification can help them?

In addition to services such as those mentioned above, we wanted to learn about the availability of merchandise and the necessities of life.

Women were asked where they market and if their market(s) has readily available the goods they need.

a) Marketing

Most women (68%) indicated that the mercado they used was located in "the next community." (See Table 35.) About half of the women walked to the mercado; some went by truck and fewer went by public transportation. (See Table 36.) Women marketed, on the average, once a week; only a small percentage went daily or as infrequently as once a month. More than 1/2 of the women indicated that they would go the mercado more frequently if there were some type of transportation available. And, there are roads to the market places according to 90% of the women surveyed but no transportation services.

A few communities have local shops where women can purchase some of the merchandise they need but they rely primarily on the mercado. (See Table 39.)

Even then, it is difficult for half of the women interviewed to get the goods they need. (See Table 40.)

They would like to have someone come to their community to sell the merchandise they have difficulty getting, primarily textile products and foods. (See Table 41.) Although families grow some of the foods they need, they are obviously unable to produce the variety desired.

b) Agricultural productivity

Is anyone providing technical assistance to women to help them learn more about agricultural productivity or to help with other farming problems?

When asked, "Has anyone ever come to help you with the crop production?", only 21% said yes. (See Table 42.) The little help that is given comes from SNDC agronomist and agricultural promotors. Women are asked if they knew that a service existed to help farmers learn to produce more, only 32% knew of such a service.

There is virtually no technical assistance being given for other farm related problems (animal husbandry, etc.); 87% of women said no one comes to help them with such matters.

c) Non-formal education

In the section "Daily Tasks and Responsibilities" and again in "Income," women indicated they spent time making goods for sale and that they would like to have technical assistance to learn to produce more and better quality goods. Women were asked if anyone at that time came to their community to teach crafts or other skills. Approximately a fourth of the women interviewed indicated

that someone did come, on the average, once every 2 weeks. (See Tables 44 and 45.) Those few who came usually taught knitting. (See Table 46.)

That quarter of the women who indicated that they had been receiving instruction were asked what new things they would like to learn and whether it was important to them to receive this instruction. Almost all of them said that it was "very important" to them that someone came to teach them and that what they wanted most to learn about was knitting and sewing. (See Tables 47 and 48.) From Table 48, one can once again see that women were primarily interested in learning more about those crafts they have traditionally used to supplement their family income (refer to sections on "Daily Tasks and Responsibilities," and "Income").

d) Cooperatives

Twenty-nine women, 7% of the 447 interviewed, indiated that they were members of an integral co-op. Twenty of those women said that they benefited from membership because they have been able to receive credit and four said they benefited because they were able to buy food at cost. Were other members of the family members of co-ops? About 15% were and they were all men. (See Table 49.) Women of families where the men were members of the co-opsaw some benefits from membership. Those benefits were "learning better farming techniques and loan availability." (See Table 50.)

Those 418 women who didn't belong to aco-op were asked if they would like to be a member. On hundred sixty-one, or 36%, said yes, and indicated they would like to be members to take advantage of the access to better,

cheaper food, to learn better farming techniques, and to have access to loans. (See Table 51.)

Women were asked what activities or services a co-op should offer if it were to have greater female participation; one-half of the women surveyed responded to this question. Of those who answered, 29% said they didn't know what would increase female participation. However, 75% suggested that if the coop offered instruction more women would participate. While many women did not specify what type of instruction, others specifically mentioned instruction in knitting by machine and in nutrition. (See Table 52.)

e) Electrification

Women were asked about the existence and usefulness of electricity in their communities and in their homes. Thirty percent of the women interviewed reported that there was electricity in their community and 20% had it in their homes. While very few had electricity at home virtually all those without it indicated they would like to have it. And, many (64%) were able to specify why it would be good to have it. The primary reason given was that electricity would permit them to work at night. Some of the other benefits women mentioned were that they wouldn't need kerosene, they could use electrical appliances, and their children could study at night. (See Table 53.)

Women were better able to give ways that electricity would be personally useful than they could say how it would be useful to the community. Although all women from communities without electricity said it would be good to have it, fewer were able to say how and their reasons were less specific. (See

Table 54.) They simply indicated that it gave better light, presumably better than kerosene lamps, and there was a great need.

Section Summary

Women's access to goods and foods other than those they produce is limited. Few communities have local shops, consequently women must rely on the mercado that is usually at least one community removed from where they live. Many walk to the mercado which limits the frequency with which they can use it. This fact can also mean that they are limited in the frequency with which they can go there to sell their wares. Quite a few women indicated that they would go to the mercado more frequently, if they had some form of transportation.

Even though women grow foods, they need to buy some. The implication is that they are unable to grow either the quantity or the variety of foods they want for their families.

One can assume that market places are supplied by local growers who suffer similar production limitations as the women interviewed. Thus women have expressed a desire to have someone bring to their communities the foods and other goods they are currently unable to get.

Technical assistance in farming techniques that might help women learn to produce more or perhaps to produce a greater variety of foods is very sparsely available. Yet women are interested in having this kind of help. Evidence of this is that they express an interest in joining a co-op in part so that they can get that help. But technical assistance and training of any sort is avail-

able to very few women. Non-formal education programs that offer instruction in crafts, nutrition and other skills are reaching about 26% of women surveyed. Yet, women want to have an opportunity to learn. They indicated that one way co-ops could get greater participation from women would be to offer such instruction.

Most probably women would use what they learn. They expressed an interest in having electricity in their homes so that they can work at night. One can envision many women working in their lighted homes to produce more of the goods they sell to help earn the family income.

APPENDIX A

THE CIMDER PROJECT

Contact Person:

Dr. Oscar Echeverry
The World Bank
Washington, D.C.

Dr. Jorge Zarakia
Apt. Aereo 3 70 8
Programa CIMDER
Division Medicina Social
Cali, Colombia

Educ Méd Salud, Vol. 14, No. 1 (1980)

La salud y el desarrollo en un sistema rural de servicios de salud[1]

OSCAR ECHEVERRI[2] Y LIGIA M. DE SALAZAR[3]

INTRODUCCION

La salud y una vida larga y feliz han sido metas que la humanidad siempre ha intentado alcanzar. El deseo incesante por disfrutar de "la salud" ha generado una gama riquísima de intervenciones que van desde la intercesión sacerdotal ante los dioses hasta la manipulación molecular de la materia. Sin embargo, los problemas de salud han disminuido más por las intervenciones de otros sectores que por aquellas ejecutadas por el "sector salud". Esta paradoja podría explicarse de tres maneras: 1) el sector salud no tiene el suficiente conocimiento ni los medios para resolver los problemas de salud; 2) el sector salud está utilizando ineficientemente el conocimiento y los medios disponibles para resolver los problemas de salud y 3) el conocimiento y los medios que está usando el sector salud no resuelven los problemas de salud.

En este documento no se analizarán estas tres premisas, pero sí se asume que el sector salud tiene suficientes conocimientos para disminuir notablemente muchos problemas de salud, que los recursos para las intervenciones de cuidado de la enfermedad (medicina) y del cuidado de la salud (salud de la comunidad) se están utilizando ineficaz e ineficientemente, y que es necesario modificar sustancialmente el contenido del sector salud, introduciendo nuevos conceptos y estrategias

[1]Este documento se basa en la investigación desarrollada por el Centro de Investigaciones Multidisciplinarias en Desarrollo Rural (CIMDER), Universidad del Valle, Cali, Colombia, financiada en parte por el International Development Research Center (IDRC), Ottawa, Canadá.

[2]Médico, Director de CIMDER.

[3]Enfermera, Investigadora Asociada de CIMDER.

49

de acción tradicionalmente considerados como exclusivos de otros sectores, para que el sector salud sea eficiente y efectivo en el mejoramiento de la salud.

El supuesto anterior se basa en la experiencia acumulada durante los últimos dos siglos, la cual permite establecer que la salud y la enfermedad son resultados de la interacción positiva o negativa del hombre con su ambiente, y que esta interacción está condicionada por las fuerzas económicas, sociales, tecnológicas y políticas de la sociedad en que vive el hombre. Por lo tanto, la manipulación de las fuerzas condicionantes de la interacción hombre-ambiente debe ser aprendida y aplicada por el sector salud para que el resultado sea positivo (salud). Por otra parte, el conocimiento y los recursos actuales para el cuidado de la enfermedad deben manejarse más eficientemente para corregir el resultado de la interacción negativa (enfermedad) no controlable por el sector salud.

Los conceptos anteriores han tomado importancia en los últimos años hasta el punto de convertirse en el tema central de la Conferencia Internacional sobre Atención Primaria de Salud convocada conjuntamente por la OMS y el UNICEF en 1978. De esta Conferencia salió una declaración de políticas y estrategias cuya ejecución va a requerir un gran esfuerzo de los gobiernos, sus políticos, sus profesionales de la salud y las comunidades (*1*).

El Centro de Investigaciones Multidisciplinarias en Desarrollo Rural (CIMDER), de Cali, Colombia, ha experimentado el modelo de un sistema rural de servicios de salud, para probar la factibilidad de un conjunto de estrategias propuestas desde años atrás y ratificadas en la Conferencia de Alma-Ata. Estas estrategias fueron globalizadas en el siguiente concepto de atención primaria de la salud:

"La atención primaria de salud es la asistencia sanitaria esencial basada en métodos y tecnologías prácticos, científicamente fundados y socialmente aceptables, puesta al alcance de todos los individuos y familias de la comunidad mediante su plena participación y a un coste que la comunidad y el país puedan soportar, en todas y cada una de las etapas de su desarrollo con un espíritu de autorresponsabilidad y autodeterminación. La atención primaria forma parte integrante tanto del sistema nacional de salud, del que constituye la función central y el núcleo principal, como del desarrollo social y económico global de la comunidad. Representa el primer nivel de contacto de los individuos, la familia y la comunidad con el sistema nacional de salud, llevando lo más cerca posible la atención de salud al lugar donde residen y trabajan las personas, y constituye el primer elemento de un proceso permanente de asistencia sanitaria" (*2*).

En la definición anterior se identifican claramente las siguientes estrategias:

1. Disponibilidad y accesibilidad geográfica, económica, cultural y social de los servicios para todos los individuos y familias de la comunidad.
2. Uso de tecnología accesible económica, social y científicamente.
3. Participación de la comunidad para garantizar el desarrollo de la autoayuda y la autodeterminación.
4. Participación intersectorial e inclusión del sector salud como parte del desarrollo general de la comunidad.

El *cómo* de estas estrategias ha sido escasamente explorado, sobre todo con un enfoque sistémico que garantice su mayor eficiencia y efectividad. CIMDER ha realizado un esfuerzo pionero de experimentar de manera sistémica las estrategias mencionadas con resultados que aseguran la factibilidad, eficiencia y efectividad del cuidado primario de la salud. A continuación se presenta un resumen del Sistema Rural de Servicios de Salud, haciendo énfasis en la aplicación de las estrategias mencionadas y en los resultados obtenidos.

UN SISTEMA RURAL DE SERVICIOS DE SALUD

El Sistema Rural de Servicios de Salud (SRS) se basa en dos premisas fundamentales:

1. La salud y la enfermedad son el resultado de la interacción positiva o negativa del hombre con su ambiente. Esta interacción está condicionada por las fuerzas económicas, sociales, tecnológicas y políticas de la sociedad en que vive el hombre.
2. La medicina puede ser exitosa solamente en el tratamiento de la enfermedad y el trauma, pero no es efectiva para promover y mantener la salud.

Por lo tanto, para que un sistema de servicios de salud sea efectivo, debe incluir no solo las intervenciones médicas, sino un conjunto multidisciplinario de otras acciones de las ciencias biológicas y sociales. Un sistema de servicios de salud basado en estas premisas, puede servir de punta de lanza para generar un proceso de desarrollo que finalmente mejore el nivel de salud, el nivel de vida, la condición social y el estilo de vida de una comunidad (*3*).

Objetivos del SRS

Se propusieron tres objetivos generales para el SRS:

1. Poner a disposición del 100% de la población rural los servicios de cuidado primario de salud en un período de cinco años.
2. Mejorar la accesibilidad a los servicios de cuidado primario de salud para el 80% de la población rural en un período de cinco años.
3. Disminuir los problemas de mortalidad y morbilidad más prevalentes en la población rural. (Este objetivo fue desglosado en objetivos específicos, según grupos de riesgo, frecuencia, severidad, y grado de disminución esperado del problema en cinco años.)

Para lograr estos objetivos se desarrolló un sistema con los siguientes elementos: 1) servicios; 2) recursos tecnológicos; 3) recursos humanos; 4) administración, y 5) evaluación. Todo el SRS funciona con base en un sustrato clave: la organización comunitaria.

Organización comunitaria

Después de un estudio sobre las condiciones demográficas, económicas, de salud, de tenencia de la tierra y grado de organización comunitaria (mediante una encuesta de hogares), se informó a la población mediante reuniones informales sobre la situación encontrada. De esta manera los agentes externos (grupo de investigación) estimularon la necesidad de organizarse, pero nunca se impuso un modelo organizativo, sino que por el contrario, se estimuló la discusión de iniciativas propias de los habitantes de la región, lo cual dio como resultado la conformación de grupos con elementos organizativos extraídos de varias organizaciones (cooperativas, empresas comunitarias, grupos de amistad, etc.).

La combinación y síntesis de estos elementos espontáneamente propuestos por la comunidad condujo a la formación de un sistema de organización asociativa (*4*) compuesto por diferentes grupos de acuerdo con sus intereses: núcleos comunitarios de producción, asociación de finqueros individuales y uniones familiares de salud. Todos estos grupos se integran mediante las diversas actividades en el proceso de producción (compra de insumos, cultivo de la tierra, cosecha, comercialización de productos, etc.) conformando las asociaciones de bienestar comunitario.

Los núcleos comunitarios de producción (NCP) son organizaciones

de campesinos sin tierra que, mediante el alquiler de lotes, realizan proyectos de producción agrícola y pecuaria, derivan su salario del grupo mismo y se reparten las utilidades de acuerdo con la participación en el trabajo. La totalidad de su tiempo está dedicada al núcleo comunitario.

- *Las asociaciones de finqueros* son grupos de campesinos con tierra en forma asociada que realizan el trabajo agrícola de sus parcelas compartiendo la mayoría de las actividades de producción (compra de semillas, herramientas y otros insumos), preparan y cultivan la tierra, y comercializan sus productos. Las ganancias se reparten de acuerdo con el volumen del producto en cada parcela.

Las uniones familiares de salud (UFS) son grupos de 20-30 personas (cada una representando una familia) que por razón de vecindad se unen para desarrollar tres tipos de actividades:

a) Actividades recreativas productivas, consistentes en rifas, partidos de fútbol, "fritangas", loterías, etc., las cuales producen un margen de utilidad que se deposita en un fondo financiero de la UFS.

b) Actividades productivas, consistentes en la ejecución de proyectos de producción similares a los que hacen los NCP.[4]

c) Actividades de servicios, consistentes en el desarrollo de labores específicas de salud coordinadas entre la promotora de salud y la UFS (por ejemplo, construcción de letrinas, cloración de pozos, etc.). Todas estas actividades reciben el apoyo económico del fondo financiero de las UFS.

Aunque la descripción anterior es muy breve, se puede deducir de ella que la estrategia de organización comunitaria es factible, siempre y cuando existan incentivos económicos claramente establecidos. Muchas experiencias de participación comunitaria han demostrado que la organización lograda mediante el incentivo exclusivo de mejorar la salud solo dura unos cuantos meses.

La salud *per se* no es aglutinante permanente para fundamentar la organización de la comunidad. Por tanto, para que la estrategia de organización comunitaria sea factible y efectiva, debe tener como núcleo central el incentivo económico (ya sea la producción agrícola y pecuaria en la zona rural, o la pequeña industria, como la fabricación de calzado, vestido, pan, etc. tanto en zonas rurales como urbanas).

---

[4] La diferencia entre las UFS y los NCP consiste que los miembros de las primeras dedican parte de su tiempo a la labor productiva (la cual es remunerada como en los núcleos) y en que el 50% de las actividades del proyecto de producción se destinan al fondo financiero de la UFS.

Elementos del SRS

Servicios. Para la organización de la red de servicios se consideraron las siguientes restricciones:

a) La distribución espacial de las familias rurales no cambiaría en mucho tiempo. Por tanto la distancia de viaje entre el usuario y la localización de los servicios actuales se mantendrá constante, pero la utilización es y será exponencial decreciente o creciente de acuerdo con la distancia existente entre ambos.

b) El relativo aislamiento físico, económico y cultural entre la familia rural y los servicios de salud actuales conduce a actuar autónomamente, pero de manera intuitiva y a veces peligrosa a uno de los miembros sobre los problemas de salud de la familia.

c) La construcción de facilidades adicionales en número y distribución adecuada resulta costosa e ineficiente.

Para resolver las restricciones descritas, CIMDER desarrolló como estrategia una nueva unidad de servicios de cuidado primario de salud cuyos recursos físicos, humanos, tecnológicos y financieros se mencionan a continuación:

- Recursos físicos: la vivienda de la promotora rural de salud.
- Recursos humanos: líderes familiares de salud, uniones familiares de salud (UFS) y promotora rural de salud.
- Recursos tecnológicos: cinta de tres colores, microlaboratorio, clorador de agua, micropuesto de salud, caja maestra, bandera de la salud, y manuales para educación en salud.
- Recursos financieros: las UFS financian los micropuestos de salud, definen el costo y pagan las curaciones y las drogas suministradas por la promotora. El Ministerio de Salud financia el salario de la promotora y otros insumos.

Este conjunto de recursos se asigna a la población rural que viva en un área de 2 km de radio, la cual se denomina área de isoservicio. El promedio de habitantes por área es de 800, con una variación desde 250 personas para poblaciones extremadamente dispersas hasta 1,250 para poblaciones nucleadas. En la experiencia de CIMDER la población por área de isoservicio oscila entre 670 y 1,250 (5). El resto de la red de servicios existe por fuera del área rural pero se considera parte integrante del SRS solo para la referencia de pacientes.

La concepción y operación del área de isoservicio (como estrategia para mejorar la disponibilidad y accesibilidad de los servicios) disminuye sustancialmente las restricciones de distancia física, de aisla-

54

miento económico y cultural entre la familia rural y los servicios de cuidado primario de la salud a tal punto que genera una relativa autonomía de funcionamiento, no muy aceptada en la planificación convencional de los servicios de salud. Sin embargo, los resultados parciales indican que la efectividad del "área" se debe precisamente a su época dependencia del resto del sistema (nivel local, regional y universitario) para resolver por lo menos las 2/3 partes de los problemas de salud del campesino. Por otra parte, la activa participación de la comunidad en el suministro de los servicios la hace cultural y económicamente más accesible.

Seguramente que las habilidades y destrezas del recurso humano en el manejo de una tecnología simple para el cuidado primario de la salud también ha sido factor determinante en la efectividad lograda por la estrategia (área de isoservicio) para mejorar la disponibilidad y la accesibilidad de los servicios.

Recursos tecnológicos. Están representados por varios instrumentos que maneja la promotora para suministrar el cuidado primario de salud. Estos instrumentos han sido el producto del esfuerzo de investigación hecho por CIMDER para resolver el problema de la falta de un "paquete tecnológico" fácil de usar por la promotora y cuya eficiencia y efectividad estuviera comprobada. Los instrumentos son los siguientes:

a) *La cinta de tres colores.* Es una cinta plástica que contiene varias escalas para medir, a través del perímetro braquial, el estado nutricional de los niños menores de seis años. La escala tiene tres colores que clasifican al niño como: bien nutrido (verde), desnutrido levemente (amarillo), y desnutrido moderada y severamente (rojo). La investigación hecha por CIMDER en grupos de población de 0-71 meses demuestran una confiabilidad (sensibilidad y especificidad) que oscila entre el 78% y el 90% dependiendo del grupo de edad que se esté midiendo (6).

b) *El microlaboratorio.* Es un maletín pequeño que contiene varios tipos de tiras reactivas para detectar alteraciones de la función renal, bacteriuria, alteraciones de glicemia y la azoemia. El uso de estas pruebas de laboratorio le ha permitido a la promotora referir oportunamente a personas cuyo diagnóstico precoz ha aumentado la eficacia del tratamiento y ha disminuido el riesgo de complicaciones. Por otra parte, la promotora ha adquirido mayor prestigio en la comunidad por el hecho de manejar ese tipo de tecnología "poderosa y misteriosa" que usan los profesionales a puerta cerrada (7).

c) *El clorador de agua.* CIMDER desarrolló un dosificador de cloro para pozos y aljibes cuya simplicidad y eficacia permite que la promotora lo cons-

55

truya, instale y controle en cualquier medio rural. Su costo de construcción es de EUA$2 y su costo de funcionamiento, de $1 al mes (*8*).

d) *El micropuesto de salud*. Consiste en una caja de madera de 45 x 55 x 25 cm, con varios compartimientos que contienen todo el equipo necesario para suministrar el cuidado primario de salud que puede prestar un médico en un puesto de salud. Actualmente la promotora está resolviendo exitosamente más del 48% de todos los problemas de salud de la población sin necesidad de referir los pacientes a otros niveles de complejidad mayor. Se espera que con un período mayor de experiencia, la promotora alcance a atender exitosamente por los menos el 65% de toda la morbilidad de la población campesina.

La experiencia obtenida permite asegurar que el micropuesto de salud, cuyo costo es de EUA$100, reemplaza totalmente al puesto de salud, haciendo más accesible en todo sentido el cuidado primario de salud a la población de cada área de isoservicio (*9*).

e) *La caja maestra*. Uno de los problemas tecnológicos más frecuentes en todos los países de América Latina y de otras regiones del mundo es el de obtención y uso de información sobre los servicios de salud. CIMDER desarrolló un sistema de información simple, ágil y con cinco usos fundamentales: 1) diagnóstico del estado de salud en cada área de isoservicio; 2) programación semanal del trabajo de la promotora; 3) monitoría del sistema y supervisión del trabajo de la promotora; 4) evaluación de la efectividad del sistema; 5) información a la comunidad sobre su estado de salud mediante la bandera de la salud. Se denomina "caja maestra", porque consiste de una pequeña caja de madera de 35 x 15 x 13 cm, con una colección de cinco tarjetas para registrar la información sobre las actividades y el estado de salud en las familias de cada área, y dos tarjetas adicionales: una para clasificación de la morbilidad y otra para clasificar el riesgo obstétrico (*10*).

f) *La bandera de la salud*. Es parte del sistema de información pero de uso comunitario. Consiste de una bandera de seis colores que representan los problemas de salud más importantes en el área de isoservicio. En cada franja de color, la promotora coloca dos círculos con números que indican la magnitud del problema o el progreso logrado durante un período de seis meses. Esta bandera es izada en días de importancia para los compesinos y se utiliza para dar información semestral sobre los cambios ocurridos, estimulando así la participación comunitaria en las acciones colectivas para mejorar la salud de todos. Los colores son: rojo (niños desnutridos), naranja (episodios de diarrea), azul (niños sin vacunar), blanco (casas con agua clorada), amarillo (casas sin letrina), negro (muertes). Estos datos son por área de isoservicio y por períodos de un semestre.

g) *Los manuales*. CIMDER elaboró un *Manual de medicina para la familia campesina* a partir de los problemas planteados y soluciones propuestas por la población. Utilizando la técnica de "árboles de decisión" se sistematizó el curso de acción para resolver cada problema enfrentado por la promotora.

Luego se diseñaron unidades de instrucción programadas, se probaron con la UFS en términos de claridad del mensaje, uso del lenguaje propio de los usuarios, aprehensión y grado de aplicación de los conocimientos. En muchas ocasiones se respetó la etiología folklórica de los problemas, pero aplicando soluciones o terapia científicamente probadas. Este manual se utiliza como instrumento para adiestrar a la promotora y como instrumento que usa la promotora para adiestrar líderes familiares de salud.

Existen otros manuales para el manejo de cada uno de los instrumentos que la promotora utiliza y que eventualmente le servirán de base para dar charlas sobre algunas intervenciones en salud (*11*).

El proceso de desarrollo de la tecnología descrita ha sido uno de los esfuerzos de investigación más importantes que CIMDER ha hecho. El extraordinario desempeño que la promotora ha logrado con el uso de esta tecnología le ha permitido asumir un papel de liderazgo auténtico en la comunidad, y a la vez ha planteado importantes interrogantes sobre el papel de los profesionales en el cuidado primario de la salud en el SRS.

Recursos humanos. El área de isoservicio incluye cuatro tipos de personal para el suministro de cuidado primario:

a) *Líderes familiares de salud.* Son las personas que toman las decisiones en la familia sobre los problemas de salud. Sus funciones principales son dos: decidir sobre el manejo de problemas de salud que presenten los miembros de la familia, de acuerdo con el *Manual de medicina para la familia campesina* y participar asociadamente en la solución comunitaria de problemas de salud con su vinculación a una UFS. La identificación del líder en cada familia es hecha por la promotora, y su adiestramiento lo hace utilizando el *Manual* como instrumento en las reuniones de las UFS.

b) *Uniones familiares de salud.* Ya hemos descrito este recurso humano, por lo que solo debe agregarse aquí que el líder y las UFS son formas auténticas de participación de la comunidad en los servicios de salud ya que tienen funciones y actividades claramente establecidas alrededor de incentivos económicos y de salud.

c) *Parteras empíricas.* Este personal que existe en todas partes del mundo ha sido incorporado como recurso humano importante para la atención de partos normales después de un adiestramiento de dos semanas, basado en un estudio previo sobre las prácticas de cuidado obstétrico de un grupo de 26 parteras. El adiestramiento hizo enfasis en las prácticas apropiadas e inocuas ya en uso por las parteras y en la necesidad de desechar aquellas que se sospecharon o se identificaron como nocivas y reemplazarlas por otras intervenciones seguras y eficaces.

d) *Promotoras rurales de salud.* Son residentes en las áreas de isoservicio;

saben leer, escribir y sobre todo entender lo que leen, y son conocidas y aceptadas por sus vecinos. Asimismo están dispuestas y tienen tiempo para trabajar en el cuidado de la salud de sus familias vecinas después de recibir adiestramiento (12 semanas) para ejecutar cuatro funciones: organización y coordinación de UFS; suministro de cuidado primario de la salud; educación en salud de líderes, y planificación y registro de actividades.

En el desarrollo de los componentes del recurso humano, la enfermera juega un papel de liderazgo que debe aprender a través de la experiencia directa de campo y del ejercicio teórico constante sobre la organización comunitaria.

Del personal de salud brevemente descrito se deduce que la organización comunitaria es la clave para poder desarrollar el tipo de recursos humanos para el SRS. Asimismo se advierte que la comunidad sí puede participar como recurso humano en salud siempre y cuando haya una organización sustentada en actividades económicas que le aseguren su cohesión, interés y permanencia.

Administración de los servicios. Este componente incluye cuatro procedimientos básicos para operar y controlar el SRS:

a) *Apoyo financiero.* Las UFS aportan la financiación de los micropuestos de salud, eliminando así la necesidad de construir nuevas facilidades de salud. El Ministerio de Salud financia los salarios de las promotoras y la infraestructura de los niveles local, regional y universitario.

b) *Apoyo logístico.* Los suministros, inventarios y distribución de materiales para las áreas de isoservicio están bajo la responsabilidad del personal de supervisión y de las promotoras.

c) *Monitoría.* Mediante el subsistema de información, denominado "caja maestra", la promotora suministra los datos necesarios para controlar las actividades que se hacen en cada área de isoservicio y los cambios que ocurren en el nivel de salud. Los datos son manejados por la promotora para dar información a su comunidad mediante la "bandera de la salud" y también son enviados al nivel central para la toma de decisiones sobre el mantenimiento o los cambios que requiera el SRS.

d) *Coordinación.* Todas las actividades de las áreas de isoservicio se coordinan entre sí, con las organizaciones comunitarias y con los otros niveles del sistema, especialmente para la referencia de pacientes que requieren cuidado secundario o terciario.

Evaluación. Este componente crucial funciona desde la iniciación de operaciones del sistema, gracias a la información continua que suministra la "caja mestra".

Comparando los objetivos del SRS con los logros después de dos

58

años de operación, se puede afirmar que los objetivos de hacer disponible el servicio al 100% de la población y hacerlo accesible por lo menos al 80% se han cumplido en su totalidad mediante la estrategia del área de isoservicio. Esta estrategia es una respuesta concreta al problema de casi todos los servicios de salud del mundo de optimizar la cobertura de población con servicios de cuidado primario de salud.

A continuación se incluyen algunos datos cuantitativos sobre el logro de estos objetivos.

El promedio de contactos por persona/año con personal de salud (desde médicos hasta promotoras) para cuidado primario de salud fue de uno al iniciar el programa. Se fijó la meta de tres contactos por persona/año suministrados por la promotora con base en los siguientes cálculos:

Número de personas asignadas a una promotora:

875, distribuidas así:	Tiempo de una promotora:
198 niños menores de 6 años	Horas por año: 1,000 (200 días x 5 horas/día)
280 niños escolares	Minutos/año por promotora = 60,000
397 adultos. Incluyendo 100 parejas y 45 embarazadas	Duración de un contacto = 19 horas, 12 minutos (est.)
	Total de contactos = 3,238

Distribución de los contactos:

5 x año a 198 niños menores de 6 años =	990
2 x año a 280 escolares =	560
2 x año a 397 adultos =	794
2 x año a 100 parejas =	200
8 x año a 45 embarazadas =	360
2 x año a 167 viviendas =	334
Total	3,238

Total de contactos/persona/año (incluyendo actividades de saneamiento) = 3,238 ÷ (805 + 167) = 3.1

Durante un año (1978) cada promotora obtuvo en promedio los siguientes contactos:

Contactos promotora/niño menor de 6 años =	3.0
Contactos promotora/niño de 6-14 años =	1.4
Contactos promotora/adultos (15 y + años) =	2.5
Contactos promotora/embarazadas =	4.0
Contactos promotora/pareja =	2.0
Contactos promotora/saneamiento =	2.0
Total	14.9

Promedio 2.5

Es decir, se cumplió en un 81% la meta de cubrir con 3 contactos/persona/año con cuidado primario de salud suministrado por la promotora.

Otros indicadores del cambio en el estado de salud de la población son los siguientes:

a) Cambio en la mortalidad general:
De 8.8/1,000 (1971) a 6.8/1,000 (1978).

b) Cambios en el estado nutricional de los niños menores de 6 años:

	Agosto de 1977	Diciembre de 1978
Bien nutridos	47.6%	65.1%
Con desnutrición leve	31.1%	27.7%
Con desnutrición moderada y severa	18.8%	7.2%

c) Aunque aún no se han medido los cambios en la frecuencia y severidad de enfermedades inmunoprevenibles, se puede asegurar que estas han disminuido como consecuencia del cambio del estado inmunitario de los niños menores de 6 años:

Estado inmunitario (vacunados contra)	Agosto de 1977	Diciembre de 1978
DPT	6.5%	19%
Sarampión	9.0%	28%
Poliomielitis	7.0%	19%
Viruela	18.0%	15%
BCG	19.0%	46%.

d) Por otra parte, asumiendo que la morbilidad tratada con éxito por la promotora significa disminución de la severidad de la morbilidad, se puede asegurar que los logros han sido notables. Por ejemplo:

De 1,582 episodios (42% del total) tratados por la promotora, 1,414 (89.4%) han sido tratados adecuadamente en el hogar y solo 168 (10.6%) han requerido tratamiento adicional en hospitales locales previa referencia por la promotora.

En el caso de la morbilidad por parasitismo, se ha logrado que la promotora desparasite periódicamente (cada 6-8 meses) al 40% de los niños menores de 6 años, lo cual implica disminuir la severidad del problema en una proporción similar.

e) El logro de objetivos en el grupo de madres y parejas puede estimarse parcialmente mediante los siguientes datos:

Todos los episodios de morbilidad en las embarazadas han sido detectados por la promotora. El 78% de ellos ha sido manejado con éxito por la promo-

tora, y del 22% que requirió referencia, una tercera parte fue hospitalizada y las 2/3 partes restantes necesitó tratamiento profesional ambulatorio.

En 181 partos ocurridos en 16 meses en la población servida por la promotora no ocurrieron defunciones maternas y las complicaciones posparto han sido las siguientes: hemorragia un caso; desgarro cuatro casos; infección cinco casos; mastitis un caso (en todas estas complicaciones se proporcionó tratamiento médico).

En un período de 16 meses el porcentaje de usuarios de métodos contraceptivos aumentó de 5% a 23%, mientras que la proporción que no quiere tener más hijos permanece constante (85% del total de las parejas).

EL PAPEL DE LA ENFERMERIA EN LA SALUD Y EL DESARROLLO

La experiencia lograda con el Sistema Rural de Servicios de Salud desarrollado por CIMDER plantea una revisión y posiblemente un nuevo enfoque del papel de todo el equipo de salud. Por el momento, se hará un análisis del papel de la enfermera y su profesión sin perder de vista la evolución histórica de la profesión de enfermería y teniendo en cuenta el papel que la enfermera como profesional tuvo en el Sistema Rural de Servicios de Salud descrito.

La enfermería, como parte de las actividades para cuidar al individuo enfermo, es tan antigua como el dolor humano. Su reconocimiento como profesión tiene menos de 70 años de existencia; su evolución desde oficio hecho por personas religiosas o mujeres de bajo status social hasta convertirse en una profesión de nivel universitario (*12*) con una función creciente y de reconocida dignidad, está matizada por conflictos en la división del trabajo, en el juego del poder y en la autoridad en el campo de la medicina (*13*). Baste mencionar que la división primaria del trabajo (*14*) es notablemente acentuada (división del trabajo por sexo), a tal punto que el enfermero profesional prácticamente no existe en la enfermería occidental. Por otra parte, hay en el momento actual un reclamo constante y creciente de la enfermera profesional por el comando de ciertas actividades médicas, suscitado por su creciente dominio del conocimiento científico, lo cual, entre otros factores, va haciendo imposible el monopolio de la medicina por el médico. En efecto, algunas habilidades y destrezas que anteriormente eran difíciles de adquirir, peligrosas de ejercitar y de extraordinaria eficacia, se han vuelto accesibles y seguras de aplicar manteniendo su eficacia, mediante la experimentación rigurosa y

la aplicación controlada hecha por el mismo médico y la enfermera. Sin embargo, el médico trata de retener dichas habilidades y destrezas, hasta el punto de encontrarse especialistas que emplean 80% o más de su tiempo en resolver problemas de cuidado primario de la salud (*15*) que pueden delegarse a otro personal de salud. Otra fuente de conflicto en el juego del poder y la autoridad en el campo de la medicina ha sido la movilidad vertical creciente de la enfermera en la sociedad a partir de su profesionalización y de la igualación de derechos en el trabajo entre el hombre y la mujer.

En esta espiral del conflicto parece haber también una pérdida de la perspectiva sobre el papel de la enfermera en el cuidado del paciente y sobre el campo de acción de la enfermería como profesión. Por ejemplo, la descripción de la enfermera al lado del paciente, serena, afable, bondadosa, discreta, pulcramente vestida, de conversación agradable y optimista resulta para algunos idealista y quizás ridícula. En cambio, la descripción de una enfermera como administradora, supervisora, técnica, farmacéutica, contadora, dietista, directora del transporte de pacientes, médica auxiliar y hasta alimentadora de cerebros electrónicos para el manejo automatizado de un hospital, parece más aceptable y realista. Probablemente esta es una clara manifestación de la profesionalización de la enfermería caracterizada por una división creciente e incontrolada del trabajo a causa de una tecnología diversificada (pero no necesariamente apropiada) y una inevitable burocratización en el proceso de diferenciación de la profesión. Al fin y al cabo, la enfermería profesional es tan joven que puede experimentar con su contenido y en su práctica a riesgo de equivocarse y de suscitar recelos en los centros del poder monopolístico del saber médico, pero a la vez corre el peligro de desarticular el estereotipo de la profesión y caer en maquinaciones chauvinistas desde el punto de vista profesional.

La situación de la enfermería en la salud pública es mucho menos conflictiva y menos confusa. El campo de la salud pública, a causa de su amplísimo y complejo espectro, puede considerarse un "territorio de nadie": médicos, economistas, enfermeras, arquitectos, sociólogos, educadores, ingenieros y otros profesionales y técnicos forman un grupo multidisciplinario que puede tomar parte en la difícil tarea de mejorar la salud y contribuir al bienestar de una comunidad. Es casi imposible que una sola profesión reclame el monopolio del conocimiento para mejorar y mantener la salud del ser humano debido a sus características multidimensionales y multifactoriales. Sin embar-

67

go, los profesionales de las ciencias de la salud han tomado frecuentemente el liderazgo en la conducción de los esfuerzos multidisciplinarios para mejorar y mantener la salud. La enfermería, como otras disciplinas de las ciencias de la salud, ha servido solamente como sustrato profesional para que la enfermera aprenda un conjunto de conocimientos y destrezas adicionales que le permitan desempeñar un papel fundamental en las intervenciones para mejorar y mantener la salud de la comunidad. Evidentemente, la enfermería médica, especialmente en lo que respecta a la medicina preventiva, forma parte de las actividades que una enfermera debe ejecutar en un sistema de servicios de salud. Pero hay un conjunto de prácticas profesionales que se aplican en un sistema de salud y que la enfermera debe incorporar a su profesión para desempeñar un papel de liderazgo al cual debe aspirar como cualquier otro profesional de las ciencias de la salud que decida dedicar su vida profesional al mejoramiento y mantenimiento de la salud. Este conjunto de prácticas definen un papel muy diferente al que tiene la enfermera en la medicina, hasta el punto de volver contradictorio la denominación de enfermera para la profesional que se dedica exclusivamente a la salud de la comunidad. Al igual que el médico que se dedica a la salud pública, la enfermera debe reemplazar a Esculapio por Higea y tomar la denominación de salubristas. Esta común denominación y la aplicación de diversas disciplinas científicas con espíritu de excelencia profesional, es probablemente una fuente de emulación y competencia por el liderazgo, más que una fuente de conflicto entre los profesionales que se dedican a la salud de la comunidad. Sin embargo, para entrar sin desventajas en la competencia por el liderazgo es necesario que la enfermería refuerce en la formación de pregrado algunas disciplinas de salud pública, especialmente la epidemiología, las ciencias sociales y la administración, y sobretodo el manejo idóneo del método científico. Este esfuerzo implica posiblemente una reconsideración de la duración de la carrera de enfermería, ya que no se trata de reemplazar conocimientos o de adquirirlos con superficialidad. De igual manera, en la formación de posgrado, además de las disciplinas mencionadas, se deben incorporar experiencias teóricas y de campo en la organización de la comunidad. También, se deben incluir conocimientos básicos sobre las ciencias económicas y los diferentes modelos económicos existentes según el modo de producción.

En síntesis, la enfermera en la salud y el desarrollo debe desempeñar un papel de liderazgo dentro de un equipo multidisciplinario

(ya sea como directora de un programa, coordinadora de servicios, supervisora de personal, educadora en la comunidad, promotora en la organización y participación de la comunidad, etc.) con la satisfacción de contribuir con idoneidad profesional a mejorar la salud y el bienestar del ser humano.

RESUMEN

En la primera parte de este artículo se hace un recuento de las interesantes experiencias del Centro de Investigaciones Multidisciplinarias en Desarrollo Rural (CIMDER), de Cali, Colombia, con la aplicación de un modelo integrado de desarrollo de servicios de salud. En dicho sistema se han utilizado las estrategias siguientes: disponibilidad de los servicios para todos los individuos y familias de la comunidad; uso de tecnologías accesibles; participación de la comunidad, e inclusión del sector salud con otros sectores del desarrollo.

En la segunda parte se presenta un breve recuento del papel de la enfermera en la salud y el desarrollo, y se cuestiona la limitada visión que tradicionalmente se ha tenido del campo de acción de la profesión de enfermería. Se postula que para lograr la extensión de los servicios de salud y el desarrollo de la comunidad, la enfermera debe desempeñar una función de liderazgo dentro de un equipo multidisciplinario, ya sea como coordinadora de servicios, supervisora de personal, directora de programas, o educadora, y servir de enlace del sistema formal de salud para lograr la participación activa de la comunidad.

REFERENCIAS

(1) OMS/UNICEF. *Atención primaria de salud. Informe de la Conferencia Internacional sobre Atención Primaria de Salud.* (Alma-Ata, URSS, 1978). Ginebra, 1978.

(2) *Ibid.* Págs. 3-4.

(3) Echeverri O. A conceptual framework for rural development. En: *Integrated Approach to Local Rural Development.* Marilyn Campbell (Ed.). Ottawa, Canadá, International Development Research Center (IDRC). Publicación 051e.

(4) CIMDER: *Una estrategia de desarrollo rural para el Norte del Cauca.* Documento No. A-2 CIMDER. Cali, 1978.

(6) Echeverri, O., H. Boenheim y P. Villafañe. *El perímetro braquial como medida del estado nutricional de los niños menores de 6 años.* En proceso de publicación. CIMDER. Cali.

(7) Echeverri, O. *El microlaboratorio.* Documento SRS-149. CIMDER, Cali.

64

(*8*) Echeverri, O., A. Alzate, L. de Salazar, F. de Manrique y S. Viliota. *Manual de medicina para la familia campesina*. Documento SRS 140, CIMDER, Cali.

(*9*) Echeverri, O. *El micropuesto de salud*. Documento SRS 145, CIMDER, Cali.

(*10*) Echeverri, O., A. Alzate, H. Boenheim, P. Villafañe y R. Arboleda. *La caja maestra*. Documento SRS 147, CIMDER, Cali.

(*11*) Ver referencia No. 8. Además existe un set de manuales que forman parte del paquete instruccional para el adiestramiento de la promotora. Fuente de información: CIMDER, Cali.

(*12*) Dolan, J. *History of Nursing*. W. B. Saunders Co., Toronto, 1968.

(*13*) Reverby, C. The emergence of hospital nursing: history is not destiny. *Health/PAC Bull* 66:7-16, 1975.

(*14*) Thurnwald, R. *Economics in Primitive Communities*. Londres, Oxford University Press, 1932.

(*15*) Echeverri, O. Community medicine as a health care system: rationale and patterns. En: *The Future of Academic Community Medicine in Developing Countries*. W. Lathem (Ed.). Nueva York, The Rockefeller Foundation, 1979. Pág. 80.

65

Centro de Investigaciones Multidisciplinarias en Desarrollo

C I M D E R

TECNOLOGIA APROPIADA EN SALUD

Ponencia presentada al Primer Seminario sobre Tecnología Apropiada para el Sector Rural. Organizado por Planeación Nacional - ICA - UNICEF en el Centro de Investigaciones Agropecuarias de Tibaitatá (Bogotá, Colombia), en los días 9, 10, 11, 12 de julio de 1980.

1980

66

C O N T E N I D O

Pag.

I.- INTRODUCCION..... 1

A.- Generalidades..... 1

B.- Consideraciones Básicas..... 2

II.- TECNOLOGIA APROPIADA EN SALUD HUMANA..... 4

A.- Instrumentalización del Trabajador de Atención Primaria..... 4

1.- La Cinta de Tres Colores..... 4

2.- El Microlaboratorio..... 5

3.- El Micropuesto de Salud..... 7

4.- Sistema de Información - La Caja Maestra..... 11

a.- Las Tarjetas de Registro Sistemático y el Tarjetero. 12

b.- La Clasificación de Enfermedades..... 14

c.- La Guía para Clasificar el Riesgo Materno..... 15

d.- Las Señas de Colores..... 16

e.- Los Mapas: interpretación, uso y elaboración..... 18

f.- Un Cartón Separador de Tarjetas 19

g.- Los Registros de Hechos Vitales..... 19

h.- Las Boletas de Remisión..... 20

i.- La Bandera de la Salud..... 20

j.- El Resumen periódico de Datos..... 22

5.- El Clorador de Aljibes..... 22

6.- La Mochila..... 24

7.- Los Manuales de Referencia..... 25

a.- Manual de Medicina para la Familia Campesina..... 25

b.- Manual de Cuidado Primario..... 26

Pag.

c.- Lo que una Mujer debe hacer para mantener su embarazo normal..... 26

d.- Cuidado de la madre durante el parto y el puerperio. 26

e.- Manual de Inmunizaciones..... 26

f.- Manual de Organización y Participación de la Comunidad..... 27

g.- Manual de Saneamiento..... 27

B.- Metodología y Estrategias..... 28

1.- Metodologías..... 28

2.- Estrategias..... 28

Centro de Investigaciones Multidisciplinarias

en Desarrollo - CIMDER

TECNOLOGIA APROPIADA EN SALUD*

I.- INTRODUCCION

A.- Generalidades

CIMDER es el esfuerzo organizado de un grupo de profesionales de distintas agencias e instituciones que trabajan en programas y proyectos de desarrollo y bienestar para la comunidad. Las instituciones que conforman a CIMDER son: la Universidad del Valle, la Fundación para la Educación Superior-FES, el Instituto Colombiano Agropecuario-ICA, la Corporación Autonoma del Valle del Cauca-CVC y el Servicio de Salud del Cauca.

Los proyectos de investigación desarrollados por el Centro en su área experimental ubicada en el Norte del Cauca son: "Un Sistema Rural de Salud como Componente Básico de los Proyectos de Desarrollo"; "Caracteristicas socio-antropológicas de una población negra en el Norte del Cauca"; "Un Proyecto de Educación No-formal; un "Sistema de Organización Asociativa-SOA", como alternativa al desarrollo; una investigación de tipo histórico-económico denominada "Descomposición de la Economía Campesina en el Norte del Cauca". De estas dos últimas se desprende un "Proyecto de Organización de la Producción Agropecuaria", como una alternativa a la misma estructura económica campesina y al desarrollo.

Desde 1973 CIMDER ha venido trabajando en el diseño e implementación de un Sistema de Servicios de Salud que ofreciera una

---

*Presentada al Primer Seminario sobre Tecnología Apropiada para el Sector Rural. Organizado por Planeación Nacional - ICA - UNICEF en el Centro de Investigaciones Agropecuarias de Tibaitatá (Bogotá, Colombia), en los días 9, 10, 11, 12 de julio de 1980.

adecuada Atención de Cuidado Primario de la Salud. Para cumplir con este propósito, fué necesario determinar el perfil demográfico-económico-social y de Salud de la población objeto; se realizó entonces una Encuesta de Hogares que recogió la información sobre éstas variables, que sirvió de modelo de comparación para medir el impacto del Sistema de Salud en los 5 años subsiguientes.

B.- Consideraciones Básicas

Un hospital permite economía por la proximidad espacial entre la gente y los servicios, pero si el sistema se esparce a una comunidad, los servicios hospitalarios tendrán un patrón diferente de organización y por lo tanto los costos serán diferentes. Las visitas domiciliarias y el cuidado de la comunidad en áreas urbanas requieren patrones particulares de organización, servicios y personal, pero cuando el servicio a la comunidad va a ser dado a poblaciones dispersas, la logística, modalidades, entrenamiento, personal y costos difieren considerablemente. Si los patrones establecidos para servir poblaciones nucleadas son trasferidos al ambiente rural, los costos aumentan cosideramente. La distancia y el costo están altamente relacionados. Si los costos se mantienen constantes y los patrones urbanos son adoptados para el área rural, los servicios disminuirán, con un impacto negativo predecible en la salud y el bienestar.

El reto al cual este proyecto se ha enfrentado ha sido el de desarrollar métodos para mejorar el estado de salud con los objetivos similares a los obtenidos en poblaciones urbanas y semi-urbanas a costos unitarios lo más bajos posibles. Obviamente la "mezcla" de gente, servicios, actividades y estrategias, es diferente.

Los servicios de salud en todo el mundo han enfrentado el problema de optimizar la cobertura de población con servicios de cuidado primario de la salud para las personas y el ambiente, bajo filosofías, justificaciones y métodos diferentes.

La importancia de encontrar soluciones óptimas para cubrir el mayor número de personas con servicios de cuidado primario de la salud ha conducido a la OMS a declarar que "la Atención Primaria de la Salud es uno de los aspectos más importantes del desarrollo".

Teniendo en cuenta lo descrito anteriormente, se desarrolló experimentalmente un sistema para la prestación de servicios de salud con un enfoque integral que facilitaba el desarrollo de la comunidad.

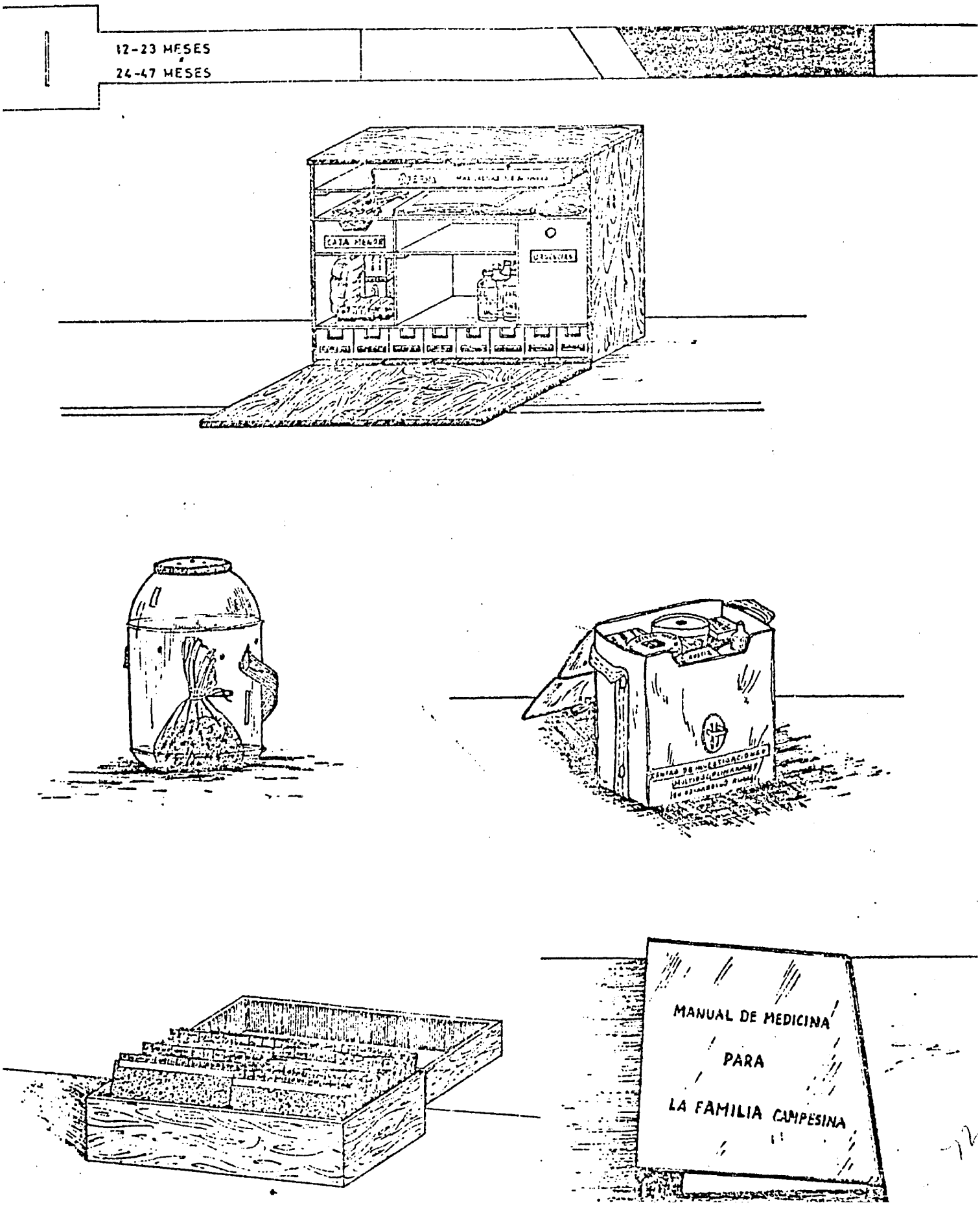
Para el logro de lo propuesto fué necesario desarrollar una Tecnología Apropiada para maximizar el desempeño del Trabajador de Atención Primaria (TAP), con el uso de algunos instrumentos que han sido diseñados para mejorar sustancialmente la factibilidad de que un TAP pueda desempeñar efectivamente sus actividades de cuidado primario de salud, incluyendo la educación.

La instrumentalización del TAP consiste en la provisión de herramientas tecnológicas simples que le permiten ejecutar efectivamente sus labores en el cuidado primario de la salud.

La validación de cada uno de los instrumentos desarrollados se hizo en un área piloto escogida dentro del área experimental y que sirvió como laboratorio para posterior replicación de los resultados en otras áreas.

La participación activa de la comunidad fué de vital importancia en todo el proceso de la investigación.

FIGURA N° 1


12-23 MESES
24-47 MESES
CASA MEDICA
MANUAL DE MEDICINA
PARA
LA FAMILIA CAMPESINA

II.- TECNOLOGIA APROPIADA EN SALUD HUMANA

A.- Instrumentalización del Trabajador de Atención Primaria-TAP

Uno de los aspectos más importantes en la investigación de CIMDER (Centro de Investigaciones Multidisciplinarias en Desarrollo), ha sido el de la "instrumentalización del Trabajador de Atención Primaria" quien forma parte del recurso humano propuesto para el Sistema de Servicios de Salud experimentado.

Los instrumentos que se describen a continuación han sido usados por un grupo experimental de TAP, con resultados altamente satisfactorios.

1.- La Cinta de Tres Colores

El perímetro braquial ha sido utilizado como una de las madidas indirectas del estado nutricional en la población. Se han intentado múltiples modificaciones y variaciones al método original de medición en cms. con resultados igualmente variados.

Shakir y Morley diseñaron una escala con tres colores que clasifica los niños entre 1 y 5 años en bien nutridos, en peligro de desnutrición y en desnutridos. Esta escala fué probada por CIMDER en un grupo de 64 niños entre 1 y 5 años de edad hospitalizados por diferentes causas, y luego en un grupo de 875 de igual edad en la población de Cali, Candelaria y Jamundí. La correlación entre la clasificación de la escala de Shakir y Morley y la escala de edad-peso (Ramos Galvan), fué de apenas un 35%.

Tomando la idea básica de esta escala, CIMDER elaboró una nueva cinta de medición del estado nutricional en niños entre 0-71 meses de edad, cuya confiabilidad (sensibilidad y especificidad), oscila entre 78% y 90%, tomando como patrón la clasificación de edad, peso del instituto de Bienestar Familiar.

Esta cinta es una herramienta de diagnóstico facilmente maneja

ble por el TAP y su aplicación le ha servido para:

a.- Conocer la prevalencia del estado nutricional en los niños menores de 6 años.

b.- Dar a la madre una guía objetiva y concreta para controlar el estado nutricional de sus niños.

c.- Inducir la formación de grupos comunitarios mediante la convocatoria a reuniones para informar sus hallazgos sobre el estado nutricional de los niños en la comunidad, y para enseñar cómo se usa la cinta para que cada padre o madre controle la nutrición de sus niños.

La demostración del problema nutricional mediante datos extraídos por el TAP en su propia comunidad, ha sido un elemento fuertemente motivador para iniciar el proceso de organización (de grupos de la comunidad)cuyos objetivos son:

a.- Aumentar la producción agrícola mediante desarrollo de proyectos de producción asociativa.

b.- Contribuír a la financiación y suministro de servicios de salud, con el propósito de mejorar la salud de los niños y de la comunidad en general.

2.- El Microlaboratorio

La redefinición de funciones en el personal de salud, ha establecido la delegación del diagnóstico, tratamiento y control de algunos problemas de morbilidad. La simplicidad de su identificación aún por el mismo paciente, su alta prevalencia en la comunidad y la disponibilidad de soluciones terapéuticas seguras, hacen factible la intervención eficaz del TAP en el manejo de dichos problemas.

Además existen otros problemas de morbilidad que pueden sospecharse mediante pruebas simples de laboratorio que el TAP puede hacer en la zona rural. La detección de albuminuria, hipoglicemia, hiperglicemia o de azotemia en grupos de población

con factores de riesgo alto (embarazadas, obesos adultos, adultos de raza negra, etc.), permite al TAP referir oportunamente a personas con una probabilidad alta de enfermedades cuyo diagnóstico y tratamiento precoces aumentan la eficacia terapéutica y disminuyen el riesgo de complicaciones, invalidez y muerte.

CIMDER ha incorporado como instrumento de trabajo del TAP el MICROLABORATORIO, que es un pequeño maletín que contiene:

1 Frasco de plástico con agua pura
1 Paquetico de bolsitas plásticas ESTERILES
1 Frasco de MICROSTIX para hacer cultivo de orina
1 Frasco de AZOSTIX para hacer examen de nitrógeno uréico en una gota de sangre.
1 Frasco de MULTISTIX para hacer examen de orina
1 Frasco de DEXTROSTIX para hacer examen de azúcar en una gota de sangre.

Los frascos con esos nombres raros tienen unas tiras plásticas con unos cuadritos como de lana en la punta. Esos cuadritos son REACTIVOS DE LABORATORIO con los que se harán examenes de sangre y de orina de distintas clases:

a.- ANALISIS DE ORINA: Con el REACTIVO MULTISTIX se examinará si la orina ESTA NORMAL o si tiene:

Proteínas (o albuminaria)

Azúcar (o glucosuria)

Sangre oculta (o hematuria)

pH ácido o pH alcalino

Bilirrubina

Cetonas

Urobilinógeno

b.- CULTIVO DE ORINA: Con el REACTIVO MICROSTIX se examinará la orina para saber si hay una infección urinaria (infección de los riñones o de la vejiga), haciendo un cultivo de la

orina.

c.- EXAMEN DE AZUCAR EN LA SANGRE: Con el REACTIVO DEXTROSTIX se sabrá si el azúcar de la sangre ESTA NORMAL, o ESTA ALTO o ESTA BAJO.

d.- EXAMEN DE NITROGENO UREICO EN LA SANGRE: Con el REACTIVO AZOSTIX se sabrá si el nitrógeno ureíco de la sangre está NORMAL O ESTA ALTO.

El uso de estas pruebas de laboratorio, además de permitirle al TAP la identificación y remisión precoz de personas con una probabilidad alta de enfermedad, le han dado gran prestigio en la comunidad por el hecho de manejar este tipo de tecnología médica cuya imágen "magica" era patrimonio del profesional.

3.- El Micropuesto de Salud

El concepto de Puesto de Salud tiene diferentes significados en diversos países. En Colombia, el puesto de salud es una institución que originalmente se asimiló a la del dispensario cuya función básica era la de suministrar servicios gratuitos para el control de enfermedades infectocontagiosas y hacer cumplir las regulaciones de higiene para establecimientos públicos y para las viviendas.

En los niveles de atención médica para el sistema de Regionalización en Colombia se define el nivel rural como "un conjunto de servicios de salud, elementales y periféricos ubicados en áreas de influencia de baja densidad de población en el cual se hacen labores de prevención, fomento, recuperación ambulatoria y rehabilitación". Entre el personal asignado a este nivel figuran los TAP, una auxiliar de enfermería permanente y un médico de tiempo parcial ubicados en un Puesto de Salud.

Esta institución consiste de una casa o pequeño edificio con una camilla para examen de pacientes; un escritorio para que la auxiliar de enfermería y el médico atiendan a la gente y

escriban; un estante con hojas de registro de actividades y en algunos casos historias clínicas (usualmente inútiles), otro estante para drogas y vacunas, una mesita con instrumentos de curación e inyectología para dar primeros auxilios; algunas veces existe un esterilizador, una balanza y una nevera para guardar productos biológicos y drogas especiales.

La medicina practicada por el médico se restringe a examinar superficialmente los pacientes y prescribir tratamientos sintomáticos, una o dos veces por semana.

El Micropuesto de Salud es una caja de madera de 25 cms. de ancho por 45 de alto y 55 cms. de largo con 6 divisiones que contienen todo el equipo necesario para prestar los servicios de cuidado primario de la salúd, incluyendo equipo para enemas, equipo de primeros auxilios para heridas (suturas, gaza, esparadrapo, etc.), intoxicaciones, quemaduras, fracturas y luxaciones, y un grupo de drogas para el tratamiento de las enfermedades más comunes del campesino. Tiene además una caja menor para guardar el dinero que los pacientes atendidos puedan pagar por los servicios que reciben, el cual es utilizado para mantener el stock del Micropuesto de Salud. (Véase figuras 2 y 3).

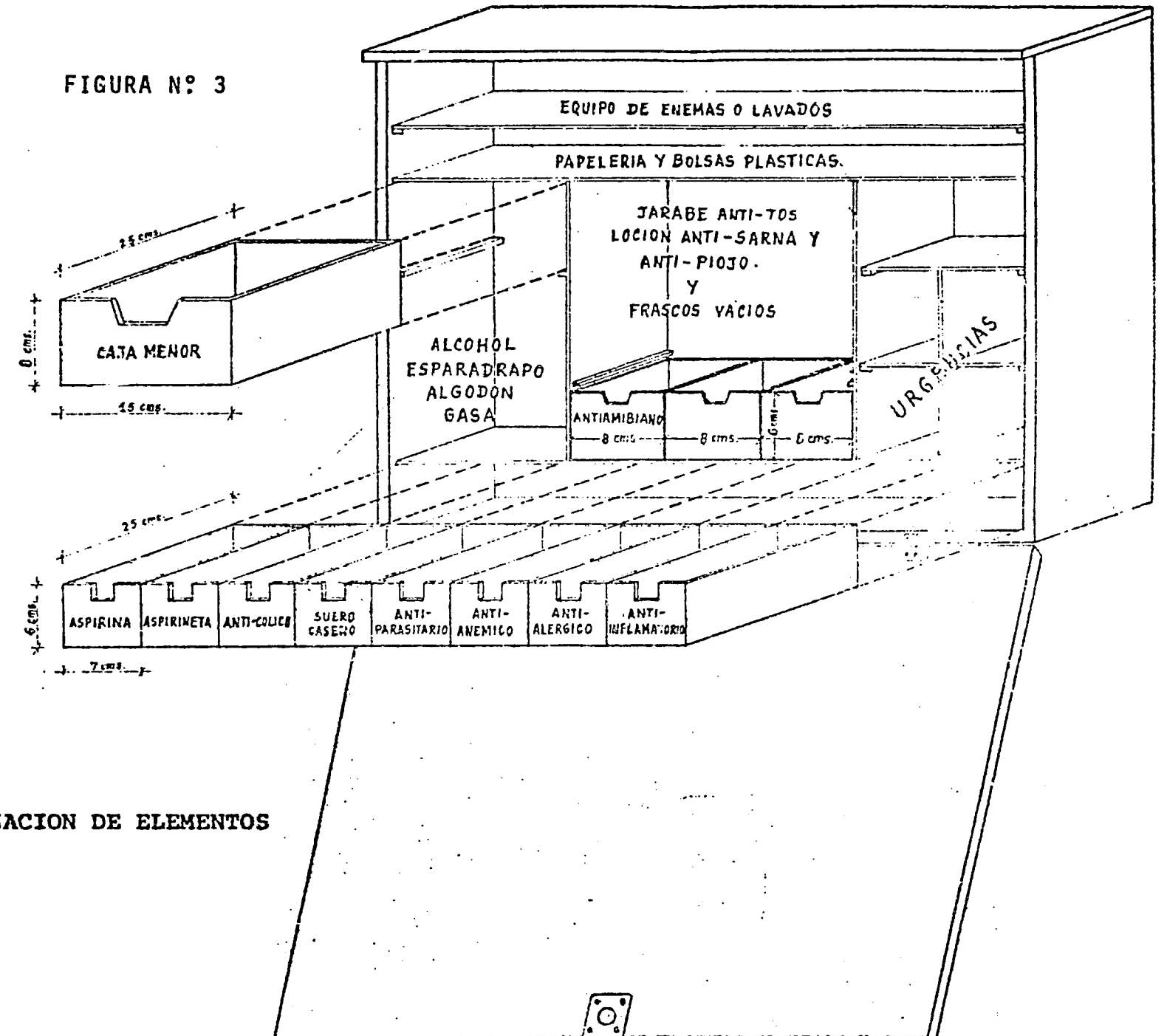
El TAP ha sido adiestrado para el manejo de este Micropuesto de Salud mediante los Manuàles de Cuidados Primarios y el de Medicina para la Familia Campesina.

Con este instrumento el TAP está en capacidad de manejar eficazmente por lo menos el 60% de la morbilidad de la población campesina sin necesidad de referir los pacientes a otros niveles de complejidad mayor.

La utilización de este instrumento por el TAP ha contribuído notablemente a generar interés y participación activa de los grupos de la comunidad en las actividades de cuidado primario de la salud tanto para las personas como para el ambiente, (aprendizaje del manual de Medicina para la Familia Campesina,

EL MICROPUESTO DE SALUD

FIGURA Nº 3



LOCALIZACION DE ELEMENTOS

compra e instalación de letrinas, instalación de cloradores de aljibes y producción de alimentos primarios básicos).

4.- Sistema de Información - La Caja Maestra

La Caja Maestra es el instrumento donde está contenido todo el Sistema de Información de los Servicios de Cuidado Primario.

El Sistema de Información es importante porque:

-Es la clave para organizar el trabajo mensual que se realiza en la Unidad de Cobertura.

-Es la clave para saber lo que está pasando con la salud de la gente de la Unidad de Cobertura.

-Es la clave para sacar la información que se debe enviar periódicamente a los organismos superiores de Salud.

-Es la clave para sacar la información semestral que se necesita para colocar en la Bandera de la Salud.

La Caja Maestra es un conjunto formado por diez elementos de vital importancia que conforman el Sistema de Información de los Servicios de Cuidado Primario de Salud.

a.- Las tarjetas de Registro Sistemático.

b.- La Clasificación de Enfermedades.

c.- La Guía para Clasificar el Riesgo Materno.

d.- Las Señas de Colores.

e.- Los Mapas: interpretación, uso y elaboración.

f.- Un Cartón Separador de Tarjetas.

g.- Los Registros de Hechos Vitales.

h.- Las Boletas de Remisión.

i.- La Bandera de la Salud

j.- El Resumen periódico de Datos.

a.- Las Tarjetas de Registro Sistemático

Constituyen la parte más importante del Sistema de Información, pués en ellas se registran todas y cada una de las actividades que se realizan para cuidar la Salud de las personas, para mejorar el medio ambiente y para motivar a la comunidad hacia su organización y participación en los programas de mejoramiento de su propio bienestar.

Hay diez tarjetas de registro sistemático que se presentan una por cada cara en cinco cartulinas de colores que se ordenan en un Tarjetero (vease figura 4), de acuerdo al número de familias que el TAP atiende en su correspondiente Unidad de Cobertura. Estas son:

Tarjeta CIMDER 01 FAMILIA (Color amarillo)

Tarjeta CIMDER 02 VIVIENDA (Color amarillo)

Tarjeta CIMDER 03 PRE-ESCOLAR NIÑO MENOR DE 6 AÑOS (Color azul)

Tarjeta CIMDER 04 ESCOLAR NIÑO DE 6 A 14 AÑOS (Color azul)

Tarjeta CIMDER 05 ADULTOS (Color blanco)

Tarjeta CIMDER 06 LA PAREJA (Color blanco)

Tarjeta CIMDER 07 RIESGO MATERNO (Color verde)

Tarjeta CIMDER 08 EMBARAZO, PARTO Y POST-PARTO (Color verde)

Tarjeta CIMDER 09 ORGANIZACION Y PARTICIPACION COMUNITARIA (Color rosado)

Tarjeta CIMDER 10 DATOS SOBRE RECURSOS COMUNITARIOS (Color rosado)

Usualmente, el TAP ejecuta una serie de actividades de cuidado primario de la salud, las cuales registra en formatos que son enviados a las secciones de estadística de los Servicios, sin que el vuelva a tener información sobre lo que hizo, y cual ha sido el impacto de su actividad.

EL TARJETERO PARA LA CAJA MAESTRA

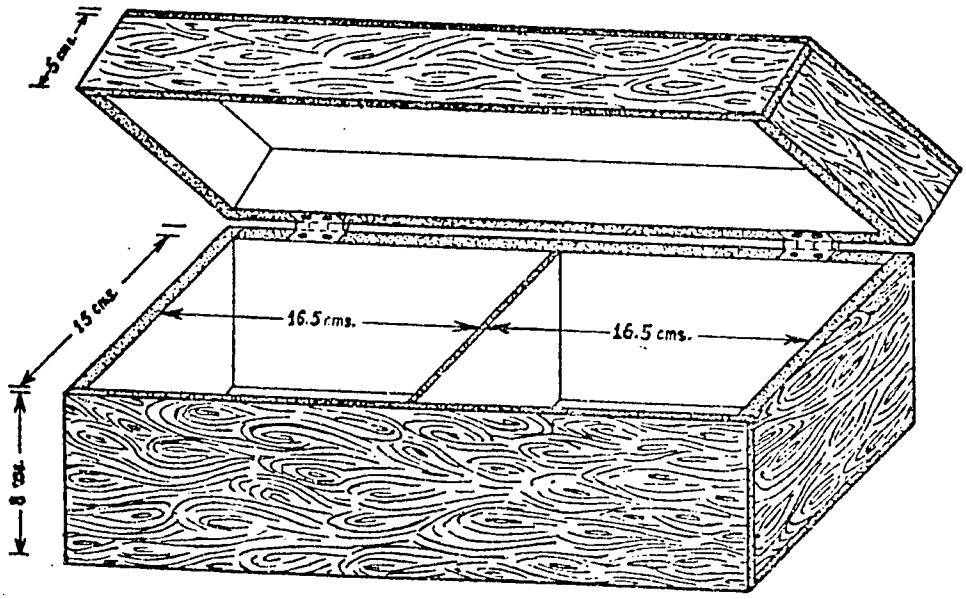


FIGURA N° 4 - DIMENSIONES INTERNAS

Con el Sistema de Información diseñado por CIMDER, el TAP al realizar sus actividades de Cuidado Primario de la Salud, obtiene un perfil del estado de salud de la población, y del estado sanitario de las viviendas. Pero a la vez permite observar claramente cómo la intervención del TAP, apoyándose en el Manual de Medicina para la Familia Campesina, en el de Cuidado Primario, el Microlaboratorio, el Micropuesto de Salud y la Cinta CIMDER de tres colores está satisfaciendo las necesidades de Cuidado Primario de la Salud de la población y los cambios que empiezan a ocurrir en cuanto al estado de salud de la población.

El TAP sabe cuál es la proporción de niños sin inmunización, por DPT; Sarampión; Polio; Viruela; BCG. Estos datos le permitirán programar días de vacunación en masa con la colaboración de los Grupos de la Comunidad. Por otra parte sabe cual es la proporción de niños menores de 6 años desnutridos para estimular la ejecución de 5 tareas con los Grupos de la Comunidad para combatir la desnutrición (producción de alimentos, uso apropiado de alimentos locales en la dieta; tratamiento precoz de la diarrea y desparacitación periódica; inmunización y cloración de aljibes e instalación de letrinas, etc.).

b.- Tarjeta de Clasificación de Enfermedades

La Tarjeta de clasificación de enfermedades es parte importante del Sistema de Información (La Caja Maestra), y sirve de guía para el registro de la morbilidad en la Unidad de Cobertura.

Se presenta en esta clasificación un listado de signos y/o síntomas y de enfermedades en 14 agrupaciones así:

1.- Enfermedades del cerebro y nervios	01-08
2.- Enfermedades de los sentidos	09-16
3.- Enfermedades respiratorias	17-23

4.- Enfermedades circulatorias 24-27

5.- Enfermedades digestivas 28-34

6.- Enfermedades infecciosas y parasitarias 35-41

7.- Enfermedades del riñón y vejiga 42-45

8.- Enfermedades genitales del hombre 46-48

9.- Enfermedades genitales de la mujer 49-54

10.- Enfermedades del embarazo, parto y post-parto 55-65

11.- Enfermedades de la piel 66-73

12.- Prevenibles por vacunas 74-79

13.- Otras enfermedades 80-86

14.- Urgencias 87-93

6.- Guía para Clasificar el Riesgo Materno

Es parte del Sistema de Información y sirve para clasificar el riesgo materno con relación al Control de Embarazo y a la Atención del Parto, como actividades que debe realizar el TAP.

A todas las embarazadas en las debe hacer la clasificación de Riesgo Materno y esta se registrará con los colores correspondientes en la tarjeta CIMDER DF "Riesgo Materno".

GUIA PARA CLASIFICAR EL RIESGO MATERNO				
RIESGOS MATERNOS PARA:	CONTROL DE EMBARAZO		ATENCION DE PARTO	
	REF	SI	REF	SI
1- Ningún parto.				
2- Toxemia en embarazo anterior.				
3- Enfermedad crónica sistémica.				
4- Más de 7 años sin tener parto.				
5- 3 ó más abortos seguidos				
6- Mayor de 40 años y en embarazo.				
7- Ha tenido 7 ó más partos.				
8- Cirugía de la matriz o de la vagina.				
9- Ultimo parto con feto muerto.				
10- Transfusión de sangre al recién nacido.				
11- Tiene de 2 a 6 embarazos y todos con parto normal				

d.- Las Señas de Colores

Son parte del Sistema de Información que sirven para determinar en cada Unidad de Cobertura (U.C), el estado actual de siete problemas de salud: Niño desnutrido; niño sin vacunación completa; familia que no hace tratamiento al agua; vivienda que no tiene sistema de disposición de excretas; niño nacido durante el año; adulto que estuvo incapacitado durante el año; mujer embarazada.

Consisten en unas señas de colores que colocadas encima de las tarjetas de la Caja Maestra, dan el diagnóstico óptico de las siete situaciones de salud debidamente registradas en las tarjetas correspondientes.

El significado de las señas de colores

Cada seña de color indica una situación a saber:

1.- Seña Roja. NIÑO DESNUTRIDO: cada seña roja puesta en la tarjeta del Pre-escolar (niño menor de 6 años), significa que ese niño está Desnutrido leve, moderado o severamente; o sea en amarillo o rojo según la cinta de tres colores. Cuando el niño pase a VERDE según la cinta, se retira la seña de la tarjeta, en ese momento el niño YA NO está desnutrido.

2.- Seña Azul. NIÑO SIN VACUNACION COMPLETA: cada seña azul puesta en la tarjeta del Pre-escolar (niño menor de 6 años), y/o en la tarjeta del niño en edad escolar (6-14 años), significa que ese niño no tiene el esquema de vacunación completo. Se retira la seña azul de la tarjeta, en ese momento, el niño ya no está SIN VACUNAR.

3.- Seña Blanca. FAMILIA QUE NO HACE TRATAMIENTO AL AGUA: cada seña blanca puesta en la tarjeta de la vivienda, significa que la familia a quien pertenecen los datos de esta, no hace ningún tipo de tratamiento al agua de consumo. Cuando en esa vivienda la familia haga cualquier tipo de tratamiento al agua (clorador, filtrada o hervida), se retira la seña blanca de la tarjeta.

4.- Seña Amarilla: VIVIENDA QUE NO TIENE SISTEMA DE DISPOSICION DE EXCRETAS: cada seña amarilla puesta en la tarjeta de la vivienda significa que allí no existe ningún sistema de disposición de excretas. Cuando en esa vivienda la familia instale una taza sanitaria o una letrina, se retira la seña amarilla de la tarjeta.

5.- Seña Rosada: NIÑO NACIDO DURANTE EL AÑO: cada seña rosada puesta en la tarjeta del Pre-escolar (niño menor de seis años), significa que ese niño nació durante el año al cual corresponden las tarjetas. Al finalizar cada año (diciembre), debe cambiar de tarjetas y a partir de enero del nuevo año, se abre una tarjeta por cada niño que nazca y se retira sobre ella la seña rosada.

6.- Seña Verde. ADULTO QUE ESTUVO INCAPACITADO DURANTE EL AÑO: cada seña verde puesta en la tarjeta del adulto (15 y más años), significa que esa persona estuvo incapacitada durante el año al cual corresponden las tarjetas. Al finalizar cada año (diciembre), se debe cambiar de tarjetas y a partir de enero del nuevo año se coloca la seña verde sobre la tarjeta, por cada persona adulta que se incapacite.

7.- Seña Rosada de doble ancho. MUJER EMBARAZADA: cada seña rosada de doble ancho puesta sobre la tarjeta de la embarazada, significa que en esa familia hay una mujer en embarazo, detectada por el TAP. Cuando termine el embarazo (ABORTO o PARTO), se retira la seña rosada de doble ancho de la tarjeta correspondiente.

e.- Mapas: interpretación, uso y elaboración

En esta sección se indica como el TAP debe interpretar y utilizar adecuadamente el mapa de un núcleo poblacional, rural: vereda o localidad y urbano: barrio).

Para algunos de los nucleos poblacionales en donde el TAP va a trabajar existen mapas disponibles en el servicio de Erradicación de la Malaria-SEM. El uso correcto de estos ayudarían en el trabajo porque tendrán localizadas las casas, escuelas, ríos, carreteras, caminos y otros lugares improtantes del área. Además servirá para saber en donde se deben realizar obras de saneamiento ambiental y en donde se están realizando. Un mapa correctamente dibujado y correctamente usado es una herramienta indispensable para trabajar con la Comunidad.

En los mapas se deben dibujar algunos símbolos o convenciones que son figuras que representan algo. Además las distancias entre los puntos marcados en el mapa son proporcionales o corresponden a las distancias que se tienen en el terreno. Cada una de las casas se identifican con un número para diferenciarla de la otra.

f.- Un Cartón Separador

Consiste en una tarjeta de Cartón en cuyo margén superior están distribuidos los meses del año así:

ENE	FEB	MAR	ABR	MAY	JUN	JUL	AGO	SEP	OCT	NOV	DIC

Debe ser hecho de cartón para que además de diferenciarse de las tarjetas en el Tarjetero, resista sin deteriorarse el permanente uso a que está sometido. Cumple dos funciones:

-Servir de guía para colocar las señas de colores las que deberán colocarse detrás de algunos meses.

-Para colocarlo en reemplazo de las tarjetas que diariamente debe sacar el TAP para sus visitas domiciliarias.

g.- Registro de Hechos Vitales

En esta parte del Sistema de Información se recogen los datos referentes a nacidos vivos,defunciones fetales y defunciones que ocurrán en cada Unidad de Cobertura.

El registro se hace en dos formularios básicos:

-Registro individual de Terminación de Embarazo. Con los datos suministrados por este formulario se pueden obtener: nacidos vivos, nacidos muertos y abortos.

-Registro individual de Defunciones. Con este formulario obtenemos los datos de defunción por edad y causas.

h.- Boletas de Remisión

Estas las elaborara el TAP cuando hay necesidad de remitir el paciente al médico. La boleta debe llegar al médico para que este sepa que el caso ya estuvo en manos del TAP y que su manejo y solución no estaban a su alcance.

Las boletas de Remisión se presentan en forma de talonario que se compone de:

Un original con dos partes: la boleta de Remisión propiamente dicha y la respuesta del médico al TAP ambas desprendibles del talonario y una copia de contenido identico a la Boleta de Remisión (primera parte del original), no desprendible del talonario.

i.- La Bandera de la Salud

Es parte del Sistema de Información que se usa para que la comunidad conozca su estado de Salud. Consiste en una bandera que representa en seis colores los problemas de Salud más importantes en cada Unidad de Cobertura. En cada franja de color, el TAP coloca dos círculos con números que indican la magnitud del problema durante dos períodos de seis meses cada uno. Esta bandera debe ser izada en días importantes para los campesinos y se utiliza para dar información semestral sobre los cambios logrados en el estado de Salud de su comunidad. De esta manera se estimula la participación comunitaria en las acciones colectivas para mejorar la Salud de todos.

Los colores de las franjas horizontales son en su orden:

1.- ROJO, significa: el número de niños menores de seis años desnutridos según la cinta: (roja y amarilla).

2.- EPOC, significa: el número de niños menores de seis años

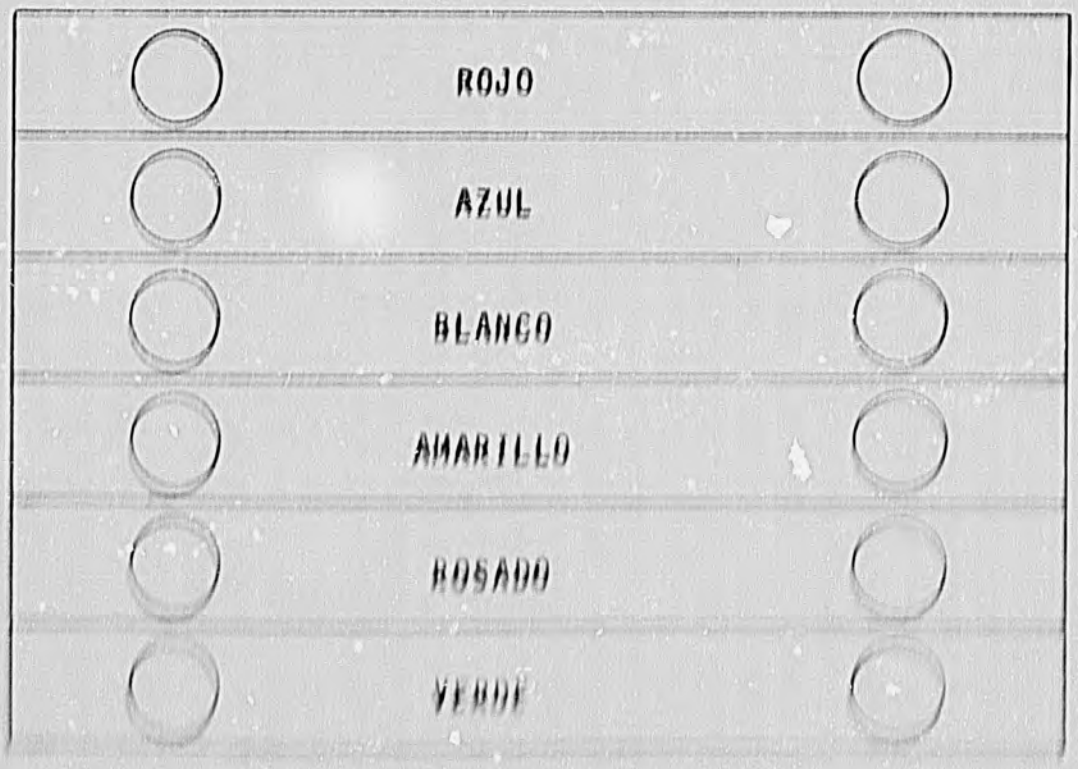
y de 6 a 14 años sin vacunas completas.

3.- BLANCO, significa: el número de familias que NO LE HACEN NINGUN TRATAMIENTO AL AGUA (clorada, filtrada o hervida).

4.- AMARILLO, significa: el número de viviendas que no tienen Sistema de disposición de excretas.

5.- ROSADO, significa: el número total de niños que nacieron durante los seis meses representados en cada círculo y que ya tienen su tarjeta 03 del niño menor de 6 años.

6.- VERDE, significa: el número de días de incapacidad ocurridos en la población adulta (15 y más años), durante los seis meses representados en cada círculo.



j.- Resumén Periódico de Datos

Esta parte del Sistema de Información permite que los TAP suministren algunos datos, de las actividades que realizan a las instituciones de la cual dependen para que los funcionarios de los niveles local, regional y seccional puedan hacer Evaluaciones periódicas de la situación de salud en cada área y les sirva de base para la programación de actividades a realizar e incluso para la asignación de Recursos.

Como las Tarjetas CIMDER de Registro Sistemático están diseñadas para registrar los datos de las actividades de un año completo de trabajo, son documentos que no deben salir de su Tarjetero sino al final de cada año para ser enviadas al organismo de Salud del cual dependen.

Sin embargo, como es conveniente que los organismos superiores de Salud dispongan de información de cada Unidad de Cobertura, se debe llenar y enviar este "Resumen Periódico de Datos" cada vez que lo determinen (mensual, bimensual, trimestral o semestral). El Servicio Seccional de Salud exige datos mensuales o sea que debe hacerse 12 veces al año.

5.- El Clorador de Aljibes

La fuente más común de agua de consumo en muchas regiones rurales del mundo, es el aljibe o pozo poco profundo. La calidad de esta fuente de agua en términos bacteriológicos es bastante baja, debido a la contaminación del agua freática en algunos casos, y a la insuficiente protección del pozo y manipulación incorrecta del proceso de extracción del agua, en la mayoría de las veces.

Las soluciones tecnológicas para la desinfección del agua de consumo han sido diseñadas principalmente para ciudades medianas y grandes de las zonas urbanas. Las soluciones para desinfección de las fuentes de agua de consumo en la zona rural, han sido muy escasas y muy poco conocidas.

CIMDER desarrolló un dosificador de cloro para pozos pequeños o aljibes, cuya simplicidad y eficacia permite que el TAP lo construya, instale y controle en cualquier medio rural.

Esta herramienta tecnológica simple ha sido empleada por el TAP para inducir y mantener la organización de los grupos de la Comunidad. El convoca a varias reuniones para discutir el problema de la contaminación de agua de bebida en la comunidad y luego propone una solución tecnológica factible y eficaz, la cual es enseñada a los miembros de los grupos.

La aplicación de este instrumento tecnológico sí es un medio efectivo para producir cambios de comportamiento en el uso del agua de consumo desde su extracción hasta el consumo. El recurso ineficaz del TAP de aconsejar a la gente para que hierva el agua, puede ser reemplazado ahora por el dosificador de cloro para aljibes que le permite a la comunidad tener agua bacteriológicamente pura.

El Clorador de Aljibe es un instrumento utilizado para poner cloro en el agua del aljibe, de tal manera que la mezcla de este con el agua se haga constantemente y en las proporciones requeridas.

El cloro es un elemento químico que puesto en cantidades adecuadas en el agua, mata los microorganismos que en ella se encuentran y protege a las personas que la consumen de enfermarse.

Los elementos necesarios para su construcción son:

Tarro plástico de boca ancha	1
Bolsa plástica	1
Jícara de plástico (red)	1
Arena	1/2 libra
Hipoclorito de calcio	1/2 "
Cuerda plástica	8 Metros
Clavo grande	1
Ladrillo (o piedra)	1/2 libra

6.- La Mochila

La mochila es un instrumento confeccionado con tela gruesa que le sirve al Trabajador de Atención Primaria (TAP), para portar con facilidad y holgura, durante sus visitas domiciliarias, todos los elementos necesarios e indispensables que pueda necesitar en la prestación de sus servicios tanto personales como ambientales.

La mochila reemplaza al Maletín que tradicionalmente han usado los trabajadores de salud, permitiéndole mayor y mejor movilidad ya que por su forma de colgar al hombro, el TAP queda con las manos libres.

La mochila ha sido diseñada con varios bolsillos de tamano y formas diferentes que son utilizados por el TAP para llevar los elementos necesarios para las visitas domiciliarias.

La distribución de los bolsillos en la mochila y su uso se describe a continuación:

a.- Parte Externa

Al frente hay cuatro bolsillos: dos al lado derecho y dos al lado izquierdo. Los dos bolsillos del lado derecho son más grandes que los del lado izquierdo. Los bolsillos del lado derecho los utilizará así: uno para colocar las tarjetas de las familias a las cuales va a visitar; el otro para colocar las tarjetas en blanco y las tarjetas de las familias que ya ha visitado.

Los bolsillos del lado izquierdo los utilizará para colocar el lápiz negro y los lápices de colores.

b.- Parte Interna

En la parte interna hay siete bolsillos distribuidos así: uno al lado lateral derecho que utilizará para llevar las tintas de tres colores: tres en la tapa del frente, dos más anchos

al lado derecho y uno con tapa al lado izquierdo que los utilizará así:

-Los dos más anchos del lado derecho llevará el estetoscopio de Pinard, el cepillo y la jeringa.

-En el bolsillo con tapa del lado izquierdo colocará los objetos personales (dinero, cosméticos, etc).

Trae al lado lateral izquierdo uno encima de otr, que utlizará para colocar las pinzas, las tijeras y el termómetro.

c.- Bolsa Interna

La bolsa interna es la de mayor capacidad y será utilizada para llevar los diferentes manuales: Cuidado Primario, Saneamiento, Caja Maestra, etc.

7.- Los Manuales de Referencia

Habitualmente el TAP solo tiene la palabra hablada y ocasionalmente algunos materiales escritos (con mensajes de dudosa comprensión para los campesinos), para hacer educación en salud.

CIMDER ha diseñado algunos Manuales que le sirven de consulta y aprendizaje permanente al TAP. Algunos de mayor utilización en el ejercicio de sus actividades los debe cargas permanentemente en su mochila para consultarlos cada vez que se le presentan las diferentes situaciones.

Estos manuales son:

a.- El Manual de Medicina para la Familia Campesina: este fue diseñado a partir de los problemas de salud planteados por diferentes grupos comunitarios. Mediante un intercambio de ideas sobre la interpretación etiológica de las enfermedades desde el punto de vista de dichos grupos y la explicación dada desde el punto de vista para profesional se elaboraron los contenidos de los diferentes capítulos utilizando la técnica de autoinstrucción.

El Manual tiene los siguientes capítulos:

-La Salud del niño.

-Cuidado del Enfermo en casa.

-Tratamiento de las enfermedades comunes del campesino.

-Urgencias.

Sirve de instrumento básico para el aprendizaje del Cuidado Primario de la Salud por el TAP y sirve de instrumento de enseñanza para la Comunidad.

b.- Manual de Cuidado Primario

En ese Manual usted aprenderá a:

-Como enseñarle a la madre a mantener su niño sano.

-Cómo manejar un enfermo en casa.

-Cómo tratar las enfermedades más comunes de la familia.

-Cómo prestar los primeros auxilios en casos de traumas.

c.- Lo que una Mujer debe hacer para mantener su embarazo normal.

En este Manual usted aprenderá a controlar un embarazo normal y detectar aquellas anormalidades que deben ser remitidas para atención médica.

d.- Cuidado de la madre durante el parto y el puerperio

En este Manual usted aprenderá a atender un parto normal y detectar aquellas partidas con signos de peligro que deben ser remitidas para atención médica.

e.- Manual de Inmunizaciones

En este Manual usted aprenderá a:

-Como atender una campaña de inmunización.

-Cómo conservar las vacunas apropiadamente.

-Cómo aplicar las vacunas.

-Cómo educar a las madres sobre la importancia de la vacunación.

f.- Manual de Organización y Participación de la Comunidad

En este Manual usted tendrá la oportunidad de:

-Aclarar el concepto que pudiera tener sobre la comunidad.

-Obtener información detallada sobre por qué se organiza la comunidad y su importancia.

-Conocer la importancia que tiene la participación de la comunidad en la prestación de los servicios.

-Reforzar el conocimiento sobre cómo organizar la comunidad y cómo se manejan los grupos de la comunidad.

-Conocer una Guía Metodológica para la conformación de organizaciones asociativas como ayuda en sus labores con la comunidad.

g.- Manual de Saneamiento

El TAP tendrá entre sus funciones una de mucha importancia que es: hacer mejorar el estado sanitario de cada vivienda. Para cumplir con éxito esta función tendra el Manual de Saneamiento el cual lo capacita para:

-Interpretar, elaborar y usar un mapa de su Unidad de Cobertura.

-Entender el ciclo de agua en la naturaleza

-Diagnosticar el estado sanitario de las fuentes de agua que la gente utiliza.

-Construir e instalar un clorador para pozos pequeños.

-Diagnosticar el estado sanitario de las letrinas.

-Construir un pozo protegido.

-Construir una letrina o taza campesina.

-Entender la importancia que tiene la disposición final de basuras en cuanto a su almacenamiento e incineración.

-Conocer la protección y control de artrópodos y roedores.

Este Manual es parte del material de instrucción diseñado y probado para la capacitación de Trabajadores de Atención Primaria de Salud o para otros agentes de salud que tengan a su cargo las labores de Saneamiento Ambiental.

B.- Metodologías y Estrategias

1.- Metodología

CIMDER ha considerado como factores fundamentales que aseguran el éxito del Sistema de Atención Primaria en Salud, la Metodología aplicada en los aspectos de: la Selección de los Trabajadores de Atención Primaria, capacitación y la Supervisión para las cuales a dedicado esfuerzos con el fin de estructurar sistemas sencillos y funcionales que han demostrado la suficiente efectividad para ser replicados y adaptados a cualquier región.

Como ayuda para los Servicios Seccionales de Salud de nuestro país y para cualquiera otro país vecino que tenga interés en esta Metodología, se han elaborado los Manuales:

-Reclutamiento y Selección de los Trabajadores de Atención Primaria.

-Capacitación de los Trabajadores de Atención Primaria y la de sus Supervisores.

-Supervisión a los TAP.

2.- Estrategias

Como contribución al Desarrollo, CIMDER ha realizado algunas investigaciones que le han permitido ofrecerlas como alternativas y que están actualmente en proceso de difusión.

Estas estrategias están orientadas principalmente al desarrollo de organizaciones asociativas que ofrece en el documento al "Sistema de Organización Asociativa-SOA".

Esta investigación de tipo bibliográfico y la de tipo histórico relacionada con la "Descomposición de la Economía Campesina en el Norte del Cauca", han servido de base para la realización de algunas experiencias en el área experimental de CIMDER que permitieron la elaboración del Proyecto de Organización de la Producción Agropecuaria como alternativa a la estructura económica campesina y su desarrollo.

APPENDIX B

Excerpts From:

Nonformal Education Activities at Lesotho Distance Teaching Center: Evaluation Report. Prepared by Creative Associates, April 1979.

The Centre has prepared a variety of research reports that would be of use to other nonformal education practitioners. Interested readers should check the listing of LDTC research reports as of February 1979, pp. 15, 16 (Appendix A). The research conducted on the audience' reception, comprehension and use of information in the booklets is recorded in "Self-Instructional Booklets for Rural Education (1975)" and in "Learning from a Booklet: An Experiment with Individuals and Groups (1978)." The second report describes one of the reserach efforts which was supported by the grant. It will be discussed in detail below. The report is on research conducted with the booklet "Learning to Crochet." Several pages of this booklet, following this page, are excellent examples of the simplicity in design, the easy to understand illustrations and easy to read type which characterize the booklets produced in the Rural Education Section.

Research on Individual vs. Group Learning

One of the activities supported under the grant was a research activity experimentally comparing the learning effects and cost effectiveness of structured group vs. individuals in studying and using the crochetting booklet published by LDTC. This activity also necessitated some work in identifying existing groups and in providing support to the groups.

This research activity was carried out during late 1977 and early 1978, and the results were published in Learning from a Booklet: An Experiment with Individuals and Groups in Lesotho, LDTC, June 1978. The results have been important in influencing the materials distribution strategy of the LDTC.

In particular, the results suggested that the earlier emphasis on distributing materials primarily for use by individuals should be revised to a combined approach in which materials are designed and distributed for use by both groups and individuals. The research demonstrated that where active groups could be identified and where LDTC resources permitted a modest amount of support for the group (in the form of workshops for group leaders and some supplementary training materials) 67-85% of the members of such groups effectively learned the crochet techniques. This compared to 24-42% effective learning among the individuals who purchased the booklets. The results for those groups which did not receive supplementary support from LDTC were inconclusive, though similar to results for individuals.

In beginning the experiment, the LDTC was confident that the booklets were usable and desired by individuals. This confidence was based on prior experience with the distribution of other booklets (e.g., on first aid and on cookery), on a preference survey which was undertaken to determine interest in booklets on various topics, and on the pre-testing that was undertaken in the development of the "How to Crochet" booklet. Note: The booklet was initially developed for use primarily by individuals. Thus, the objectives of the research were to test the effectiveness of the booklets when used with groups (both supported and unsupported), to compare the effectiveness of the booklets in groups with their effectiveness when used by individuals and, to measure the cost effectiveness of various dissemination strategies. The crochet booklet was used for the experiment because it lent itself to clearly identifiable skill measurements of learning.

The conclusions with regard to the effectiveness of the use of the materials with groups are stated on pp. 42-43 of the Learning from a Booklet report:

> Perhaps the most important finding of this experiment with groups was the success that the TY groups has in learning from the booklet.
>
> a) Group leaders were easy to recruit and once recruited, proved to be highly motivated, capable and enthusiastic.
>
> b) For the most part, group leaders were able to reactivate groups which had been inactive. Once the work on crochet had begun, the membership of the groups grew quickly.
>
> c) Almost all of the beginners learned how to crochet as a result of the experiment. Most beginners learned to crochet in exactly the way taught by the booklet.
>
> d) Most group members who were experineced crocheters modified their techniques in line with what was taught in the booklet. It is not altogether clear why they did this. The technique of many experienced crocheters was probably adequate to begin with. Nonetheless, this finding does serve to underline both the willingness of village women to learn new techniques and the educational effectiveness of groups.
>
> e) The ratio of group members who learned almost everything taught in the booklet to those who only learned some of the things taught was in the order of 4 to 1. This compares to a ratio of 1 to 1 for individuals who bought the crochet booklet. Therefore, in such cases where the complete or nearly complete mastery of educational material is thought to be important, group work appears to be particularly educationally effective.
>
> f) Through group work, LDTC can reach a lot of village women. There are perhaps 200 active and inactive women's groups in Lesotho. When we offered additional support to groups, we had little problem in securing the cooperation of most groups in the TY area. As this area included a number of inactive groups and was chosen without any prior knowledge of the groups and group leaders, this suggests that the national potential is great.

g) Although the decision on the level of support to offer the TY group was, in the first instance, an educated guess, it proved (with the exception of the offer of free wool) to be a good guess. The support was neither too much or too little to ensure educational effectiveness.

Though the report must be read with some caution, reflecting as it does only a first experiment with a limited number of groups and with a booklet on one topic, the evaluators are in full agreement with the conclusions with regard to learning effectiveness as stated above.

The evaluators feel that the conclusions support the current LDTC strategy of developing materials for combined use by individuals and groups. In addition, the conclusions have the following implications for future program development at LDTC.

a) The dissemination of materials through supported groups appears to have had positive effects on the groups themselves. The number of groups considered active grew substantially (from a low estimate of 6-10 active groups in early 1977 to perhaps 30 today of the 200 or so women's groups in Lesotho) and several groups increased their active memberhip, in part as a result of the crochet activities. This is an effect of the experiment which has importance beyond the question of the learning effectiveness of groups. It suggests that future booklet distribution campaigns will have a somewhat more active set of women's groups with which to work. It also suggests that in the future, the LDTC might consider the impact of the materials on group organiztion and activity as a direct objective rather than as an indirect or intermediate objective as it was in this instance.

b) The resources required to support groups appear to be quite modest and to result in dramatic increases in learning effectiveness of materials. However, the LDTC was limited in its ability to provide support for all groups in the experiment. In the discussion of cost effectiveness, the cost of providing support to groups results in a marginally higher cost per successful learner than the alternative of direct sales to individuals. It is the opinion of the evaluators that further resources, were they available to LDTC, could be effectively utilized in supporting groups and that the cost per successful learner for materials used with supported groups may reduce over time to a level which would be comparable cost effective, and possibly more cost efficient, with the direct sales alternative.

The difficulty is that the LDTC does not at present have the resources and currently has a policy not to undertake group organization and support as a primary objective. However, as the LDTC plans to use the combined approach (i,e., group sales as well as sales to individuals) in subsequent materials distribution, it is expected that it will have further opportunities to support groups. It is recommended by the evaluators that the LDTC continue to monitor the cost effectiveness of the group approach and that it encourage the group approach in its service agency work.

c) The finding that group approaches are to be recommended when "complete or nearly complete mastery of educational material is thought to be important" seems particularly relevant to some of the current projects of the LDTC - for instance, in disseminating materials on child care, on erosion control, or consumer information on low-cost housing. In the case of the

crochet booklet, incomplete mastery of complete mastery by only a minor fraction of the booklet users does not have harmful consequences. In such cases, as is argued in the analysis of cost effectiveness, it is the total number of successful learners which is the measure of effectivness. In other cases, such as those mentioned, it may be necessary to maximize the percentage of booklet users who learn effectively or completely, in which case a greater emphasis on the group approach may be advised.

The conclusions with regard to cost effectivness seem, to the evaluators, more limited and inconclusive than the conclusions with regard to learning effectiveness. While the analysis supports the conclusion that the combined approach is cost effective for materials such as the crochet booklet, it is not clear to the evaluators that the conclusion can be generalized for other materials or that the methodology and criteria used for assessing cost effectiveness in this case can be applied to other cases or materials.

THE LESOTHO DISTANCE TRAINING CENTER

Excerpt from a discussion paper
prepared by

Jim Hoxeng, USAID/DSB/ED
September, 1979

The remainder of this paper will sketch out the development of an AID-sponsored project under which LDTC will conduct a test of the Service Agency approach on a national level. First, some background on the Lesotho Distance Teaching Centre, taken from one of its periodic reports:

> The Lesotho Distance Teaching Centre (LDTC) was set up by the International Extension College (IEC) at the request of the Ministry of Education of the Government of Lesotho. IEC is a charitable trust registered in Britain which exists to establish and provide services for colleges using distance-teaching methods in developing countries.
>
> Work in the Centre began in February 1974 and its main aim has been to expand the use that is made of distance-teaching methods in Lesotho. These methods include radio programmes, instructional booklets or leaflets, correspondence courses and communications support such as visual aids, pamphlets, and training courses for field workers.
>
> The Centre is a division of the Ministry of Education with fiscal autonomy and has a management committee which consists of the Permanent Secretary for Education as chairman and representatives from other ministries.

It is associated with the Lesotholi Polytechnic and its new building is on the site of the Polytechnic.

The Centre now has a staff of over 60 people. Of these, fewer than 10 are expatriates on contract. Support for the Centre has come from a variety of sources, including the Irish Government, United States Agency for International Development (USAID), Lesotho Government, Netherlands Organization for International Development & Co-operation (NOVIB), the International University Exchange Fund (IUEF), Training for Self Reliance (a World Bank Project), UNICEF, Agency for Personal Service Overseas (APSO), Commonwealth Fund for Technical Co-operation (CFTC), World University Service (WUS), The Danish Voluntary Service (DVS), the Danish International Development Agency (DANIDA), the British Government and the British Council.

SERVICE AGENCY OPERATION

Assessment and Analysis of NFE Programs

About four years ago, LDTC carried out a partial survey of organizations involved in nonformal education in Lesotho.

Several countries have begun such inventories of NFE programs in order to understand what NFE is accomplishing, where the programs resources come from and what their needs are, but little attention

has been paid to date as to how an LDC's NFE programs work together on a country-wide basis. The quality of those studies has been uneven because people doing the studies have had little idea as to what the universe is, what sort of sample should be taken, what use can be made of the information, and so on. A.I.D.'s education sector assessments, which ought to be able to provide such information, have not concentrated on NFE either. The unending variety of programs which characterize NFE has daunted A.I.D.'s analysts as well as those in LDCs, with the result that our education sector assessments give NFE relatively scant attention.

Our plan in this project will be to a) amass existing knowledge, which currently is fragmentary, b) apply existing techniques, such as mapping strategies, to the assessment/analysis (A/A) process as it has evolved to date, and c) develop an A/A methodology which will become an ongoing process to be carried out by LDTC.

The A/A methodology may be the first step toward a system for international comparability of nonformal education "mixes." It will begin to provide data which could be used by LDCs attempting to make NFE learning opportunities available to their citizens who do not have access to schooling. Without such information, no attempt to rationalize NFE and more fully tap its potential contribution to development can succeed.

Technical Assistance

LDTC staff found many of the people with whom they spoke in their survey to be very interested in obtaining assistance in the

production of written materials and in training of their staffs in their use. They were also interested in learning more about the use of radio to reach their program goals. Because LDTC was long on talent and short on money at that time, it began to offer its services to NFE organizations, charging them only LDTC's actual costs of time and materials. Numerous groups purchased LDTC's help. In August, 1977, Paud Murphy, then LDTC Director, described how the Centre's assistance took shape:

> There are four very different examples of work of this nature which the Centre has carried out during the past eighteen months. In November 1975, the Lesotho Family Planning Association (LFPA) approached us to help develop the educational aspects of their work. LFPA is the organization responsible for the provision of family planning services and education on family planning in Lesotho. We looked at the work already being carried out and at the LFPA's present staff. We then drew up a proposal and USAID provided funds to implement this proposal.
>
> The project had two major aims - to provide a variety of educational materials on family planning and to strengthen the educational arm of the LFPA. During 1976, we worked intensively with LFPA field educators to help them communicate more effectively with the general public, and directly with the general public to provide them with more information about family planning. (A second phase of the project began in 1977 and is still going on.) Our work with LFPA field educators involved designing a standard talk to give at village pitsos, a flip chart of pictures to accompany the talk and a pamphlet to hand out after the talk. We held two training courses to help field educators give the talk and use the visual aids effectively. Comments by the field educators during these courses were taken into account in the final design of the materials. We also produced two correspondence lessons for field educators on topics they suggested. To make the general public more aware of family planning, we designed a series of 15 radio

'spots' and 6 programmes, which were broadcast during August 1976. We produced pamphlets on different contraceptive methods which were distributed during November and December. We also conducted a large scale survey of attitudes to family planning in Lesotho with a view to planning the second phase of the project.

A second example of major service agency job is our work with Thaba Bosiu Rural Development Project. TBRDP was set up in 1974 and one of its activities is making agricultural inputs more accessible to farmers in its area of concentration. It established village distribution points to sell some agricultural inputs and, in consultation with villages, appointed agents called "village distribution point agents" to man these. TBRDP approached us to help train these agents. We drew up a proposal, TBRDP invited us to begin and during 1976 we produced a handbook for the agents and helped run a training course to introduce them to the handbook. We also designed and produced 6 monthly newsletters between May and October, which were distributed by TBRDP. Finally, we designed some short radio programs which were broadcast over Radio Lesotho.

Road safety is becoming more difficult to achieve in Lesotho. As the number of cars and drivers increase, so do the number of accidents. An interministerial committee was established to try to reduce the number of road accidents in Lesotho. The committee invited LDTC to contribute to the educational aspects of their work. We proposed materials for a short campaign on the dangers of drinking and driving. The committee accepted these and we produced two posters, a letter to drivers and a series of ten short radio spots. The posters were put up by the traffic police in cafes, shops and border posts throughout the lowlands of Lesotho. The letter to drivers was signed by the Minister of Transport and posted to 6,000 drivers in Maseru, Mafeteng and Berea districts of Lesotho. It was also handed out to drivers at border posts. The posters and letter were distributed three weeks before Easter. Radio Lesotho broadcast the spots about twenty times a day during the 2 week period over Easter.

A final example is the work we undertook with Catholic Relief Services. CRS runs a very large pre-school programme in Lesotho. In 120 clinics and outstations, 70 nurses meet 120,000 mothers each year. Part of the programme requires nurses to give a talk to mothers on

various topics. CRS was concerned that their talks were not as effective as they should be and asked LDTC to help. We visited clinics and wrote up a proposal, which was accepted by CRS. Working together with CRS, we then wrote standard talks on two topics chosen by the nurses and designed a number of posters to accompany each talk. With CRS we ran a training course for the nurses to get their comments on the talks and posters and to help them to give more effective talks. We then produced final versions of the talks and posters and CRS distributed these to the nurses.

The four projects described here give a general idea of the type of work presently being undertaken by LDTC as a service agency. In each case we have worked very closely with the organization concerned. In particular, each organization has been involved with the design and testing of the educational materials. We have also attempted to pass on our skills and methodology to enable the organization concerned to use distance teaching in any of its future work.

One of the continuing challenges facing the Service Agency staff has been to develop criteria for selection of programs they assist in order to assure the Centre that its goals are being addressed in the Service Agency's work. In 1978, drawing on their earlier experiences, they drew up a brief set of selection criteria:

SELECTION CRITERIA

1. Objectives	LDTC's Service Agency work provides an educational service aimed at improving the conditions of life in rural areas. This might involve raising awareness of social, economic or health problems, or communicating skills designed to encourage self employment. It may also involve conducting research which will ultimately lead to the improvement of the quality of rural life. Benefits to rural people may be direct or indirect. Preference will be given to projects that will have some lasting effect.
2. Target Group	We are mainly interested in reaching rural people in Lesotho, particularly those to whom few services are currently available.
3. Methods and Materials	Generally, Service Agency work should include the use of distance teaching methods such as printed materials, posters, radio and training courses for fieldworkers. Materials will normally be developed in Lesotho.
4. Cost	LDTC should be satisfied that the expenditure involved can be justified either by the number or the type of people reached by the Service.

Assistance Fund

Nonformal education is often closely linked to money making opportunities. Poor people in the Third World have no trouble deciding whether education is a consumption activity or an investment. Skill acquired through NFE, whether literacy, math, or basic bookkeeping, is usually applied immediately - such as in the marketplace, where ability to calculate quickly is the best insurance against being cheated, and reading a document is the best guarantee of its content. Often, however, application of the skill requires some small monetary investment as well - to acquire materials for processing, to buy breeding stock, and so forth. For many rural people, access to even modest sums is out of the question; no credit mechanisms exist for them.

A second area in which funds are needed is to provide means for NFE programs to expand in response to community demand. Rapid budgetary changes of such a nature are practically unheard of; bureaucracies don't operate that way. What we propose, however, is to make funds available so that programs which can show evidence that people are asking them to offer their services in new areas will have access to new resources. Evidence of demand for expansion into a community will be in the form of a quasi-contract with that community which will detail the inputs to come from each party and the anticipated benefits from the program's new operation. Funds will be negotiated in each instance to permit the program's

regular budget to take over the operation at the earliest feasible date.

ENDNOTE

If the trial of these ideas in Lesotho works, it will mean that over a period of five years educational planners will have a much clearer idea of how much NFE is going on in the country, and what its emphases are; that the overall quality of education offered in NFE programs will have improved, i.e., their clients will be acquiring more useful knowledge in a shorter time than is the case today, as programs make increasing use of NFE materials and training techniques made available through the Service Agency; and that people and areas with little current access to NFE programs will have a better chance of obtaining help in improving their communities and incomes.

If all the above happens, it will be the task of the Development Support Bureau's Office of Education to disseminate information on the concepts to other countries in other regions and to other international donor agencies which may find that such a model will help to solve the problems they currently face in attempting to provide support to NFE with all its weaknesses as mentioned earlier in this paper. This paper is the beginning of the information sharing process.

JHoneng
Sept '84

APPENDIX C

INTERNATIONAL NUTRITION
COMMUNICATION SERVICE

edc

INTERNATIONAL NUTRITION COMMUNICATION SERVICE

(INCS)

Advisory Board

rick B. Jelliffe, *Head, ivision of Population, amily and International lealth, UCLA School of ublic Health*

F. Patrice Jelliffe, *ecturer, Division of opulation, Family and nternational Health, 'CLA School of ublic Health*

chard K. Manoff, *resident, Manoff nternational*

ra Srinivasan, *Non-ormal Education onsultant*

rian L. Tompson, *resident, La Leche eague International*

e D. Wray, *Director, ffice of International 'ealth Programs, Harvard chool of Public Health*

rian F. Zeitlin, *ecturer, Tufts University utrition Institute*

Steering Committee

omas Cook, *Vice-resident, Manoff nternational*

yllis Dobyns, *oordinator, Health nd Nutrition Programs, ave the Children ederation*

arles N. Myers, *irector, International ograms, Education evelopment Center*

USAID's International Nutrition Communication Service (INCS) is a resource for nutrition education programs in developing countries. It offers project support for the design, implementation and evaluation of educational efforts aimed at improving food and nutrition knowledge, attitudes and behaviors. The primary resource of INCS is an inter-disciplinary roster of professionals who are prepared to help host country planners identify nutrition education needs, resources and target groups, develop appropriate communications strategies, and evaluate the impact of nutrition education programs. INCS provides technical assistance to projects overseas in the following areas: advertising, anthropology, clinical nutrition, curriculum development, development communications, field worker training, group dynamics, mass media, nonformal education, nutrition education, nutrition planning, pediatrics, public administration, quantitative analysis, social marketing, sociology, survey research and teacher training.

The four-year project is financed by the United States Agency for International Development and coordinated by Education Development Center (EDC), a non-profit agency with twenty years experience in educational management and research. Save the Children Federation, an international social service and community development organization, and Manoff International, a pioneering firm in the field of development communications, share with EDC responsibility for managing and implementing the Project. The Project also draws upon consultants from U.S. and international universities and institutions, including the Harvard School of Public Health, and the School of Public Health at the University of California at Los Angeles. La Leche League International, a service organization dedicated to the promotion of breast-feeding, also has agreed to offer consultants to the Project.

A focal point of Project concern and activity is to improve infant feeding and weaning practices. Current data, collected by the World Health Organization, UNICEF and others, link increased incidence of infant mortality to early weaning and a trend away from breast-feeding. Low-income mothers in developing countries lack the knowledge, purchasing power, and sanitary facilities to adequately use and prepare infant formula and other breast-milk substitutes. There is a strong need for nutrition education to teach women the full range of infant-feeding skills from breast-feeding to the use and preparation of appropriate weaning foods.

Besides technical assistance, INCS offers several other resources. A Clearing House for nutrition education materials has been established at EDC. The Clearing House systematically collects, reviews and disseminates exemplary materials ranging from radio scripts to nutrition education training manuals. INCS also is producing a Nutrition Education Compendium composed of case studies and issues papers. The Compendium, to be published in 1981, will be a guidebook for policy makers and project managers.

For further information please contact:

Ron Israel, Project Manager
International Nutrition Communication Service
Education Development Center
55 Chapel Street
Newton, MA 02160 USA

Telephone: (617) 969-7100
Cable: EDC NEW / Telex: 922476

APPENDIX D

DATA TABLES

TABLES

1. Number of Interviews by Department

2. Number of Children

3. How do You Spend Your Day?

4. What Are Your Tasks in the Field?

5. What Are Your Tasks in the Care of Livestock?

6. What Are Your Tasks in the Sale of Produce or Livestock?

7. What Do You Need to Be Able to Produce More Goods Or to Produce Them in a Group?

8. Is There a Mothers' Club in This Community?

9. What Do You Get Or Learn From the Mothers' Club?

10. Of All That You Get Or Learn From the Mothers' Club, What Is the Most Important?

11. What Would You Like to Have the Club Help You With That It Is Not Doing Now?

12. How Long Did You Attend School?

13. Why Did You Stop Going to School?

15. Why Didn't You Go to School?

16. Why Is It Important For Boys/Girls to Go to School?

17. What Courses Would You Like to Take?

18. What Do the People in This Community Need to Learn Most?

19. How Long Could You Go to Another Place to Take a Course?

20. Why Do People Get Sick?

21. What Can People Do to Keep From Getting Sick Frequently?

22. Where Do You Get Your Water?

23. Why Is It Good Water?

24. Who Comes to This Community to Teach You How to Stay Well?

25. Has Anyone Ever Told You to Go to Health Post to Get Immunization or Shots?

26. Who Do You Go to When You Are Sick?

27. Why Haven't You Been to a Health Post?

28. Is There a Health Post in This Community?

30. Who Earns Money For the Family?

31. How Is Money Earned?

32. How Do You Help Earn Money?

33. What Does the Family Get with the Money Earned?

34. Who Decides How to Spend Money?

35. Where Is the Market That You Go to?

36. How Do You Get to the Market Place?

37. How Frequently Do You Go to the Market?

38. Would You Go to the Market More Often If There Were Transportation?

39. How Do You Get the Merchandise You Need?

40. Is It Easy to Get the Merchandise You Need?

41. What Products Would You Like to Have Someone Come to Your Community to Sell?

42. Has Anyone Ever Come to Help You Learn to Grow More?

43. Who Comes to Teach You How to Grow More?

44. Who Comes to Teach You Crafts and Other Skills?

45. How Often Does Someone Come to Teach Crafts and Other Skills?

46. What Crafts or Skills Do People Teach You?

47. Is It Important to You to Have Someone Come to Teach You Crafts and Other Skills?

48. What New Things Would You Like to Learn?

49. Who in Your Family is a Member of an Integral Coop?

50. How Has the Family Benefited by Having Someone Who is a Member of an Integral Coop?

51. Why Would You Like to Belong to an Integral Coop?

52. What Activities Should a Coop Offer to Increase Female Participation?

53. Why Would It Be Good to Have Electricity in Your Home?

54. Why Would It Be Good to Have Electricity in This Community?

TABLE 1

NUMBER OF INTERVIEWS BY DEPARTMENT

	Actual No.
Cochabamba	100
Santa Cruz	154
Chuquisaca	51
Beni	20
Tarija	54
Potosi	68

TABLE 2

NUMBER OF CHILDREN

Number	Frequency
0	123
1	54
2	47
3	44
4	54
5	43
6	30
7	17
8	13
9	5
10	7
11	4
12	1

TABLE 3

HOW DO YOU SPEND YOUR DAY?*

	% Married	% Single	% Total
Cooking	70.9	62.4	67.1
Tending animals	9.2	9.6	9.3
Working in fields	8.4	8.6	8.5
Tending my children	31.0	19.2	25.9
selling at market	2.0	3.5	2.6
Go to market	0	1.0	0.4
Knitting/weaving	21.3	22.3	21.7
General housework	70.5	65.9	68.4
Getting water	0.4	1.0	0.6
Study	1.6	6.0	3.8
Employed	4.0	2.0	3.6

*The categories in this chart are not mutually exclusive. Therefore percentages do not sum to 100.

TABLE 4

"WHAT ARE YOUR TASKS IN THE FIELD?"

	% Married	% Single	% Total
No response*	38.3	38.0	38.0
Planting	37.9	40.6	39.3
Tending crops	47.9	52.2	50.1
Harvesting	34.6	37.0	36.0
Ploughing	0.4	1.0	0.6
Herding	2.4	5.5	3.8
Other	8.0	4.5	6.4

*These are not mutually exclusive categories, therefore percentages do not sum to 100.

TABLE 5

"WHAT ARE YOUR TASKS IN THE CARE OF LIVESTOCK?"

	% Married	% Single	% Total
Feeding/care	42.3	46.7	44.0
Herding	2.8	1.0	2.0
Both feed/care and herding	25.4	27.9	26.8

TABLE 6

"WHAT ARE YOUR TASKS IN THE SALE OF PRODUCE OR LIVESTOCK?"

	% Total
Prepare for market	7.8
Take to market	10.7
Sale at market	30.8
Other	1.5

TABLE 7

"WHAT DO YOU NEED TO BE ABLE TO PRODUCE MORE GOODS OR TO PRODUCE THEM IN A GROUP?"

	% Total
Money	9.6
Time	6.4
Materials	17.6
A place to work	5.8
Instruction	21.7

TABLE 8

"IS THERE A MOTHERS CLUB IN THIS COMMUNITY?"

	Cochabamba	Santa Cruz	Chuquisaca	Beni	Tarija	Potosi
No response	3	6	5	0	3	7
Yes	43	108	31	8	28	0
No	45	23	11	9	21	59
Don't know	9	17	4	3	2	2

TABLE 9

"WHAT DO YOU GET OR LEARN FROM THE MOTHERS CLUB?"

	% of Total (N=447)	% of Members (N=93)
No response	81.2	N.A.
Food	10.7	51.6
Learn to knit	10.7	51.6
Learn to sew	7.1	34.4
Meet with friends	4.6	22.5
Learn to cook	6.4	31.1
Learn about nutrition	3.5	17.2
Nothing	1.3	6.4
Learn about health	1.1	5.3
Learn to read and write	0.4	2.1

Note: The above categories are not mutually exclusive, therefore the percentages do not sum to 100.

TABLE 10

"OF ALL THAT YOU GET OR LEARN FROM THE MOTHERS CLUB, WHAT IS THE MOST IMPORTANT?"

	% of Total (N=447)	% of Members (N=93)
No response	82.6	N. A.
Food	6.3	30.1
Learn to knit	4.3	20.4
Learn to sew	2.7	12.9
Meet with friends	0.2	1.0
Learn to cook	1.6	7.5
Learn nutrition	0.9	4.3
Learn health	1.1	5.3
Nothing	0.2	1.0
Other	0.2	1.0

TABLE 11

"WHAT WOULD YOU LIKE TO HAVE THE CLUB HELP YOU WITH THAT IT IS NOT DOING NOW?"

	% of Total (N=448)	% of Members (N=93)
No response	83.9	N.A.
Learn to knit	4.2	20.4
Learn to sew	3.1	15.0
Learn to read and write	1.2	6.4
Learn to cook	1.3	6.4
Learn nutrition	2.0	9.6
Learn health	2.0	9.6
Learn ways to earn money	0.4	2.1
Acquire work tools	5.3	25.8

TABLE 12

"HOW LONG DID YOU ATTEND SCHOOL?"

	Cochabamba N = 100		Santa Cruz N = 154		Chuquisaca N = 51		Beni N=20		Tarija N = 54		Potosi N = 68		Total N=447	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
No response	37	37.0	20	13.0	32	62.7	4	20.0	20	37.0	46	67.6	159	35.6
1 year or less	4	4.0	6	3.9	5	9.8	1	5.0	2	3.7	4	5.9	22	4.9
2 to 4 years prim.	33	33.0	47	30.5	10	19.6	4	20.0	21	38.9	13	19.1	128	28.6
4 to 6 years prim.	7	7.0	28	18.2	4	7.8	7	35.0	5	9.3	5	7.4	56	12.5
1 to 3 years secondary	12	12.0	37	24.0	0	0.0	4	20.0	5	9.3	0	0.0	58	13.0
4 years secondary +	7	7.0	16	10.3	0	0.0	0	0.0	1	1.9	0	0.0	24	5.4

TABLE 13

"WHY DID YOU STOP GOING TO SCHOOL?"

	Cochabamba *N=63		Santa Cruz N=134		Chuquisaca N=19		Beni N=16		Tarija N=34		Potosi N=22		Total N=288	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Finished	1	1.6	9	6.7	2	10.5	0	0.0	0	0.0	0	0.0	12	4.1
Had to work at home	6	9.5	20	14.9	8	42.1	1	6.3	17	50.0	3	13.6	55	19.1
Had to help in fields	6	9.5	8	6.0	1	5.3	0	0.0	3	8.8	7	31.8	25	8.7
There was no teacher	4	6.3	0	0.0	0	0.0	1	6.3	0	0.0	3	13.6	8	2.8
Didn't have money	9	14.3	27	20.1	3	15.8	4	25.0	3	8.8	0	0.0	46	16.0
School closed	3	4.8	5	3.7	1	5.3	0	0.0	1	2.9	4	18.2	14	4.9
Parents withdrew me	9	14.3	6	4.5	0	0.0	3	18.8	2	5.8	0	0.0	20	6.9
Too far	0	0.0	2	1.5	0	0.0	2	12.5	1	2.9	0	0.0	5	1.7
Got married	1	1.6	4	3.0	0	0.0	1	6.3	1	2.9	0	0.0	7	2.4
No response	12	19.0	25	18.6	3	15.9	2	12.5	4	11.8	3	13.6	49	17.0
Other	12	19.0	28	2.10	1	5.3	2	12.5	2	5.8	2	9.1	47	16.3

*These numbers represent those people who reported some school experience. Percentages are calculated based on these numbers.

TABLE 15

"WHY DIDN't YOU GO TO SCHOOL?"

	Cochabamba N = 37		Santa Cruz N = 20		Chuquisaca N = 32		Beni N=4		Tarija N = 20		Potosi N = 46		Total N=159	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
No school nearby	8	21.6	1	5.0	10	31.3			2	10.0	23	50.0	44	27.7
Girls don't go to school	0	0.0	1	5.0	0	0.0			8	40.0	-	-	9	5.7
No money	3	8.1	2	10.0	3	9.4	1	25.0	-	-	3	6.5	12	7.5
Had to help at home	4	10.8	3	15.0	4	12.5			4	20.0	10	21.7	25	15.7
Had to help in fields	5	13.5	4	20.0	3	9.4			1	5.0	1	2.2	14	8.8
Parents didn't allow	6	16.2	0	0.0	5	15.6	2	50.0	1	5.0	4	8.7	18	11.3
Didn't want to	-	-	0	0.0	0	0.0	1	25.0	-	-			1	0.6
No response	11	29.7	9	45.0	7	21.9	0	0.0	4	20.0	5	10.9	36	22.6

TABLE 16

"WHY IS IT IMPORTANT FOR BOYS/GIRLS TO GO TO SCHOOL?"

	Importance For Girls	Importance For Boys
Learn to read and write	44.5	51.2
Learn to earn money	4.3	3.1
Boys/girls need education	12.1	3.5
Prepare for a better life	41.0	45.4
No response	8.7	8.7

Note: These categories are not mutually exclusive, therefore percentages do not sum to 100.

TABLE 17

"WHAT COURSES WOULD YOU LIKE TO ATTEND?"*

	% of those who responded N = 308
Knitting	39.2
Sewing	34.4
Cooking	19.5
Nutrition	5.8
Health	5.8
Agriculture	5.1
Animal husbandry	2.2
Artisanry	2.9
Literacy	9.0
Everything	28.2
Don't know	1.2

*Respondants were asked to indicate up to 3 courses. These categories are not mutually exclusive, therefore, percentages do not sum to 100.

TABLE 18

"WHAT DO THE PEOPLE IN THIS COMMUNITY NEED TO LEARN MOST?"*

	% of total N = 447
Cook/knit/sew	52.1
Produce more goods	32.9
Hygiene	13.0
Literacy	27.1
Better way of life	20.4
Nothing	4.7

*Note: Categories are not mutually exclusive, therefore percentages do not sum to 100.

TABLE 19

"HOW LONG COULD YOU GO TO ANOTHER PLACE TO TAKE A COURSE?"

	% Married	% Single
No response	66.1	55.8
1 day	4.8	1.5
2-3 days	6.4	5.1
1 week	9.2	6.6
2 weeks	3.6	5.1
3 weeks to 1 month	4.0	9.1
Longer than 1 month	6.0	16.8

Table 20

"WHY DO PEOPLE GET SICK?"

	Cochabamba N = 100	Santa Cruz N = 154	Chuquisaca N = 51	Beni N = 20	Tarija N = 54	Potosi N = 68	Total N = 447
Bad water	22.0	24.0	23.5	45.0	72.2	30.9	31.5
Bad food	16.0	61.0	11.8	50.0	74.1	23.5	44.3
Too little food	40.0	17.0	7.8	50.0	18.5	30.9	24.8
Weather: wind, humidity	31.0	4.0	15.7	5.0	9.3	14.7	13.6
Insects	24.0	34.0	29.4	50.0	46.3	4.4	28.9
Lack of hygiene	15.0	20.1	2.0	10.0	5.6	1.5	11.9
Superstitions: gods, curse	36.0	4.0	2.0	5.0	3.7	4.4	11.0
Don't know	9.0	2.0	13.7	10.0	0.0	4.4	5.1
Others	12.0	15.6	2.0	10.0	1.9	17.6	11.6

Respondants were asked to list up to four things that make people get sick. Percentage represents the frequency with which each item was mentioned.

Table 21

"WHAT CAN PEOPLE DO TO KEEP FROM GETTING SICK FREQUENTLY?"

	Cochabamba	Santa Cruz	Chuquisaca	Beni	Tarija	Potosi	Total
No response	46.0	11.7	27.5	20.0	16.7	7.3	21.5
Eat more/better	27.0	55.8	58.8	45.0	53.7	61.8	48.5
Take medicine	3.0	7.1	3.9	0.0	9.3	2.9	5.1
Purify water	9.0	16.2	9.8	10.0	24.1	23.5	15.7
Organize a health post	1.0	1.3	2.0	5.0	0.0	1.5	1.3
Practice hygiene	23.0	40.9	25.5	25.0	48.1	30.9	33.9
Destroy pests	3.0	1.3	2.0	10.0	0.0	0.0	1.8
Visit the doctor	11.0	7.1	7.8	20.0	18.5	10.3	10.5
Don't know	0.0	0.0	0.0	5.0	1.9	0.0	0.4
Others	9.0	7.8	0.0	0.0	3.7	25.0	6.0

Table 22

"WHERE DO YOU GET YOUR WATER?"

	Cochabamba	Santa Cruz	Chuquisaca	Beni	Tarija	Potosi
No response	1.0	3.2	3.9	0.0	5.6	1.5
Well	49.0	8.4	7.8	0.0	22.2	25.0
River/Stream	13.0	10.4	68.6	50.0	38.9	27.9
Spring	13.0	11.7	0.0	50.0	5.6	26.8
Public water service	18.1	38.3	17.6	0.0	0.0	14.9
Rain	1.0	0.6	2.0	0.0	0.0	0.0
Others	5.0	27.2	0.0	0.0	27.7	4.4

Table 23

"WHY IS IT GOOD WATER?"

	Cochabamba	Santa Cruz	Chuquisaca	Beni	Tarija	Potosi	Total
No response	17.0	19.5	49.0	10.0	24.1	38.2	25.3
Clear	72.0	72.7	17.6	70.0	75.9	58.8	64.4
Not briny	1.0	1.9	3.9	5.1	0.0	1.3	1.8
Not stagnant	0.0	1.3	19.6	15.0	0.0	0.0	3.4
Treated	1.0	4.5	5.9	0.0	0.0	1.3	2.7
Others	9.0	0.0	3.9	0.0	0.0	0.0	2.4

Table 24

"WHO COMES TO THIS COMMUNITY TO TEACH YOU HOW TO STAY WELL?"

	Cochabamba	Santa Cruz	Chuquisaca	Beni	Tarija	Potosi	Total
No one	71.0	61.6	35.2	80.0	68.5	95.5	67.6
Doctor	7.0	7.1	39.2	5.0	0.0	1.5	8.9
Nurse	9.0	13.6	19.6	0.0	7.4	2.9	10.3
Promotor	2.0	4.5	0.0	5.0	9.2	0.0	3.4
Missionary	0.0	1.3	0.0	0.0	1.8	0.0	0.7
Teacher	7.0	0.6	2.0	5.0	5.6	0.0	2.9
Others	4.0	11.0	3.9	5.0	7.4	0.0	6.2

Table 25

"HAS ANYONE EVER TOLD YOU TO GO TO A HEALTH POST TO GET IMMUNIZATION OR SHOTS? WHO?"

	% total
No response	56.2
Doctor	3.8
Nurse	4.0
Promotor	0.7
Teacher	1.1
Other community person	5.6
Friend/Relative	24.9
Others	3.8

Table 26

"WHO DO YOU GO TO WHEN YOU ARE SICK?"

	Cochabamba	Santa Cruz	Chuquisaca	Beni	Tarija	Potosi	Total
Doctor	86.0	66.2	47.1	75.0	75.9	39.7	66.2
Curandero	18.0	0.6	9.8	10.0	3.7	26.5	10.3
Nurse	0.0	6.5	25.5	0.0	1.9	7.4	7.4
Relative	0.0	3.2	3.9	0.0	0.0	0.0	1.6
Use home remedies	3.0	1.9	13.7	25.0	5.6	4.4	5.4
Others	16.0	20.8	0.0	0.0	27.8	20.6	17.9
No response	2.0	1.9	3.9	10.0	7.4	8.8	4.3

Respondants could indicate more than one person they go to when ill. Therefore percentages do not sum to 100.

Table 27

"WHY HAVEN'T YOU BEEN TO A HEALTH POST?"

	Cochabamba		Santa Cruz		Chuquisaca		Beni		Tarija		Potosi		Total	
	% total	% ans. N=42	% total	% ans. N=75	% total	% ans. N=26	% total	% ans. N=17	% total	% ans. N=19	% total	% ans. N=27	% total N=447	% ans. N=206
Too far	9.0	21.4	0.0	0.0	5.9	11.5	10.0	11.8	0.0	0.0	4.4	11.1	3.8	8.3
Afraid	7.0	16.6	4.5	9.3	31.4	61.5	0.0	0.0	3.7	10.5	4.4	11.1	7.8	17.0
Lack of money	3.0	7.1	2.6	5.3	7.8	15.3	5.0	5.9	0.0	0.0	11.8	29.6	4.5	9.7
Health post can't help	0.0	0.0	9.1	18.6	1.9	3.8	0.0	0.0	0.0	0.0	2.9	7.4	3.8	8.3
Never sick	17.0	40.4	18.8	38.6	3.9	7.7	5.0	5.9	27.8	78.9	13.2	33.3	16.3	35.4
Don't know where it is	2.0	4.7	0.0	0.0	0.0	0.0	25.0	29.4	0.0	0.0	0.0	0.0	1.6	3.4
Don't have a health post	4.0	9.5	13.6	28.0	0.0	0.0	40.0	47.1	3.7	10.5	2.9	7.4	8.3	18.0
No response	58.0	N.A.	51.3	N.A.	49.0	N.A.	15.0	N.A.	64.8	N.A.	60.3	N.A.	53.9	N.A.

Table 28

"IS THERE A HEALTH POST IN THIS COMMUNITY?"

	Cochabamba	Santa Cruz	Chuquisaca	Beni	Tarija	Potosi	Total
No response	6.0	8.4	3.9	5.0	11.1	5.9	7.2
Yes	38.0	71.4	86.3	0.0	51.9	36.8	54.8
No	56.0	20.1	9.8	95.0	37.0	57.4	38.0

Table 30

Who earns money for the family?

	% of total
Husband	54.1
Son	4.0
Self	38.9
Father	21.0
Mother	9.8
Everyone	1.8
Other	1.1
No response	3.4

Table 31

How is money earned?

	% of total (N = 447)
Agriculture	55.7
Selling surplus produce	22.6
Comerciante	6.5
Chicha	3.4
Knitting	5.4
Herding	6.5
Brick laying	1.8
Other	24.6

Table 32

How do you help earn money?

	% married (N = 248)	% single (N = 197)
No response	27.8	40.1
Selling produce and goods	23.4	17.8
Making/Selling cheese	2.8	2.0
Making/Selling knitware	10.5	9.6
Making/Selling bread	12.1	13.2
Making/Selling chicha	7.7	6.6
herding	11.3	7.1
Harvesting	11.7	12.0
Washing clothes	4.0	2.0
Employed	9.3	8.6

Table 33

What does the family get with the money earned?

	1st choice of Respondent (%)	2nd choice of Respondent (%)	1st-4th choices of Respondent* (%)
No responses	5.8	31.1	5.8
Buy food	62.2	3.8	67.8
Buy animals	3.6	4.5	10.1
Buy clothes	6.9	47.9	60.0
Buy items for resale	0.7	0.4	1.3
Buy kerosene	0.4	0.4	1.8
Buy seed	0.2	0.7	4.7
Buy fabric	0.2	0.2	0.9
Buy whatever is needed	15.7	4.7	27.3
Buy school supplies	1.3	2.7	9.8
Buy utensils	1.3	0.4	3.1
Buy medicine	0.0	0.6	2.5
Others	1.6	2.5	6.3

*Respondents mentioned up to 4 things the family buys. Therefore these numbers do not sum to 100%.

CREATIVE ASSOCIATES

Table 34

Who decides how to spend money?

	% total 1st response	% total 2nd response	% total 1 & 2 response combined
Husband	41.2	0.7	41.8
Wife	28.0	32.0	60.0
Sons	0.4	0.9	1.3
Parents	10.3	0.4	10.7
Father only	6.9	0.4	7.4
Mother only	7.6	0.4	8.1
Brother	0.7	0.2	0.9
No response	4.9	64.4	4.9

Table 35

Where is the market that you go to?

	% total (N = 447)
Here	22.1
In the next community	67.8
Several communities away	8.5
No response	1.3

Table 36

How do you get to the market place?

	% total (N = 447)
Walk	45.6
Truck	29.5
Collectivo	19.9
Other vehicles	2.5
No response	2.0

Table 37

How frequently do you go to the market?

	% of total (N = 447)
No response	3.6
Once a week	45.2
Once a month	14.1
Twice a week	8.7
Twice a month	9.8
Never	0.9
Occasionally	2.7
Everyday	13.4
Others	1.6

Table 38

Would you go to the market more often if there were transportation?

	% of total (N = 447)
No response	29.5
Yes	47.4
No	9.2
Sometimes	13.9

Table 39

How do you get the merchandise you need?

	% total (N = 447)
No response	2.0
Local shop*	28.9
Market	56.6
Friends bring them	5.1
From the coop	1.3
Others	16.8

* Respondants could indicate more than one source. Therefore percentages do not sum to 100 .

Table 40

Is it easy to get the merchandise you need?

	% total (N = 447)
No response	3.4
Yes, it's easy	54.8
They sometimes have what's need	11.0
No, it's not easy	30.4
Others	0.4

Table 41

What products would you like to have someone come to your community to sell?

	1st response	2nd response	3rd response	total
No response	15.0	41.8	69.8	
Foods (rice/bread/sugar/ fideo vegetables, etc.)	34.0	43.6	16.8	94.4
Textile products	40.7	6.3	3.4	50.4
Cleaning supplies	1.6	1.1	1.1	3.8
Medicine	0.4	0.9	1.1	2.4
Others	8.2	6.3	7.8	22.3

Table 42

Has anyone ever come to help you learn to grow more?

	% total (N = 447)
No response	31.1
Yes	21.3
No	47.4
Others	0.2

Table 43

Who comes to teach you how to grow more?

	% who said yes (N = 95)	% total (N = 447)
No response	37.9	86.8
Neighbors	4.2	0.9
Coop person	8.4	1.8
Agriculture promotor	16.8	3.6
SNDC agronomist	20.0	4.3
Others	12.6	2.7

Table 44

Who comes to teach you crafts and other skills?

	% total (N = 447)
No one	74.5
SNDC promotor	6.0
Teacher	6.3
Caritas promotor	0.9
Nuns	2.2
Others	10.1

Table 45

How often does someone come to teach crafts and other skills?

	% total (N = 447)
No response	77.4
Once a week	6.3
Once every 2 weeks	5.8
Once a month	3.1
Occasionally	3.6
Others	3.8

Table 46

What crafts or skills do people teach you?

	% of total (N = 447)
No response	79.9
Knitting	10.3
Sewing	1.3
Reading and writing	0.2
Cooking	2.2
Nothing	4.0
Others	0.6

Table 47

Is it important to you to have someone come to teach you crafts and other skills?

	% total (N = 447)	% of those who indicated they are receiving instruction (N = 114)
Very important	23.3	91.2
Slightly important	0.2	0.8
Not important	0.2	0.8
No response	N.A.	7.0

Table 48

What new things would you like to learn?

	% total (N = 447)	% of those who indicated that they receive instruction (N = 114)
Knitting	6.7	26.3
Sewing	4.3	16.7
Reading and writing	0.9	3.5
Cooking	2.2	8.8
Nutrition	1.3	5.2
Health	0.2	0.8
Others	5.0	19.3
No response	N.A.	19.3

Table 49

Who in your family is a member of an integral coop?

	% of total (N = 447)
No response	85.7
Husband	7.2
Son	1.1
Father	2.7
Brother	1.6
Uncle	0.2
Others	1.5

Table 50

How has the family benefited by having someone who is a member of an integral coop?

	% total	% of those from families where some one belong to the coop.
Help with potato production	0.9	6.2
Access to less expensive produce	2.0	14.1
Learn better farming techniques	4.7	32.8
Access to loans	4.3	29.7
Not helpful	0.4	3.1
No response	N.A.	14.1

Table 51

Why would you like to belong to an integral coop?

	% total (N = 447)	% of those who are not new members (N = 418)
Access to cheaper/better produce	9.8	10.5
Learn better farming techniques	9.8	10.5
Access to loans	8.3	8.9
Others	8.1	8.6
No response	N.A.	38.5

Table 52

What activities should a coop offer to increase female participation?

	*% total (N = 447)	*% of those who answered (N = 201)
No response	55.0	N.A.
Teach read and write	0.7	1.4
Teach cooking	3.6	8.0
Teach knitting/weaving by machine	8.7	19.4
Teach nutrition	7.4	16.4
Offer instruction	11.9	26.4
Offer jobs	3.1	7.0
Don't know	13.2	29.4
Others	11.9	26.4

*Women could suggest more than one activity. Therefore percentages do not sum to 100 .

Table 53

Why would it be good to have electricity in your home?

	*% total (N = 447)	*% those without electricity (N = 354)
No response	35.6	18.6
Can work at night	45.6	57.6
Children can study at night	4.3	5.4
Won't need kerosene	9.8	12.4
Can refrigerate food	1.8	2.3
Can use electrical appliances	10.5	13.3
Will have more security	2.0	2.5
Don't know	0.4	0.5
Others	1.6	2.0

*Respondants could indicate more than one reason that electricity would be useful. Therefore percentages do not sum to 100.

Table 54

Why would it be good to have electricity in this community?

	*% total (N = 447)	*% those without electricity (N = 313)
No response	49.2	27.6
Illuminates better	30.0	42.8
Doesn't give off smoke	1.1	1.6
Faster production of knit goods	6.5	9.3
Need less kerosene	5.8	8.3
Feel more secure	2.9	4.2
Provide entertainment	1.6	2.2
Is a great need	16.3	23.3
Others	1.3	0.9

*Respondants could indicate more than one reason that electricity would be useful. Therefore percentages do not sum to 100.

APPENDIX E

DATA RELATED TO WOMEN IN DEVELOPMENT IN BOLIVIA

Bambi de Arellano
February 1979
La Paz

Description of Methodology Applied

The serach for data related to women in development was carried out by sectors:

- Agriculture
- Education
- Health and Nutrition
- Industry and Comerce
- Labor
- Urban Affairs and Housing
- Pre-Census and Census data

Within each sector, agency departments, projects and programs were consulted as to the availability of systematic data broken down by sex. This data was collected and examined as a block within each sector, according to the following outline:

- type of data available
- general analysis of data
- usefulness to WID perspectives
- recommendations for further research and study
- attached selected data findings

Special importance was given to the unpublished 1975 pre-census (Encuesta Demográfica Nacional) and the 1976 Census, which represent the first nationwide attempt to acquire a large body of socio-economic data with a sex breakdown.

Other studies with data relevant to women, as well as program-related statistics were taken into account, insomuch as they contribue to a vision of female status. Finally the Five Year Plan and other sectorial program descriptions were reviewed for guidelines on the potential participation of women.

1. Agriculture

A. Data Findings:

- Manpower Study (1972)

  Responsible Agency: Division of Statistics (MACA)

- Employment in Agriculture by Sex (1973-76)

  Responsible Agency: Ministry of Labor

- Monthly Salaries by Sector and Sex (1976)

  Responsible Agency: Ministry of Labor

- Role Situation of Rural Women in Bolivia (1975)

  Responsible Agency: CODEX

- Organizational Attitudes of Rural Women

  Responsible Agency: National Community Development Service

- Sector Surveys

  Responsible Agency: MACA/USAID

B. Analysis:

The lack of detailed data on the participation of rural women is noteworthy. The CODEX study represents the only attempt to look into this situation in some depth.

MACA's 1972 manpower study which included the roles of women has not been tabulated. At the same time, the MOL figures of employment in agriculture indicate surprising levels of stability for female participation, considering that the salary levels cited for women are significantly lower than those of men.

CODEX's study attempts to arrive at an understanding of the contradiction between economic participation and lack of social status; analyzing data on geographic area and mobility, economic activities, social organizations, etc. Perhaps their most significant finding is that the level of productive activity for rural women (48 percent) is superior to that of rural men (42%).

The NCDS Cochabamba Study makes clear the need for further research on female motivation and reasons for participation in rural development efforts, since all findings indicate a tendency toward looking for short-term material benefits, as well as attitudes or resignation and passivity toward their participation in community organizations.

MACA's series of Agriculture Sector Surveys, when completed should provide a broad base of data. The Rural Household Survey is of particular interest since it is nationwide in scope and based on the sample and findings of the other survey efforts.

C. Usefulness to WID Perspectives:

All data indicate significant levels of female activity for this sector. However, the only data which examine programmed responses to rural women's roles do so sporadically and with no clear design as to possible alternatives. That women are important to the rural development process all agree, but how this process might include her is not clear from data available.

MOL Salary statistics indicate the low value placed on female labor in agriculture, and perhaps this is the major reason rural development efforts do not in any systematic way deal with her productive roles. It would seem that this lack of real value placed on women's participation in agriculture is maintained by rural males and females, as well as development planners, indicating that a multi-level approach would be necessary to deal with this problem of status.

D. Recommendations for Furth Research and Study:

- Look into the relationship between the use of technology and real wages in rural areas.
- Examine the basis for the difference in salaries between men and women in agriculture.
- The relationship between types of tasks performed and status in another area of interest.
- The breakdown by departments on levels of participation in agriculture should be obtained from INE (Instituto Nacional de Estadistica) to get a more exact impression of the reality of different geographic zones.

- Research should whenever possible be plugged into program efforts, using communities where different agencies are active, avoiding data which is too general to be useful to specific projects, and feeding new ideas into ongoing efforts.

E. Attached Selected Data Findings:

- Employment in Agriculture (MOL)
- Monthly Salaries by Sector and Sex (MOL)
- Examples from CODEX Study on Rural Women
- Examples from NCDS's Survey of Organization Attitudes in Rural Cochabamba.

2. Education

A. Data Findings:

- Illiteracy Rates by Departments (1975)
  Responsible Agency: Instituto Nacional de Estadistica
- Rate of Female Labor Force Participation by Educational Level and Age Group (1975)
  Responsible Agency: I.N.E.
- University Students in Chuquisaca (1977)
  Responsible Agency: Universidad de San Francisco Xavier
- Primary and Secondary Enrollment - Cochabamba, Oruro, Chuquisaca, Potosi (1976-1978)
  Responsible Agency: Direccion de Distritos Escolares

- Non-Formal Education in Bolivia (1975)

  Responsible Agency: C.R.A.

- Female Urban and Rural Population with Secondary and University Education (1975)

  Responsible Agency: Salvador Romero Pittari

- Educational Pyramid (1975)

  Responsible Agency: Planificacion Educativa

- High School Enrollment by Areas of Study (1975)

  Responsible Agency: Planificacion Educativa

B. Analysis:

Data on the illiterate female population indicate that in heavily indigenous areas the percentage is highest. It can be ascertained that most adult literacy work has been carried out in and around major cities, seldom reaching the areas of highest need.

The relationship of women and labor force participation to education is revealing in that the less schooling a woman has, the younger she is likely to go to work. At the same time, the more schooling she has, the longer she is likely to last in the labor force. An interesting exception is that a woman with primary education will be a less active member of the labor force than a woman with no formal education at all.

Data on university students broken down by sex is sporadic. The most consistently reliable data on women in higher education is to be found by identifying those known female professions, since there is no women-specific data within the state university system. Each one operates

according to its own criteria, thus in San Xavier (Sucre) we find data available on female students, while for San Simon (Coch.) there is none.

The school enrollment statistics reveal a slightly higher tendency for "male survival" through junior high and high school, but the most noteworthy phenomenon is the general dropout rate, both urban and rural for male and female students. Although the urban survival rate is comparatively higher, it is still not sufficient to influence the pyramidal structure of Bolivian education in general.

All census figures reveal a marked improvement in the literacy rate for women in younger age groups, as opposed to adults. A clear example of this is the 1976 Census figure which indicates an 82 percent illiteracy rate for women 60 and over, and a 17.4 percent rate for girls between 10 and 19.

Still, the probability[1] that a rural woman will have access to a secondary education is 0.15, compared with 0.59 for a rural man. For urban women the probability is 0.26 and for men 0.73. University level education is even more remote for rural women with a probability of 0.014 (0.008 for males) and 0.06 for urban women (0.28 for males).

The conclusion to be drawn from this contradiction between the improved literacy rate for women and the continued lack of access to post-primary education, is that non-formal education should be playing a key role in any planning for this sector, if it is destined to reach the majority of the female population. However, when examining the 1975

---

[1] Calculations in S. Romero Pittari, El Desarrollo Reciente de la Educacion en Bolivia: Algunas de sus Caracteristicas, Mm. Planeamento y Coordinacion, page 11.

study of non-formal education, at no point is data broken down by sex. There are global figures on different types of training and human resources, but no vision of how non-formal education can be a response to acute bottlenecks in the overall system, such as this problem of lack of access.

In general, with the exception of the most recent census and pre-census figures, data on women for this sector are not uniformly reliable. Each program or project area maintains its own data with no overall orientation regarding factors such as sex breakdown. The implications for internal planning within the sector are noteworthy when an overall organization of data is lacking.

C. Relationship to WID Perspectives:

The usefulness of the data in this sector resides in its pointing out problem areas for female access to functional education. One such area is literacy training and the lack of programs with this orientation in the areas of highest female illiteracy. Another is the non-existence of training programs for women to fill key positions in the developing labor force. The usefulness of primary education is questionable, but at the same time this is the level that most women achieve. There is a need to look into types of training activities (content and method) which might encourage women to continue their education.

The relationship between education for women and her possibilities in the job market is in no way clear. Since the cost of education is high, in relation to the average family income, the incentive of more functional

education would encourage parents to maintain boys and girls alike in school.

In the area of non-formal education, the age of women, their marital status, and rural or urban dwelling, appear to affect interest and desire to participate in specific types of activities. An in-depth study of motivation for practical on-going adult education is necessary, and of those programs which are attractive to females as well as males.

Once the data on education has been applied to point out specific problem areas, it is necessary to define the role education might play for women, in relation to these problem areas, and the development process as a whole. The content of priority areas of education for women should be identified as indicated by the data findings.

D. Recommendations for Furth Research and Study:

- Look into the kinds of literacy work going on and the location of these programs, identifying the utility and functionality of literacy training.
- The relationship of technical training of women to the job market is important. This study should be done by departments to identify specific needs.
- Look into how many female university graduates find work in their professions; investigate the possibility that it be more constructive to encourage middle-level technical training of para-professionals.
- A study of the value of non-formal education for women is also important, including existing programs and their

methods, in order to pinpoint the needs of women who would benefit from this type of training, and the structure and methods to which they would respond most positively.

- Different age groups are attracted by different types of education. The content for each target group (age, rural-urban, single-married, etc.) should be the result of careful study.
- All data on education should be broken down by sex. It is known that men and women perceive very different benefits from the formal educational system, and there is a real need to know why this is the case and what it means for female participation.
- Census data on education of women should be separated out and analyzed in the context of how current efforts in this sector respond to the problems which the data indicate.
- Identify and propose alternatives to the education needs of rural women, by age groups and departments.

E. Attached Selected Data Findings:

- 1975 Pre-Census Illiteracy Rates
- 1975 Rates of Female Labor Force Participation by Education Level
- University Students in Chuquisaca

- Primary and Secondary Students: Oruro, Potosi, Cochabamba, and Chuquisaca
- 1976 Distribution of Population by Educational Level and Age Group
- Female Urban and Rural Population with Secondary and University Education (1975)
- Education Pyramid (1975)
- High School Enrollment by Areas of Study (1975)

3. Health and Nutrition

A. Data Findings:

- Mothers' Clubs Membership (1978)
  Responsible Agency: Technical Team in Nutrition, Min. Plan. y Coord.
- Composition of Membership of Mothers' Clubs (1978)
  Responsible Agency: San Gabriel Foundations
- Frequency of Diseases (1977)
  Responsible Agency: Unidad Sanitaria Chuquisaca
- Data on Hospital Use and Disease (1974)
  Responsible Agency: Dept. of Biostatistics - Min. Salud Publica
- Use of Mother-Child Health Services (1978)
  Responsible Agency: Each of 837 Health Posts included in Program

- Estimated Increase in Anemia in Mothers (1976)

  Responsible Agency: Technical Team in Nutrition - Sector Assessment

- Nutrition Program Coverage (1975)

  Responsible Agency: Five Year Plan - Min. Coord.. y Plan.

- Breastfeeding and Weaning Customs in Tarija and Chuquisaca (1978)

  Responsible Agency: CARE Integrated Rural Health and Nutrition Project

- Mothers' Beliefs Concerning Causes and Treatment of Tarija and Chuquisaca (1978)

  Responsible Agency: CARE Integrated Rural Health and Nutrition Project

- Nutrition in Oropeza (1977)

  Responsible Agency: ACLO - Chuquisaca

B. Analysis:

Data in this sector is available according to programs and projects. There is no centralization of data within the sector, with the exception of the Technical Team in Nutrition (Min. de Coordinacion y Planeamiento) which has collected available information on nutrition-related programs.

Detailed data on Mothers' Clubs is to be found in each agency which takes part in the program. From those figures available, it is clear that these clubs are centered around large cities, with little outreach into more remote rural areas. Urban clubs appear to be extremely hetero-

geneous in their make-up, almost too much so to serve an ongoing education function for members in general.

M.S.P. data is not broken down by sex. Individual departmental units may choose to collect data on men and women, but the MSP Statistics Department does not set any norms in this sense. Data on disease must be analyzed according to those which are obviously feminine.

Demographic data related to mortality and its causes are also centralized by the I.N.E., and the MSP technicians indicate that at times it is not clear who holds responsibility for these tasks.

Mother-Child Health Services limit their data to clinical records. Their objective is to create a demand for health services, and thus each post or clinic maintains its own statistics. There is no centralization of data in La Paz, although individual records examined indicate an extremely low rate of return to clinics by female patients, especially in rural areas, a situation which should be looked into further.

As can be seen, data for this sector is dispersed. It is difficult to obtain, without a great deal of searching, a coherent picture either of the major problems or the types of efforts directed toward their solution.

C. Usefulness to WID Perspectives:

The link between Mothers' Clubs and Women in Development objectives urgently needs to be analyzed. Are the motivations attached to feeding programs actually preparing women to take an active part in the development process? Available data on the clubs gives little indication of

the members' participatory status or benefits obtained other than food at a lower price. The relationship of nutrition to women's income levels is not dealt with at any point. The current orientation of activities, as indicated by the statistics they maintain, does not give a clear picture of the economic or social objectives they pursue for women. The data requirements are for attendance, quotas, and nutritional level (height and weight). Aside from these basic figures, each agency can do as they choose with the clubs. It is difficult to relate this program as a whole to women in development, until there is a deeper concern for alternative socio-economic projects and activities as a spin-off of the required meetings and food distribution.

Information on helath, as related to women is unsatisfactory. The Mother-Child Health Services appear to have a limited vision of their potential to promote the participation of women in their own health care and that of their family. The level of acceptance of this service appears limited, from the scattered data which was examined, and it would seem that doctors' attitudes and lack of health education and promotion within the program have played an important part in this lack of acceptance.

In general, health and nutrition represent the sector where most emphasis should be placed on women, according to the Five Year Plan. However, data available indicate that there is no real connection made between development strategies and the many programs for women in this sector. The sense one has is of isolated efforts, each establishing its own norms, owing to the lack of clear policy statements.

D. Recommendations for Further Research and Study:

- Look into how P.L. 480 food can be used in a more uniform fashion to promote the participation of women in development, through an analysis of current activities in different Mothers' Clubs and their potential for expansion.
- Investigate how many Mothers' Clubs actually engage in educational activities or specific projects, and how many are systematically attended by professionals or paraprofessionals.
- How can nutrition be linked to income generating activities, by departments and their specific types of production.
- Look into why the Mother-Child Health Services have a credibility problem, particularly in rural areas. What are women's attitudes and beliefs which affect this situation?
- How can Mother-Child Health Services be utilized to promote community health programs?
- What is the actual response of community women to the Montero health project (Rural Health Delivery System)? Could or should this model be generalized?
- Promote the unification of data within the MSP and its breakdown by sex. It is difficult to talk of services when there is no consistent data on demand.
- Do rural women respond to media use in health and nutrition education, or are these considered such private matters that attitudinal changes come best from one-one-one promotion?

E. Attached Selected Data Findings:

- 1978 Mothers' Clubs Membership
- Composition of San Gabriel Foundation Mothers' Clubs
- Frequency of Diseases-Chuquisaca Health Unit (1977)
- Nutrition Program Coverage (Five Year Plan)
- Breastfeeding and Weaning Customs in Tarija and Chuquisaca (1978)
- Mothers' Belifs Concerning the Causes and Treatment of Diahrrea in Tarija and Chuquisaca (1978)
- Estimated Increase in Anemia in Mothers

4. Industry and Commerce

A. Data Findings:

None broken down by sex.

B. Analysis:

In this key area, where Bolivian women ostensibly play a very important role, no data was available in any of the departments of the Ministry of Industry and Commerce.

The Bolivian Institute of Small Industry and Handicrafts (INBOPIA) which is a decentralized entity of the Ministry, estimates that 70 to 80 percent of workers in their area of interest are female. Nevertheless, nowhere in their records are data on women available. The Director of the Institute indicated that as of 1979 their data will be broken down by sex. The recognition of the need for this data has come home to them

through a World Bank funded project for improved quality of wool in Ulla Ulla (northern part of the department of La Paz), where women are in charge of many of the economic activities the project hopes to encompass.

The Direction of Industry, which maintains all records on numbers of employees for the different industrial facilities in the country, has no record of male versus female employees, even in their listings of workers insured under the social security system. This data gap should make it difficult to plan for the benefits to be provided in response to the demand for health care and other services.

Perhaps the most common problem which arises from this lack of exact data is the differential salaries in certain industries, such as coffee shelling, chestnuts, or others, in distinct departments which are predominantly feminine. One case in point is the chestnut industry in the Beni, where 90% of the 680 employees are women. Of these, only 30 have contracts and receive a monthly salary of 2,500 pesos (125 dollars). The other 650 are employed on a temporary basis ("a destajo") at 1,000 pesos (50 dollars) a month, with no benefits included. In the coffee-shelling industry in La Paz, an almost entirely female enterprise, the temporary employment is for three months, with a one month lay-off before workers can return for another three months. This system is utilized to avoid permanent contracting, as stipulated by labor legislation.

The Commercial Register in the Ministry does not maintain any records which indicate employee's sex. At first, it was said that all inscription data was by sex because it was necessary and important for

any number of reasons, but no closer examination, it was found that this was not the case. The person in charge of the Register said that their data is not broken down by sex because "We don't discriminate".

C. Usefulness to WID Perspectives:

Industry and commerce are vital areas to the process of economic development, and in Bolivia where women of all ages look to these activities as a means of survival, the lack of data is a real setback for the planning of women's participation in the economy.

At the same time, discriminatory practices, such as those mentioned, are easily camouflaged by the absence of sex-specific data.

Training for women related to the activities of this sector would be difficult to plan and organize with no sense of how many women participated in what kinds of jobs.

D. Recommendations for Further Research and Study:

- Develop a systematic study of female human resources in this sector, their productive activities, training needs, potential for growth, as well as necessary social benefits.
- Work with the Ministry to introduce sex-related statistics in their forms and questionnaires, as a first step in efforts at consciousness-raising.

5. Labor

A. Data Findings:

- Monthly Salaries by Sector and Sex (1975)

  Responsible Agency: MOL Salaries Division

- Monthly Salaries by Department and Sex (1975)

  Responsible Agency: MOL Salaries Division

- Female Participation in Training Courses in La Paz and Santa Cruz

  Responsible Agency: FOMO (La Paz) and FOMO (Santa Cruz)

- Training for Women in Cooperatives (1973)

  Responsible Agency: Fomento Cooperativo

- Female Labor Force Participation (1975)

  Responsible Agency: Hugo Thorrez bases on Pre-Census data

- Employment/Unemployment in Trainidad, Tarija, Potosi, and La Paz

  Responsible Agency: Ministry of Urban Affairs and Housing

B. Analysis:

In this sector, most systematic data is derived from the pre-census of 1975, making the crosses between findings in different areas as related to sex. The Ministry has taken the time to produce the most complete statistics of any sector on female participation.

Salary level data is revealing in terms of discrimination against women. Female wages are substantially lower for all sectors.

One specific area, manpower training, has not done more in the preparation of women because under the Five Year Plan the priority is placed on industrial development, and thus their focus has been to meet the goals assigned them. However, in the statistics obtained, it is interesting that female participation is found in courses almost entirely within the service sector, and not as they related to industry. A noteworthy exception are the courses on milk production in FOMO's mobile unit in Santa Cruz, where there has been incipient female participation in rural areas.

The National Cooperative Institute, also within the Minsitry of Labor, has no data on female coop members, nor on their participation in training courses. It was indicated that many courses are entirely female, especially those dealing with small industry and handicraft cooperatives, but no figures are available. A private agency, Fomento Cooperativo, has oriented specific projects toward attracting women for participation in cooperative development and will continue to do so in 1979.

Data on female unemployment and employment (Min. Urban Affairs and Housing) varies greatly, depending upon the treatment of the category of housewife. Where this is considered a form of active labor (i.e., production of services), the rate of female employment is almost absolute, where it is not included the rate falls to between 15 and 20 percent, which is the most common figure given for female labor force participation in Bolivia.

C. Usefulness to WID Perspectives:

Labor statistics are always revealing for the consideration of female status in given society, but then the question arises as to what can be done to remedy the situation. It is obvious that "work" is still considered to be what men do, be it in rural or urban areas. The known existence and felt presence of women in the labor force does not appear to alter this attitude and its ramifications for salary levels, alternative job possibilities, and training opportunities.

For the participation of women in economic development, attitudes toward their work are key, as well as those factors which influence these attitudes (education level, number of children, marital status, etc.). Available data reveal that female labor force participation, though vital in some sectors, is still considered a circumstantial event, which no one knows quite what to do with or how to utilize its full potential for the development process.

D. Recommendations for Further Research and Study:

- Look into the causes of differential salaries by sector and the actual work women do within each sector.
- Investigate training needs as related to specific forms of female labor force participation.
- Research attitudes (female and male) toward women's work in specific rural and urban job contexts.
- Develop a unified conception of housework, as either employment of unemployment, in an effort to clarify data findings on female employment rates.

E. Attached Data Findings:

- Monthly Salaries by Department and Sex (1975)
- See Agriculture Sector for data on Salaries by Sector and Sex (1975)
- Female Participation in Training Courses
  - Fomo La Paz (1976-1978)
  - Fomo Santa Cruz (1976-1979)
- Training for Women in Cooperatives (1973)
- Female Labor Force Participation (1975-76)
- Employment/Unemployment in Trinidad, Tarija, Potosi, and La Paz

B. Planning and Coordination

A. Data Findings:

- Nutrition Data in Five Year Plan (1976-1979)
- UNICEF Study on Women in Marginal Areas of La Paz (1978)
  Responsible Agency: Dirección de Planeamiento y Política Social Global (DIPSOP)
- UNICEF Study on La Mujer y la Ciudad, Cochabamba
  Responsible Agency: DIPSOP
- Data on Education and Health within the Regional Development Corp. Plans for 1979

B. Analysis:

The Five Year Plan makes mention of the specific role of women only in the section dealing with nutrition. Otherwise there is no attempt to describe the contribution women should make within development plans for each sector.

The UNICEF study on La Paz, which was undertaken by the Ministry of Planning and Coordination, is a broad-based effort combining secondary data, mainly from the Pre-Census and Census, with the results of its own firsthand research in marginal areas. This study deals in depth with factors such as migration, occupation, salary levels, family structure, division of labor within the family, education and social organizations, among others. The difficulty presented by such an abundance of data is that it must be sorted out and related to ongoing efforts to be useful in a planning or programming sense. If not it becomes abstract and too general to be applied.

The UNICEF Cochabamba study centers its attention on structural aspects of urban life which affect and determine the economic possibilities and social participation of women. The focus is more clearly delineated than the La Paz study, and consequently the conclusions for policy level decisions are more cogent.

The types of data on women which are useful to global planners generally are not program oriented. The conflict between program- and policy-oriented research becomes apparent when one tries to apply general macro-economic data with a sex breakdown to specific regional or community level projects.

The regional development corporations have made a very uneven attempt to speak to problems of promotion and social development in their plans. There is very little insight into the specific milieu within which they are operating and how they propose to attack concrete problems which come up in each department. With respect to women, there is no systematic consideration of her potential as a human resource. Community based projects which would seem to be directed toward women (cheese production, handicrafts, health and nutrition, etc.) are at no point based on a coherent set of data which justifies project goals.

C. Usefulness to WID Perspectives.

The relationship of planning to the participation of women in development is vital, however if plans remain abstract pronouncements with no orientation from real situations, it is difficult to use them either as a consciousness-raising tool or to guide sectorial programs and projects. The main role of research on women in Bolivia, as it pertains to the planning process, is that of convincing policy makers and pinpointing problem areas for program directors and technicians.

There must be a team of people who know how to use key data and make it useful to others involved in development planning and action. For example, the UNICEF studies could be useful if the major findings were sorted out and interpreted for macro-level planning, and at the same time the specific data were made available to people working in the field.

D. Recommendations for Further Research and Study:

- Look into the status of WID perspectives in the Ministry of Planning and Coordination. Are they being talked about? Are there any results to date?
- Can women be trained to take a more active role in macro and micro level planning?
- Other than sectors such as health and nutrition, which are more directed toward women, what type of women's components could be integrated into the process of sectorial planning?
- Based on a coherent set of data, what women's components could be useful in the process of regional planning, to be applied by the development corporations?

E. Attached Selected Data Findings:

- See Health and Nutrition Sector for data from Five Year Plan
- Examples from UNICEF study on Women in Marginal Areas of La Paz
- Examples from UNICEF study on Women in Cochabamba
- See Education and Health sectors for departmental data from Regional Development Corporations

7. Pre-Census and Census Data (1975-76)

A. Data Findings:

- Pre-Census (Encuesta Demografica Nacional - 1975)
- National Census of Population and Housing (1976)
- Employment Survey - Cochabamba (1977)

B. Analysis:

This extensive body of data represents the first effort to systematically divide all findings by sex. For this reason, the Census and Pre-census have been widely utilized by ministries and researchers in describing the situation of rural and urban women.

The Pre-census was carried out among 52,293 people (1 percent of the population) in all departments except Pando. The final results were not published, but have been made available upon request.[2] This data has proven extremely valuable in specific research related to identifiable problem areas, since it offers extensive possibilities for crosses among findings. Data was collected on population structure, marital status, migration, levels of economic activity, fertility, mortality, education level, etc.

The 1976 Census represents a much more length, collection of data, both demographic and as relates to living conditions. To date, the final results have been only partially published. These volumes contain all the possible crosses to be obtained from the different types of data, by sex, age groups, and area.

---

[2] Pre-census data, as they pertain to women, have been discussed in each sector.

C. Usefulness to WID Perspectives:

This type of data is of most use when being focused on specific problem areas, such as labor force participation or education. Hugo Thorrez used Pre-census data very effectively in his study of the demographic context of female labor force participation. Salvador Romero also used Pre-census data in his monograph on current educational trends, with some specific mention of women. Armando Pinell also used the Pre-census for his work on the EAP, as did the authors of the UNICEF study on marginal women.

The 1976 Census has not been as widely used, perhaps because it is not entirely available, but also because it is so voluminous. The value of such large bodies of data to women in development issues is questionable, if they are not focused in on the interest areas of action programs. For example, from an overall examination (see Attached Data), it is apparent that more females participated in the Census than males, in all areas of the country. The reasons may be migration, or general instability of the male population, but the overall figures are surprisingly uniform in their preponderance of females. This type of information would have to be related to action programs, but at the provincial and county level. Along these same lines, it has been observed that the Census could be put to thefollowing uses:

- To verify hypotheses related to the roles and condition of women (i.e., to "prove a point").
- To reveal details on the reality of women as related to specific geographic areas.

- To discover something new, such as the data in the Pre-Census which indicated that women with no education at all tend to be more active in the labor force than women with only primary education.
- To make crosses between data on factors which are normally dealt with in isolation, such as fertility and labor force participation.
- To relate rural and urban data to programmed action, for specific areas of interest and by departments.
- To measure changes over time, assuming there is follow-up on the Census. For example, it was noted that the 1976 Census indicates an 82% illiteracy rate for women over 60, in contrast to 17% for girls between 10 and 19. How will this change in the next five years? Why does it change?
- To serve as baseline data for evaluations of programmed action when it is not possible to dedicate time and funds for this purpose.
- To serve as a background and justification for sectorial planning efforts, as a means of orienting their activities.

Implicit in these functions is that people know how to use the data and apply it to specific ends. It would be constructive for INE to teach a group of students and technicians to apply the sex-related data in the different areas considered in the Census. Perhaps the logical place to develop this statistical focus would be within the Ministry of Planning and Coordination, so that the implications of findings and follow-up efforts would be plugged directly in to the planning process.

D. Attached Data Findings:

- 1976 Population and Density Figures, 1976 Male-Female Population Figures
- See Sectors for their specific use of the Pre-Census and Census
- Documents consulted:

  Resultados del Censo Nacional de Poblacion y Vivienda 1976 (Dept. de La Paz)

  Resultado de la Encuesta de Empleo - Ciudad de Cochabamba 1976

  El Desarrollo Reciente de la Educacion en Bolivia: Algunas de sus Caracteristicas, G. Romero Pittari, La Paz, 1977

  Caracteristicas de la poblacion Economicamente Activa de Bolivia: Analisis de Algunos Resultados de la Encuesta Demografica

Nacional de 1975, Armando Pinell Siles,
La Paz, 1976

Vision Demografica de la Participacion Femenina
en la Fuerza Laboral, Hugo Thorrez, La Paz,
1976

8. Urban Affairs and Housing

A. Data Findings:

- Social and Housing Studies for the following cities:

Tarija (1972)
Potosi (1972)
Copacabana (1973)
Sucre (1973)
San Borja (1974)
Quillacollo (1975)
Trinidad (1976)
La Paz (1977)

Responsible Agency: Promocion Comunal/Min. Urban Affairs and Housing

B. Analysis:

The data available falls into two major categories, on the socio-economic structure and activities of the urban population, and an investigation of housing conditions and attitudes toward housing.

Pertinent to urban women within the socio-economic data, is information on employment, family life, migration, marital status, and duration of marriages. Housing data includes use and demand for services such as water, electricity, and other forms of energy, as well as the existence of kitchen facilities, bedrooms, and expectations related to living conditions.

The later studies (Trinidad and La Paz) are more extensive and include more women-related data. The Trinidad study reveals a surprising rate of immigration (one-third of the total population) with the female population more stable than the male. The La Paz study reveals a high rate of female underemployment in the marginal areas researched.

These studies contain some of the more interesting sociological data on distinct geographic areas of Bolivia, and since there is a series of ten (two were not available at the time of this report) there is continuity and a process to be observed. Nevertheless, they are little-known documents and since they are the product of a Ministry with a very specialized focus, in this case housing, they have been overlooked as valid baseline data to measure urban growth and concommitant changes in living conditions.

6. Usefulness to WID Perspectives:

The data in these reports are not available in other areas of the public sector, particularly as it relates to the urban family and the structure of urban life. Although the quality of the studies and their specific focus on women varies (for instance, the Potosi study contains

detailed data on family budget and expenditures), they provide a vision of daily problems which is useful when considering priority needs of marginal urban women.

In general, the studies reveal extreme instability and lack of basic physical comforts for the urban population in Bolivia. Data on persons per room, housing construction, utilities, and general satisfaction with housing justify the concern of women with this aspect of family life. There is a close relationship between these findings, and female roles and responsibilities which should shed some light on potential areas of interest to serve as motivation for ongoing development efforts with women.

D. Recommendations for Further Research and Study:

- Investigate the use of domestic technology in urban areas, along with time-use pattern.
- Look into the kinds of programs and services rural and marginal urban women really need, as they relate to housing and family life.
- What is the actual effect of urban migration on the lives of women and their families? What types of organizations could possibly be a response to difficulties encountered?
- How can home education and betterment be linked to broader goals for participation and economic improvement for women?

- Does urban migration really constitute a loss of status for rural women? And how can this status be maintained through the roles of migrant women?

E. Attached Selected Data Findings:

- Examples from Trinidad Study
- Examples from Sucre Study
- Examples from Potosi Study

General Conclusions

The following conclusions can be summarized from the process and results of this search for data on Bolivian women:

- The Pre-Census and Census represent the first major efforts in Bolivia to introduce sex-differentiated data into the national planning process; however, the ultimate usefulness of this endeavor will be measured by its application in regional and sectorial plans as well as policy decisions.
- Very little data on women is program-oriented in the sense that it refers to a specific area of interest in which a public or private agency is presently working. Nutrition, most often considered a "female problem", is the only area where data is entirely program-oriented, centering much of its attention on the Mothers' Clubs.
- There is a total lack of internal coordination within several sectors, with reference to data collection and statistics, the result of which is a proliferation of types of data and methodologies for its collection, with no clear sense of the need for uniformity and contiauity. In many cases, each individual program meets its needs, with no consideration of their relationship to overall sectorial plans or goals.
- The Five Year Plan describes the major thrust of the economy and society. Thus most sectors gauge their actions by the goals it set forth. However, since women were virtually

ignored in the Five Year Plan, few sectors see the need to establish a clear relationship between their area of concentration and women. Where some effort has been made, it usually has been due to the pressure of international funding agencies.

- At the departmental level, data is almost nonexistent as it related to women. Departmental census data should be applied to regional planning, if the Census is not to remain to sterile exercise.
- There is a marked tendency for data on women to be concentrated in service sectors (health, education) and not in productive areas (industry, commerce, agriculture, labor). This in effect isolates women from many tasks which are key to the development process.
- At this moment, for research on Bolivian women or for statistical references on her situation, there is a total reliance on the Pre-Census and Census. It is important that planners know how to use and derive from Census data, and communicate their findings to program implementers.

REGIONAL DEVELOPMENT CORPORATION	DATA PRESENTED ON WOMEN	PROGRAMS ORIENTED TOWARD WOMEN	POSSIBILITIES FOR TECHNICAL ASSISTANCE
1.-La Paz	Demographic	----------	-Study of potential role of women in agro-industries, particularly in Murillo, Loayza, Larecaja, and Ingavi Provinces.
2.-Potosí	----------	----------	-Study and design of project related to handicrafts and folklore. -Expand market construction projects to include education programs for market women (health, sanitation, nutrition, accounting, etc.) and possibility for day care.
3.-Cochabamba	Education Demographic Labor	Home economics and home management in Viloma, Mallco Rancho, y Mallco Chapi. ("Promocion de la Mujer")	-Study the actual role of women in the areas to be covered by the milk and cheese production and fruit growing projects (Viloma, Mallco Rancho and Mallco Chapi), in order to guarantee their continued participation in technical assistance and training aspects of these projects. Look into possibilities of developing an integral program with women, expanding current efforts.
4.-Chuquisaca	Health University students Census	----------	-The participation of women as related to CARE's Integrated Rural Health and Nutrition Project (in coordination with the Corporation) should be looked at and its potential for expanding to other types of activities with a productive base.
5.-Tarija	----------	Nutrition, Housing, and Social Promotion Program.	- Develop the planning, programming and evaluation capacity for this aspect of the Integrated Rural Development Project There is a real need for innovation.

GENERAL DATA

YEARLY EMPLOYMENT IN AGRICULTURE BY SEX AS COMPARED TO THE TOTAL POPULATION AND EMPLOYED EAP, 1973-76

	1973			1974			1975			1976		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total Population	4,359,793	2,155,482	2,204,311	4,453,767	2,201,942	2,251,825	4,549,767	2,249,405	2,300,362	4,647,836	2,297,716	2,350,120
Total Employed EAP	1,752,375	1,154,815	597,560	1,801,370	1,188,904	612,466	1,840,199	1,218,212	621,987	1,879,864	1,244,470	635,394
Employed EAP in Agr.	1,102,244	639,302	462,942	1,120,452	649,862	470,590	1,133,563	657,467	476,096	1,157,996	671,638	486,358
% Ag. of Total Population	25.3	29.7	21.0	25.2	29.5	20.9	24.9	29.2	20.7	24.9	29.2	20.7
% Ag. of Total Employed EAP	62.9			62.2			61.6			61.6		
% Male/Female of Total EAP in Ag.		58.0	42.0		58.0	42.0		28.0	42.0		58.0	42.0

Methodology: The yearly total and male/female population has been calculated by regression using INE's 1976 national rate of growth 2.11% per year and the 49.44%/50.56% as the male/female factor. The yearly total employed EAP has been taken from Table 9 ; and male/female split has been calculated according to the yearly MOL percentage distribution of the employed EAP by sex. The 1976 male/female employed EAP has been calculated using the 1975 MOL rates.

Source: "Estadística Laboral", MOL Statistics Sectoral Office; April 1976 Tables 5, and 12 INE's 1976 total population figure.

1975 MONTHLY SALARIES BY SECTOR AND SEX
(U.S. DOLLARS)a/

	Sectors	Arithmetic Mean: Male	Male Rank	Arithmetic Mean: Female	Female Rank	1975: % Employed Workforce b/
	National	113		92		1,895,993
1.	Agriculture	176	3	101	5	61.6
2.	Mining & Petroleum	120	6	91	8	3.9
3.	Manufacturing Industries	117	8	87	10	8.6
4.	Other Industries	118	7	97	6	3.0
5.	Electricity, gas and sanitary services	190	2	131	2	0.3
6.	Construction	91	10	113	4	3.9
7.	Commerce	136	4	114	3	6.4
8.	Banks, Insurance Co. & other financial enterprises	201	1	160	1	0.2
9.	Transportation, warehousing and communications	136	5	94	7	3.6
10.	Services	99	9	89	9	7.2

a/ Exchange rate: US$1.00 = $b 20

b/ Estimated figures based on the following percentages given by the MOL and applied to the 1975 population figure calculated from the 1975 Census.
workforce = 42% of total population (EAP)
employed workforce = 96.3% of total EAP
percentage distribution of workforce by Departments.

CUADRO N° 36. TRABAJO PRINCIPAL POR LUGAR DE RESIDENCIA Y POR SEXO.-

	Campo				Pueblo				Total	
	Hom.	Muj.	Tot.	%	Hom.	Muj.	Tot.	%	Frec.	%
Agricultor	311	136	447	57,4	45	9	54	33,1	501	53,2
Pastor ganadero.	17	91	108	13,9	5	11	16	9,9	124	13,2
Comerciante	6	10	16	2,0	4	15	19	11,6	35	3,7
Artesano	11	10	21	2,7	6	3	9	5,5	30	3,2
Transportista	2	-	2	0,2	3	-	3	1,8	5	0,5
Burocracia	0	1	1	0,1	5	1	6	3,7	7	0,7
Servicios Domésticos	0	151	151	19,4	1	39	40	24,5	191	20,3
Servicios Menores	2	5	7	1,0	1	1	2	1,2	9	0,9
Estudiante	21	5	26	3,3	9	5	14	8,6	40	4,2
TOTAL	370	409	779	100	79	8	163	100	942	100

Source: CODEX Study on Role Situation of Rural Women

CUADRO N° 49. RELACION ENTRE GRADO DE INSTRUCCION - POSIBILIDAD DE QUE LAS MUJERES PUEDAN SER AUTORIDAD, POR SEXO.-

	No puede ser				Podría ser				Si				No responde			
	H	M	T	%	H	M	T	%	H	M	T	%	H	M	T	%
Sin educación	38	83	121	53.1	20	38	58	54.2	9	16	25	73.6	9	18	27	46.6
Primaria incompleta	57	23	80	35.1	18	12	30	28.0	14	6	20	58.9	16	4	20	34.5
Primaria completa	22	5	27	11.8	13	6	19	17.3	6	3	9	26.5	10	1	11	18.9
T O T A L	117	111	228	100	51	56	107	100	29	25	34	100	35	23	58	100

Chi^2 H= 4,233 → 6°L= 0.645 → c.c. = 0.133 →

SOURCE: Codex Study on Role Situation

CUADRO N° 50. FILIACION A ORGANIZACIONES SOCIALES POR LUGAR DE RESIDENCIA Y SEXO.-

	CAMPO				PUEBLO				TOTAL	
	H	M	T	%	H	M	T	%	Frec.	%
Gremiales	72	36	166	14,9	19	8	27	16,0	135	15,1
Cooperativa agrícolas	29	9	38	5,3	15	4	19	11,2	57	6,4
Cooperativas Comercializadoras	12	11	23	3,2	4	2	6	3,5	29	3,2
Cooperativas de ahorro y préstamo	6	1	7	1,0	1	3	4	2,4	11	1,2
Cooperativas artesanales	1	0	1	0,2	2	1	3	4,3	4	0,4
Organizaciones de educación	8	7	15	2,1	5	2	7	4,1	22	2,5
Organizaciones de salud	3	4	7	1,0	2	5	7	4,1	14	1,6
Junta de vecinos	51	45	96	13,3	10	12	22	13,0	118	13,2
Ninguna	172	255	427	59,1	20	54	74	43,3	501	56,2
TOTAL	354	368	722	100	78	91	169	100	891	100

Source: CODEX Study on Role Situation

CUADRO Nº 14

ACTIVIDADES CONCRETAS QUE DESEMPEÑA LA MUJER CAMPESINA EN LOS DIFERENTES RUBROS

Edad / Actividades concretas desempeñadas	20 - 30		31 - 40		41 - 50		51 - 60		61 - +		Total	
	C.A.	%(110)+	C.A.	%(340)	C.A.	%(230)	C.A.	%(90)	C.A.	%(30)	C.A.	%(800)
Atención casa	80	72.73	340	100.00	230	100.00	70	77.78	20	66.67	740	95.50
Proporción del terreno	90	81.82	150	44.12	180	78.26	40	44.44	20	66.67	480	60.00
Siembra	90	81.82	220	64.71	220	95.65	70	77.78	20	66.67	620	77.50
L. Culturales	30	27.27	40	11.76	100	43.48	20	22.22	10	33.33	200	25.00
Cosecha	110	100.00	220	64.71	130	56.52	70	77.78	20	66.67	550	68.75
Pastoreo	80	72.73	230	67.65	200	86.96	60	66.67	20	66.67	590	73.75
Tejidos	50	45.45	60	17.65	30	13.04					140	17.50
Hilados	50	45.45	220	64.71	150	65.22	50	55.56	20	66.67	490	61.25
Venta de chicha	40	36.36	140	41.18	90	39.13	30	33.33	10	33.33	310	38.75
Comercialización de productos agrícolas	40	36.36	240	70.59	130	56.52	50	55.56	20	66.67	480	60.00

+ Los porcentajes están calculados en base al número total de miembros de cada grupo de edad.

SOURCE: NCDS' Study on Organizational Attitudes of Rural Women (Cochabamba)

12

CUADRO Nº 15

PARTICIPACION EN GRUPOS

PARTICIPA USTED EN ALGUNO DE LOS SGTES.GRUPOS?

EDAD	20 a 30		31 a 40		41 a 50		51 a 60		61 a más		TOTAL	
Participación en grupos	C.A.	%	C.A.	%	C.A.	%	C.A.	%	C.A.	%	C.A.	%
Club de Madres	20	18.18	30	8.82	10	4.35			10		70	8.7
Grupo Juvenil												
Grupo Notariado												
Cooperativa	10	9.09	40	11.76	50	21.73	10	11.11	10		120	15.0
Sindicato	10	9.09	20	5.88	10	4.35					40	5.0
Club de Madres y cooperativa	10	9.09	10	2.94							20	2.5
Club de madres Coop.Sindicato			10	2.94	10	4.35					20	2.50
No participan	60	54.55	230	76.66	150	65.42	80	88.89	10		530	66.2
TOTALES	110	100.00	340	100.00	230	100.00	90	100.00	30		800	100.0

RESUMEN:

Sobre un universo de 800 mujeres de la Cooperativa Integral de Servicios "Cochabamba Ltda":

	C.A.	%
- Participan en grupos actualmente	270	33.75
- No participan	530	66.25
TOTAL	800	100.00

Source: NCDS' Study

CUADRO Nº 17

RAZONES DE ACEPTACION DEL GRUPO

Organización	Club de Madres		Grupo Juvenil		Grupo Notariado		Cooperativa		Club de Madres Coop. Sindicato.		Sindicato		Club de Madres Coop.		Ninguno		Total	
Razones de aceptación del grupo	C.A.	%	C.A.	%	C.A.	%	C.A.	%	C.A.	%	C.A.	%	C.A.	%	C.A.	%	C.A.	%
Hay interés en alimentos	60	85.71							10	50.00			10	50.00			80	10.0
Trata problemas importantes de la Com.											20	50.00					20	2.5
Procurar Crédito							40	33.33									40	5.0
Trae beneficios							70	58.34									70	8.7
No saben	10	14.29					10	8.33	10	50.00	20	50.00	10	50.00			60	7.5
Ninguno															530	100.00	530	66.2
T O T A L E S	70	100.00					120	100.00	20	100.00	40	100.00	20	100.00	530	100.00	800	100.0

SOURCE: NCDS' Study

CUADRO Nº 22

NECESIDADES DE LA MUJER CAMPESINA

NECESIDADES	C.A.	% sobre total 800
Mejorar condiciones de vida	60	7.50
Posta sanitaria	100	12.50 -
No le falta nada	10	1.25
Crédito y agua potable	10	1.25
Puentes	40	5.00
Crédito para algún negocio (capital)	310	38.75
Máquina de coser	40	5.00
Tienda	10	1.25
Máquina de tejer	20	2.50
Gallinero	20	2.50
Agua potable	140	17.50 -
Luz eléctrica	40	5.00
Represa	20	2.50
Escuela y agua potable	10	1.25
máquina de escribir	30	3.75
Refrigerador	10	1.25
Letrinas	30	3.75
Cocina a gas	10	1.25
Asistencia veterinaria	10	1.25
Fumigadores	20	2.50
Alimentos	10	1.25
Conseguir trabajo	20	2.50
No responde	280	35.00
Saber leer y escribir	10	1.25
Obtener una vaca lechera	10	1.25
Material para la producción agrícola	10	1.25
Vestidos para sus hijos	10	1.25
Falta escuela	10	1.25
Tractor	10	1.25

SOURCE: NCDS' Study

2. EDUCATION

ILLITERACY RATES[1]

Department	Illiteracy of total population		% of total illiterate population		% of males of total male population		% of females of total female population	
	%	Rank	Male	Female	%	Rank	%	Rank
BOLIVIA	25.57		33.42	66.58	17.73		32.86	
1. Chuquisaca	32.55	7	35.74	64.26	25.45	7	38.54	7
2. La Paz	27.51	5	31.74	68.26	17.57	5	37.33	6
3. Cochabamba	21.47	4	30.33	69.67	13.85	4	28.22	4
4. Oruro	14.73	2	22.00	78.00	6.79	1	21.95	2
5. Potosí	33.09	8	35.91	64.09	25.04	6	40.37	8
6. Tarija	31.95	6	40.83	59.17	27.71	8	35.71	5
7. Santa Cruz	13.89	1	39.82	60.18	11.26	2	16.42	1
8. Beni	17.95	3	37.36	62.64	13.39	3	22.53	3
9. Pando	NA		NA	NA	NA		NA	

(1) Includes the population over 6 years old who have not completed one year of primary education.

Source: 1975 pre-census National Demographic Study
Tables 5.1; p. II.13; by Departments: Tables 4A, B, C, D, E, F, G, H.

TOTAL PAIS: TASAS DE PARTICIPACION FEMENINA POR NIVEL DE EDUCACION

E D A D	Ninguno	primario	Secundario	Universitario
6 - 14	4.8	2.8	0.8	--
15 - 19	44.2	29.3	8.4	3.3
20 - 24	42.3	36.4	36.7	21.0
25 - 29	36.5	33.2	46.3	49.2
30 - 34	33.3	28.4	51.7	75.0
35 - 39	35.7	27.2	54.4	47.1
40 - 44	35.4	26.0	38.0	50.0
45 - 49	28.2	22.3	31.4	61.0
50 - 54	27.6	27.1	37.1	25.0
55 - 59	28.6	18.8	21.0	66.7
60 y más	23.6	14.5	8.2	14.3

Fuente: Hugo Thorrez, "Visión Demográfica en la Participación Femenina de la Fuerza Laboral", CIS, La Paz, 1975.

Universidad - 98 -

Se realiza un análisis sobre la matrícula en nuestra casa superior de Estudios, referida únicamente al período académico 1/76.

Cuadro N° 61

NUMERO DE ALUMNOS MATRICULADOS EN CURSOS BASICOS Y REGULARES EN LA UNIVERSIDAD DE SAN FRANCISCO XAVIER por SEMESTRE 1977

Departamento	Total	Total		Básico		Regular	
		H	M	H	M	H	M
Total	[illegible]	[illegible]	1.6[illegible]	631	505	2.3[illegible]	1.144
Derecho	315	201	114	48	52	133	62
Auditoría	675	362	313	108	119	254	194
Adm. Empresas	35[illegible]	277	73	1[illegible]3	25	174	48
Medicina	1.727	1.423	3[illegible]	2[illegible]	5[illegible]	1.214	245
Odontología	1[illegible]1	113	68	28	23	85	45
Farmacia	331	23	308	[illegible]	88	17	220
Enfermería	1[illegible]5	3	192	3	60	-	132
Ing. Química	41[illegible]	383	35	115	13	26	22
Idiomas	26[illegible]	22	2[illegible]2	11	60	11	176
Politécnico	223	223	-	-	-	223	-

FUENTE: Universidad Boliviana San Francisco Xavier de Chuquisaca, Estadísticas Regionales, Volumen N° 3

Según el anterior cuadro el 7[illegible] de alumnos pertenecen al curso regular y 2[illegible] al Básico. Del total de matriculados el 35[illegible] son mujeres.

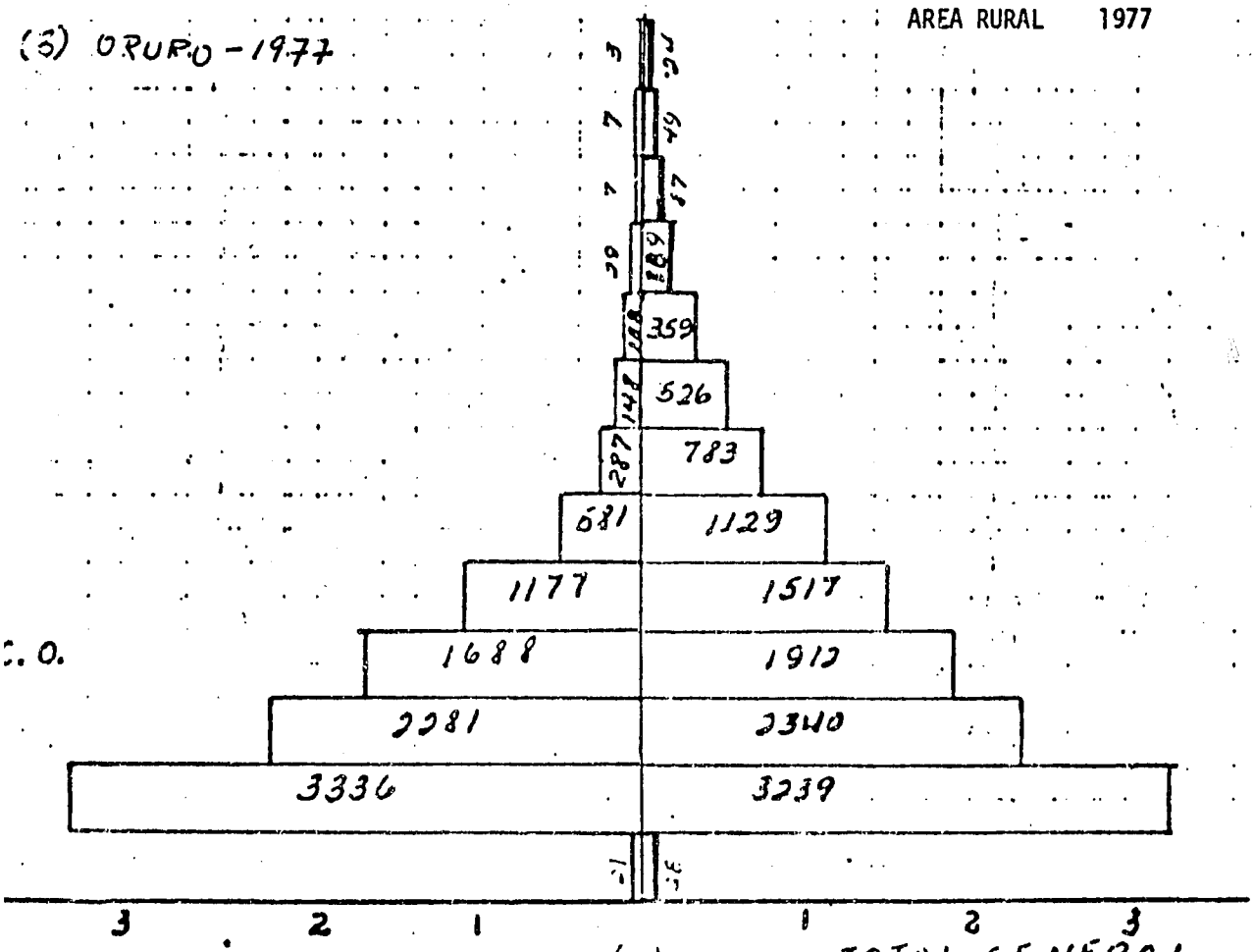
En nuestra Casa Superior de Estudios existen 335 profesores, de los cuales 47 trabajan a tiempo completo, 2[illegible] a medio tiempo y 264 a tiempo horario, que en valores relativos representan el 14% y 7[illegible]% respectivamente, siendo uno de los principales problemas de la enseñanza al alto porcentaje de profesores a tiempo horario. El personal administrativo en total es de 1[illegible]5 personas. (Fuente: Estadísticas Regionales, Volumen 3)

Con los datos anteriores podemos establecer la relación alumno-profesor, la misma que es del orden de 1[illegible] alumnos por profesor.

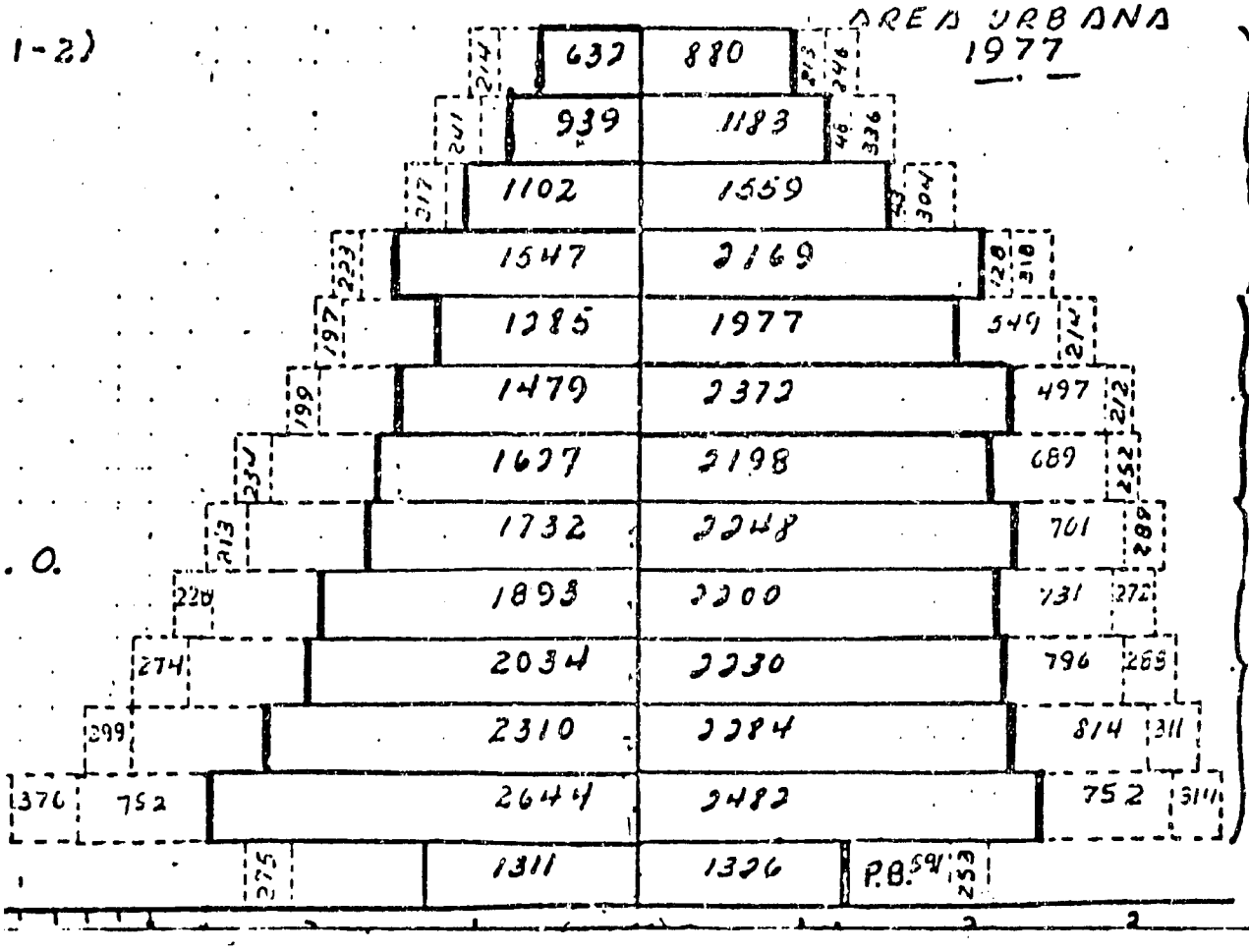
Best Available Document

(5) ORURO - 1977

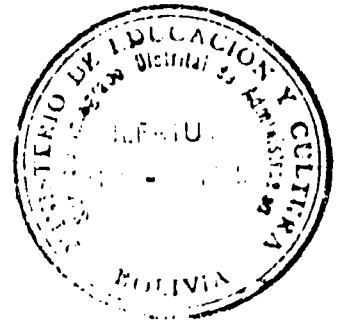
AREA RURAL 1977



TOTAL GENERAL
AREA URBANA
1977

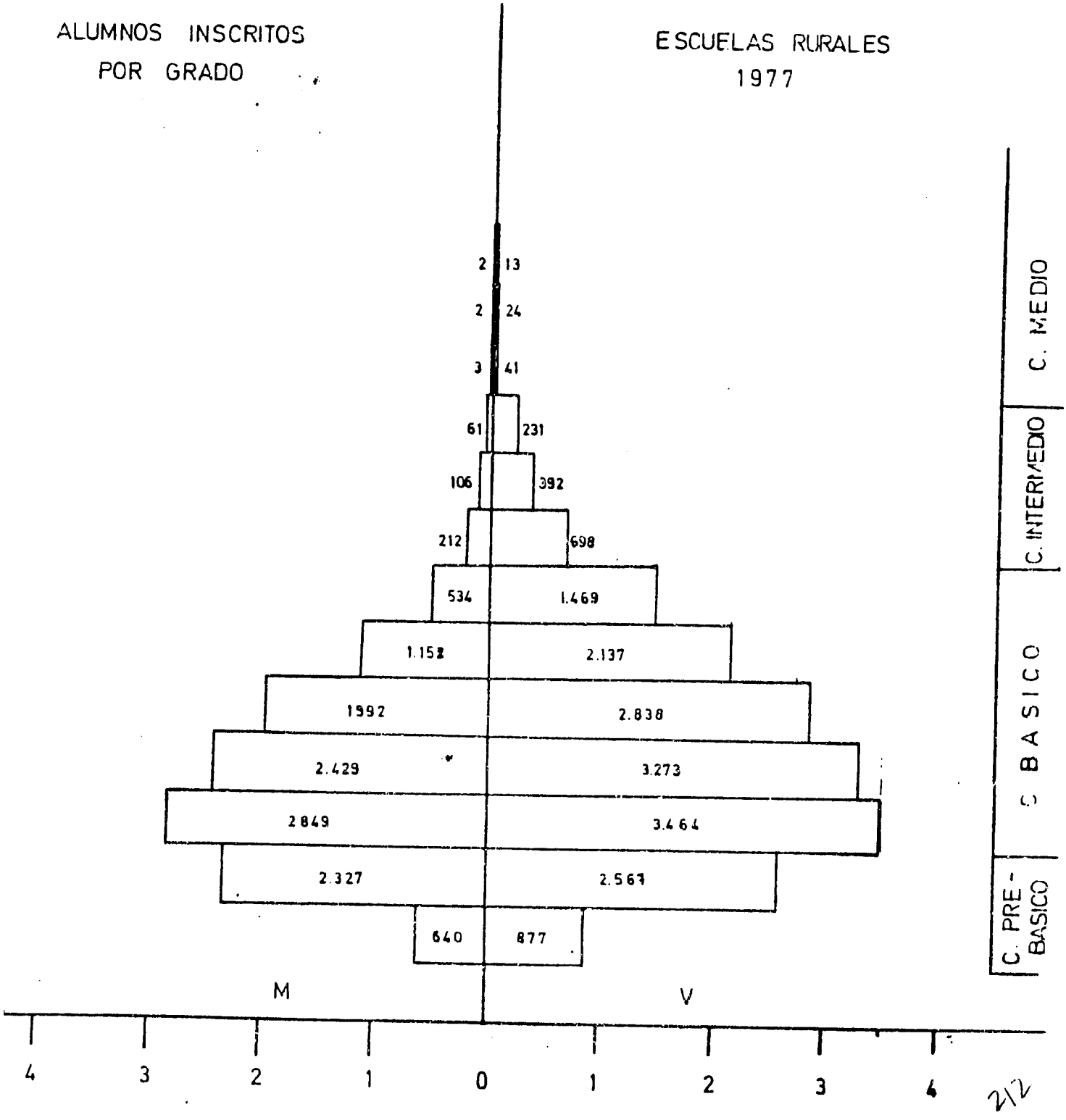


DISTRITO DE POTOSI



ALUMNOS INSCRITOS
POR GRADO

ESCUELAS RURALES
1977



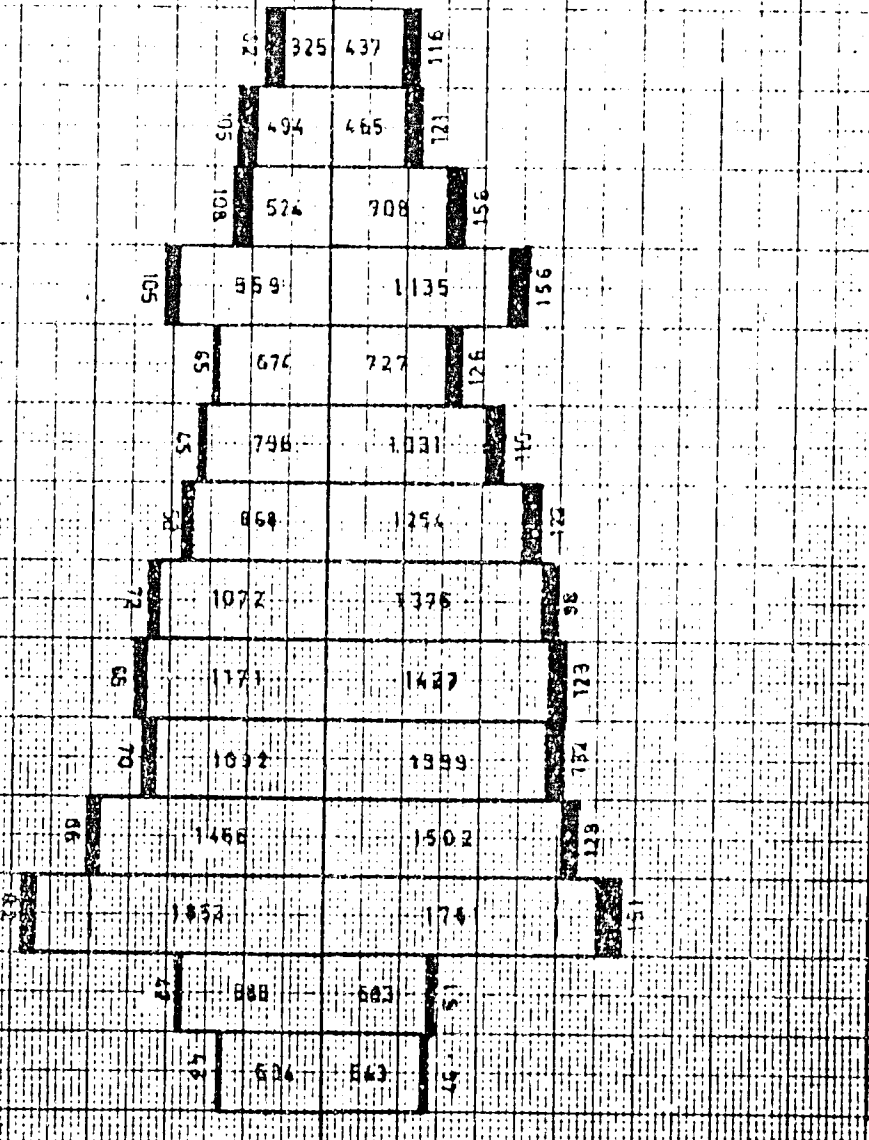
212

DISTRITO DE POTOSI

ALUMNOS INSCRITOS
POR GRADOS

ESCUELAS URBANAS
1977

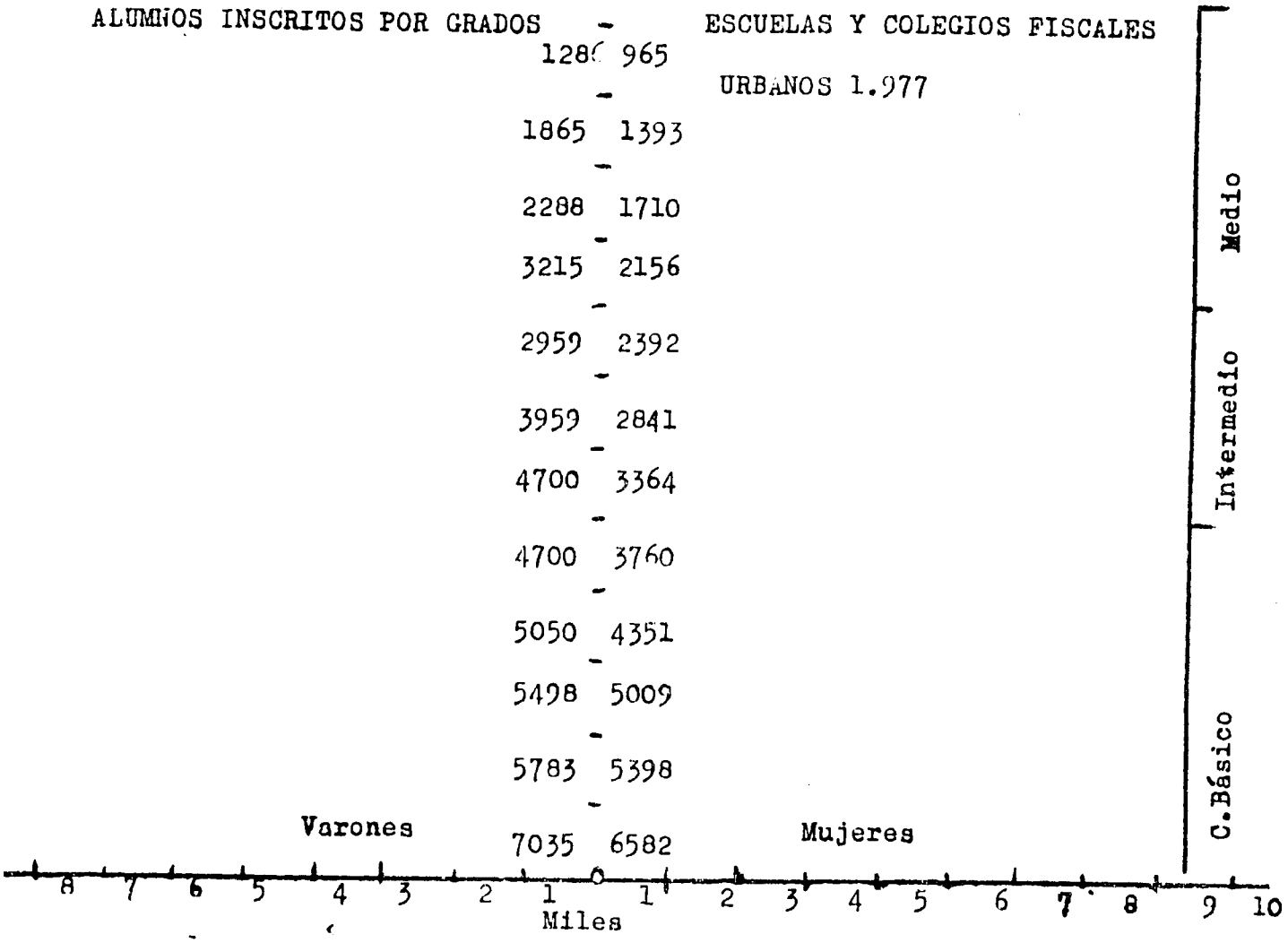
ESCUELAS PARTICULARES



COCHABAMBA

AREA URBANA

ALUMNOS INSCRITOS POR GRADOS - ESCUELAS Y COLEGIOS FISCALES URBANOS 1.977



Niveles	Escuela	Personal Docente	Alumnos Inscritos	Asistentes	Alumnos Ins.por Docente	Personal Adminis- Secret.	Port. Sirv.
Pré-básico	25	163	4.809	4.252	28.8	14	37
Básico	159	2.278	53.166	49.092	22.2	144	115
Intermedio	77	1.403	20.254	18.037	12.7	67	23
Medio	54	1.125	14.878	12.762	10.7	86	45

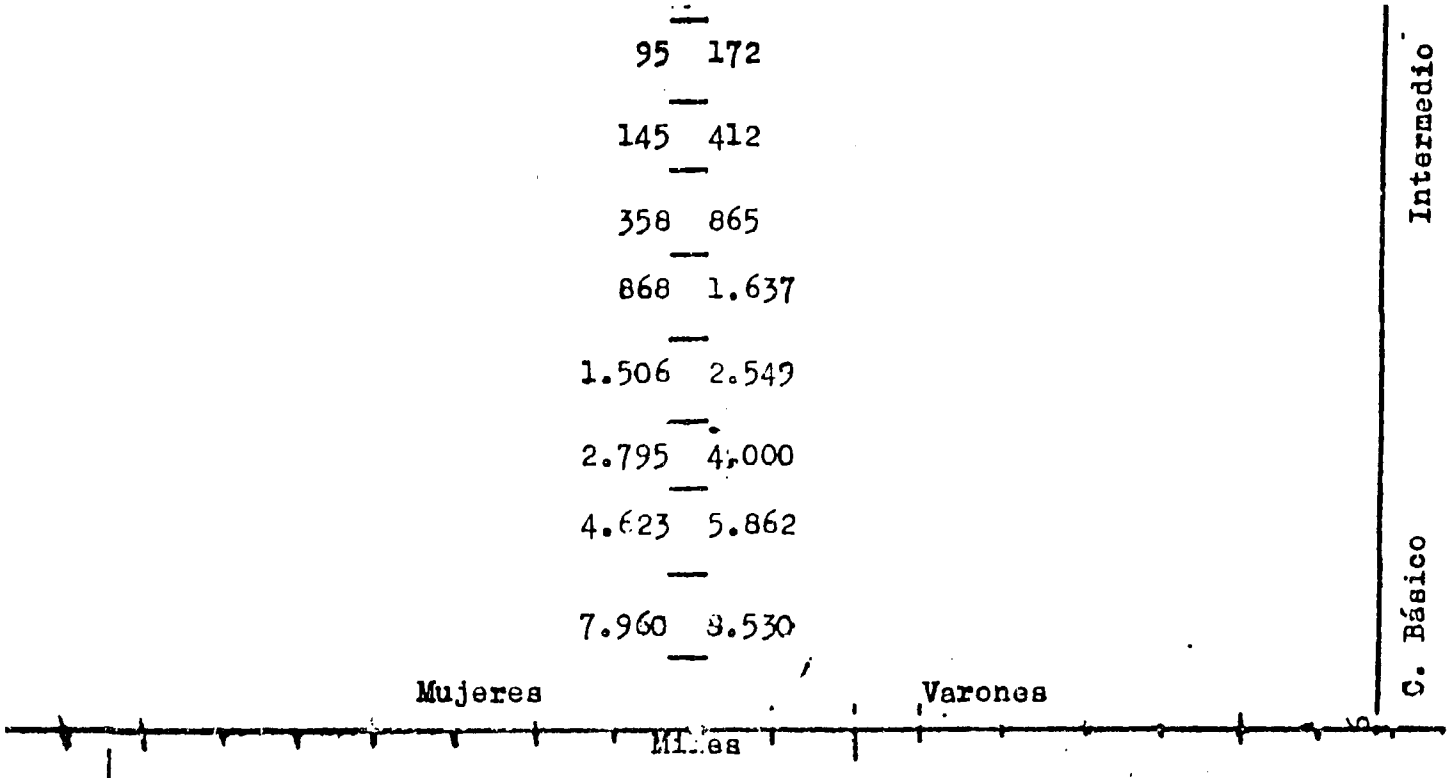
Cochabamba, mayo 1978

Nota: Los alumnos y personal docente y administrativo en los cuadros estadísticos se encuentran involucrados en una sóla cifra, correspondiente a los niveles Pre-básico y Básico.

COCHABAMBA

AREA RURAL

ALUMNOS INSCRITOS POR GRADOS ESCUELAS FISCALES RURALES COCHABAMBA 1977



ESCUELAS Y COLEGIOS RURALES

Niveles	Núcleos Escolares	Personal Docente	Alumnos Inscritos	Alumnos Asistentes	Alumnos Ins- Por docente
Pre-básico			3.107	2.791	
Básico	91	2.058	40.330	37.699	21.1
Intermedio		140	2.047	1.818	14,6
Medio		3	85	72	28.3

Personal Administrativo.

Secretario	24
Regentes	2
Servicio	28

Cochabamba, mayo 1978

Nota: Los alumnos en los cuadros estadísticos se encuentran involucrados en una sóla cifra, correspondiente a los Niveles Pre-básico y Básico.

215

ANEXO N° 1 NUMERO DE ALUMNOS DE EDUCACION URBANA PUBLICA

EN EL DISTRITO ESCOLAR DE COCHABAMBA

POR: CICLOS

SEGUN: INSCRITOS, APROBADOS Y SEXO AÑO 19[illegible]

CICLO DE ENSEN.	INSCRITOS			RETIRADOS			EFECTIVOS			APROBADOS			REPROBADOS		
	TOTAL	HOMBR.	MUJERES	TOTAL	HOMBR.	MUJER.	TOTAL	HOMBR.	MUJER.	TOTAL	HOMBRES	MUJERES	TOTAL	HOMBRES	MUJER.
TOTAL	95.993	51.933	44.060	11.2[illegible]	7.234	4.30[illegible]	84.456	44.6[illegible]9	39.757	75.1[illegible]2	[illegible]	[illegible]	[illegible].962	[illegible]	3.9[illegible]
PRE-BASICO	[illegible]	[illegible]	[illegible].824	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		[illegible]	[illegible]
BASICO	50.257	26.712	23.[illegible]45	[illegible]	[illegible]	[illegible]	46.7[illegible]	[illegible]	21.340	43.[illegible]87	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
INTER-MEDIO	18.452	10.348	7.[illegible]04	2.844	1.[illegible]8	[illegible]	15.[illegible]	8.[illegible]	6.658	12.9[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1.074
MEDIO	14.710	8.411	6.299	2.57[illegible]	[illegible]	751	12.1[illegible]7	[illegible]	5.[illegible]	9.5[illegible]9	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
CEMA	8.749	3.961	4.788	[illegible].697	1.00[illegible]	694	[illegible].052	[illegible]	[illegible]	6.252	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

FUENTE: Servicio Integrado Distrital de Administración (SIDA)

216

ANEXO N° 2 NUMERO DE ALUMNOS EN EDUCACION RURAL DEL DISTRITO ESCOLAR DE COCHABAMBA

POR: CICLOS DE ENSEÑANZA

SEGUN: INSCRIPCION, PROMOCION Y SEXO AÑO 1976

CICLOS DE ENSEÑANZ	INSCRITOS			RETIRADOS			EFECTIVOS			APROBADOS			REPROBADOS		
	TOTAL	HOMBRS.	MUJER.	TOTAL	HOMBR.	MUJER.	TOTAL	HOMBR.	MUJERES	TOTAL	HOMBRES	MUJERES	TOTAL	HOMBR.	MUJER.
TOTAL	44.192	25.158	19.034	3.674	1.821	1.853	40.518	23.337	17.181	36.852	21.215	15.558	[illegible]	[illegible]	[illegible]
CICLO BASICO	42.411	23.943	18.468	3.396	1.704	1.694	39.013	22.239	16.774	35.479	20.291	15.188	3.524	1.948	1.586
CICLO INTER-MEDIC	1.781	1.215	566	276	117	159	1.505	1.098	407	1.374	1.004	370	131	54	37

FUENTE: Servicio Integrado Distrital de Administración (SIDA)

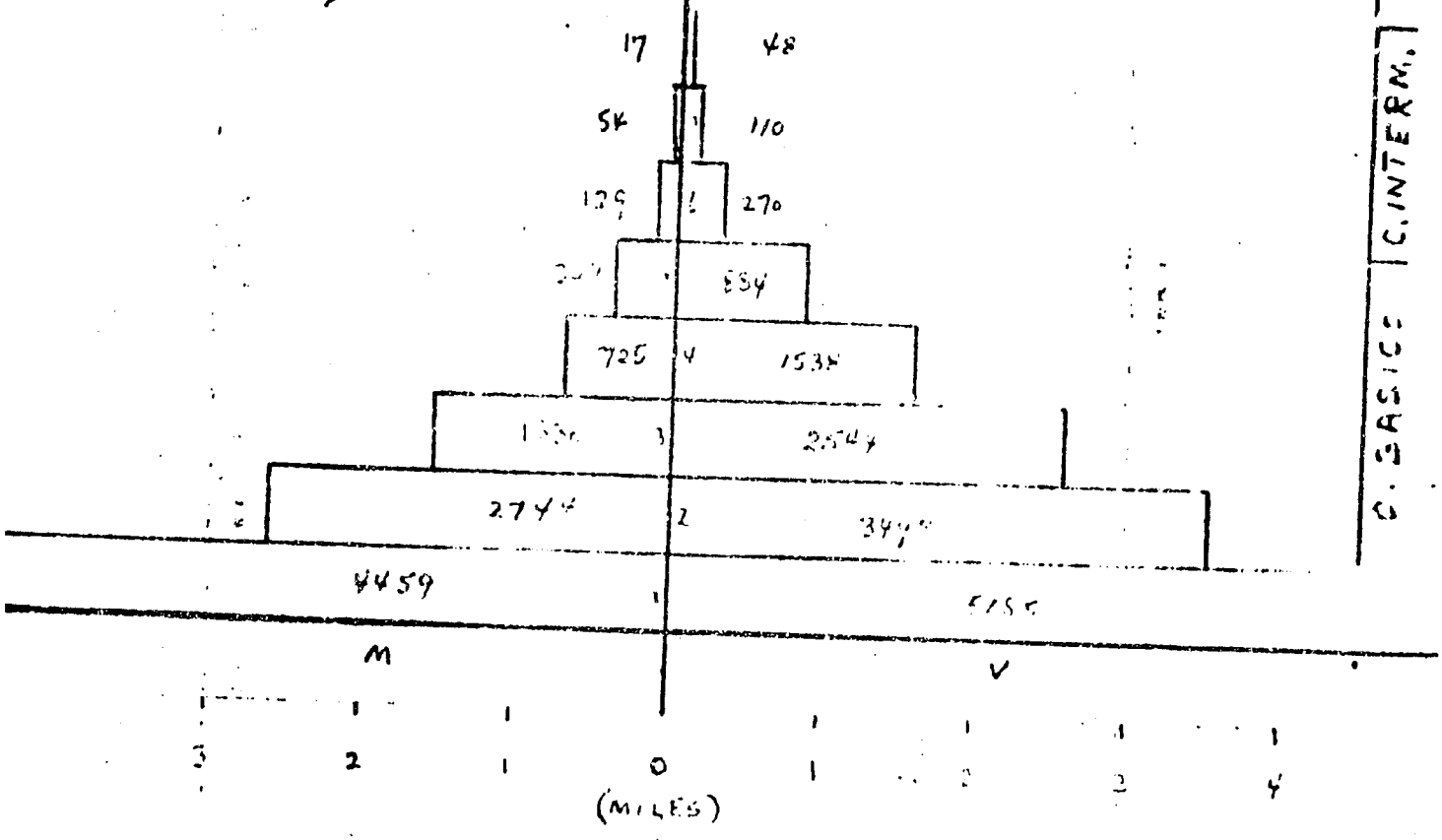
217

CHUQUISACA

ALUMNOS INSCRITOS POR GRADO

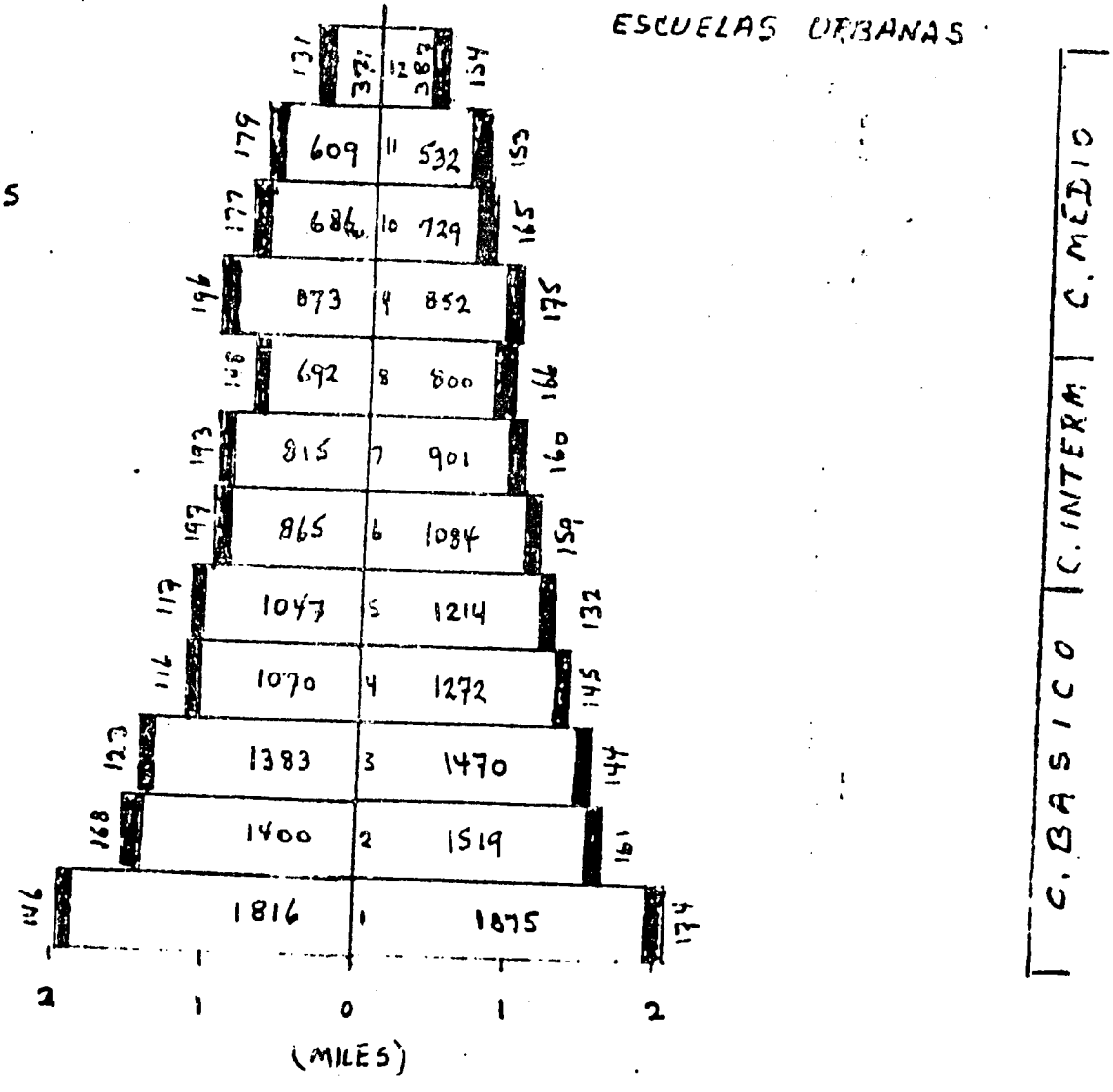
ESCUELAS RURALES

1977



ESCUELAS URBANAS

ESCUELAS PARTICULARES



DISTRIBUCION DE LA POBLACION DE 10 Y MAS AÑOS, POR SEXO Y DE EDAD, SEGUN NIVEL DE INSTRUCCION, 1976

Edad	Total	Sin instrucción 1/	Básico	Intermedio	Medio	Superior y Universitario	Mediana (grados)
Total							
10 y más	100.0	35.5	36.7	14.3	9.4	4.0	2.0
10 - 19	100.0	11.5	53.7	19.8	10.2	0.4	3.2
20 - 29	100.0	26.0	34.6	15.7	15.0	8.7	3.5
30 - 39	100.0	40.4	33.0	12.9	7.6	6.1	1.5
40 - 49	100.0	53.0	27.7	9.2	6.0	4.1	0.0
50 - 59	100.0	62.3	21.3	7.9	5.5	3.0	0.0
60 y más	100.0	74.0	14.1	6.5	2.8	1.6	0.0
Hombres							
10 y más	100.0	24.7	41.6	17.3	11.3	5.2	3.0
10 - 19	100.0	6.9	54.4	22.5	11.3	4.6	3.6
20 - 29	100.0	15.4	36.0	19.9	18.2	10.5	4.8
30 - 39	100.0	21.8	41.5	16.2	9.2	8.3	3.0
40 - 49	100.0	36.4	39.4	11.4	6.1	[illegible]	1.7
50 - 59	100.0	48.0	31.0	9.3	6.9	4.8	0.3
60 y más	100.	65.2	20.1	7.1	5.9	2.6	0.0
Mujeres							
10 y más	100.0	45.7	32.1	11.6	7.7	2.9	0.7
10 - 19	100.0	17.4	53.0	17.1	8.7	3.8	2.8
29 - 29	100.0	36.2	33.2	11.7	12.0	6.9	2.1
30 - 39	100.0	55.2	25.0	9.7	6.0	4.1	0,0
40 - 49	100.0	68.2	16.9	7.2	5.1	2.6	0.0
50 - 59	100.0	74.9	12.8	6.6	4.3	1.4	0.0
60 y más	100.0	82.0	8.8	5.9	2.6	0.7	0.0

Fuente: Cálculos basados en datos del INE. Resultados Anticipados por Muestreo. Censo Nacional de Población y Vivienda 1976.

1/ Incluye las categorías ningún grado y sólo alfabetización, así como los sin nivel especificado.

GZ:mv
Junio, 1978

Nota.- According to . Gray "La enseñanza de Lectura y Escritura" UNESCO, Paris, 195(?) roughly five years of scholing are requested to acquire functional literacy.

POBLACION FEMENINA URBANA Y RURAL CON INSTRUCCION SECUNDARIA Y UNIVERSITARIA (1)

EDAD	RURAL Secundaria	RURAL Universitaria	URBANA Secundaria	URBANA Universitaria
10 - 14	33.07		45.76	===
15 - 19	38.18		47.27	30.20
20 - 24	39.55		51.61	29.37
		28.64"		
25 - 29	42.52		51.67	25.00
30 - 34	30.76		53.44	===
35 y más	32.91		47.96	21.64

" Calculado para toda la población femenina por lo pequeño de los números absolutos en las categorías de edad.

Source: S. Romero P. op cit.

COMPOSICION RELATIVA DEL NIVEL EDUCATIVO SEGUN EDAD

(Distribución porcentual)

E D A D	TOTAL	NINGUNO	PRIMARIA	SECUNDARIA Y OTROS	UNIVERSITA-RIA
6 - 19	100.0	15.7	69.1	14.9	0.3
20 - 29	100.0	21.5	51.7	23.1	3.7
30 - 39	100.0	43.1	41.7	13.9	1.3
40 - 49	100.0	60.5	27.9	10.2	1.4
50 - 59	100.0	65.5	25.4	8.7	0.4
60 y más	100.0	73.8	20.0	5.8	0.4
Total	100.0	33.3	50.8	14.7	1.2

Fuente: Encuesta Demográfica Nacional

PIRAMIDE EDUCACIONAL

N I V E L		
Primario	82.96	
Medio	11.79	
Universitario	3.36	
		5.05
Superior no universitario	1.69	
T O T A L	100.00	

" Fuente Dirección General de Planificación Educativa

DISTRIBUCION DE LA MATRICULA EN EL NIVEL "MEDIO "

A R E A	%
Secundaria	95.99
Profesional femenino	1.83
Comercial	1.83
Industrial	0.32
T O T A L	100.00

" Fuente Dirección General de Planificación Educativa

3. HEALTH AND NUTRITION

CENTROS O CLUBES DE MADRES 1978

rto	Provincia	Agencia	Total Clubes	Rural		Total Benef.	Depto.	Prov.	Agencia	Total Clubes	Rural		Total Benef.
1	Oropeza	Caritas	11	9	250	662	Beni	Ciudad	Caritas	13			1243
		MPS.SP	24	7	197	878		Cercado	id	7			448
									JNAS	9			338
			24	17	1002	2053			JNAS(c)	5			1250
			10		838				MOSSP	15	7	2779	8208
	Zudañez	Caritas	2	2	236	236							
		MPS.SP	3	3	150	600							
	Tomina	Caritas	2	2	324	324		Moxos	Caritas	5			800
		MPS.SP	7	7	183	732			MPS.SP	9	4	1904	2342
	Azurduy	Caritas	1	1	148	148		Mamoré	Caritas	1			89
									MPS.SP	2			232
	Yamparae	Carit.MPS.	10	10	393	393		VacaD.					
		Caritas	12	12	608	608							
	Luis	Calvo	1	1	152	152		Balliv.					
		MPS.SP	3			512							
	H.Siles	MPS.SP	1	1	280	280		Yacuma					
	N.Cinti	MPS.SP	3	--	--	356		Itenes					
	S.Cinti	MPSP	6	3	145	980		Marban	Caritas	12			1039
									MPS.SP	11	11	4721	4721
	B.Boeto	MPS.SP	4	4	130	520							
		Caritas	1	1	148	148							
b	Totales		125	80	4719	10920				85	22	4683	20710

pto.	Prov.	Agencia	Total Clubes	R u r a l		Total Benef.	Depto.	Prov.	Agencia	Total Clubes	R u r al		Total Benef.
uro	Cercado	Caritas	3	2	189	274	La Paz	Murillo	JNAS	27			6662
		MPS	20	6	700	3850			MPS.SP	62	6	364	2525
		JNAS	4			1200				11			2334
								Camacho	MPS.SP	13	13	1142	1142
	Dalence	Caritas	1	1	92	92							
		MPS	5	5	732	732							
								Ingavi	MPS.SP	44	44	5049	5049
										4			650
	Cabrera	Caritas	5	5	332	332		Los Andes	MPS.SP	41	41	3962	3962
		MPS.	5	5	447	447				3			305
								N.Yungas	MPS.SP	4	4	338	338
	Carangas	Caritas	5	5	389	389		S.Yungas	MPS.SP	1	1	85	85
		MPS.	8	8	1073	1073							
								Omasuyos	MPS/SP	46	46	5198	5198
										2			483
								Pacajes	MPS.SP	6	6	831	831
	Avaroa	Carit.MPS.	4	4	364								
								Aroma	MPS.SP	1	1	85	85
	Saucari	C.MPS/SP	7	7	614	614							
									ALDE-U	11			
	Sajama	Caritas	2	2	97	97			ALDE-R	16	16		
		MPS.SP	2	2	288	288							
	Litoral	Caritas	1	1	88	88							
	Poopó	C.MPS.	1	1	145	145							
b	Totales		73	54	5550	9985				292	178	17054	29649

to.	Prov.	Agencia	N° Clubes	Total Benef.	R u r a l		Depto.	Prov.	Agencia	N° Clubes	Total Benef.	Rural	
a. uz	Ixhilo	Caritas	12	747	12	747	Tarija	Depto.	Caritas	13	3300	13	3300
	"	Crt.MPS	4	215	3	165			JNAS	7	1600		
		MPS.PS	3	158	1	90			MPS.SP	3	557	2	298
			5	293	4	222							
	S.Esteb.	Caritas	16	982	16	982		O'Connor	JNAS	4	120		
		MPS.SP	8	827	8	827							
			2	155	1	70							
			10	279	10	279							
								Mendez	MPS.SP	4	666	4	666
	Sarute	Caritas	3	240	2	166							
		MPS.SP	3	223									
			3	228	1	77							
			3	117	3	117							
								Arce	MPS.SP	2	417	2	417
	Ibañez	Caritas	11	1091	4	331							
		MPS.C	7	2140	3	1620							
		JNAS	18	1057				G.Chaco	MPS.Sp	1	280	1	280
		MPS.SP	14	696	12	494							
			9	624	5	341							
	Warnes	MPS.Carit	1	137				Avilés	MPS.SP	3	533	3	533
		MPS.SP	2	228	2	228							
	Ñ.Chavez	JNAS	16	3500									
		ALDF.R.	7										
			157	13872	87	6756				37	7473	25	5494

COMPOSICION DE LOS CLUBES DE MADRES

FUNDACION SANGABRIEL - LA PAZ - 1978

lombre del club	Nº de socias	%Pollera	% Vestido	% Origen Rural	%Origen Urbano	%Origen Minero
sunción (1)	54	90	10	--	--	10
upac Katari (2)	60	90	10	--	--	--
. Gonzueta (3)	70	80	20	--	--	--
a Capilla (4)	55	33	67	--	80	--
an Gabriel III (5)	44	90	10	--	80	5
. Eguino (6)	52	40	60	--	--	80
eroinas de la Coonilla (7)	50	80	20	80	--	--
uana AzurduyI(8)	60	90	10	80	--	--
uana Azurduy I (9)	61	90	10	30	--	--
upac Amaru (10-)	50	50	50	25	60	15
osofa Mujia (11)	50	50	50	25	50	25
a Merced (12)	5	95	5	100	--	--
dela Zamudio (13)	60	35	65	83	17	--

ombre del club	%Solo Castellano	%Solo Aymara	%Quechua Aymara	%Castellano Quechua	%Quechua Castellano	%Cast. Quechua Aymara
(1)	--	50	--	40	10	--
(2)	5	15	--	80	--	--
(3)	10	10	--	80	--	--
(4)	10	10	--	80	--	--
(5)	2	2	--	98	--	--
(6)	--	--	--	90	10	--
(7)	20	80	--	--	--	--
(8)	1	7	8	75	--	9
(9)	13	6	--	70	3	--
(10)	--	--	--	75	25	--
(11)	23	--	--	50	25	--
(12)	--	--	5	95	--	--
(13)	13	6	--	70	--	6

(Cuadro elaborado en base a los Kardex de los 13 Clubes)

Se consigna igualmente un detalle con las 15 enfermedades transmisibles más comunes en Chuquisaca.

Cuadro N° 63

CASOS DE ENFERMEDADES TRANSMISIBLES AÑO 1977

N°	Causas	H	M	Total	%
1	Influenza	2.583	[illegible]	5.213	30.3
2	Gastroenteritis	1.578	[illegible]	2.927	17.0
3	Salmonelosis	751	[illegible]	1.556	[illegible]
4	Sarcoptosis	59[illegible]	[illegible]12	1.2[illegible]2	7.[illegible]
5	T.P. Pulmonares	73[illegible]	[illegible]	1.133	[illegible]
6	Paludismo	645	[illegible]	1.[illegible]	6.0
7	Sarampión	43[illegible]	[illegible]	[illegible]	[illegible]
8	Bronquitis [illegible]	[illegible]	371	[illegible]	[illegible]
9	Tosferina	22[illegible]	[illegible]	[illegible]	2.[illegible]
10	Parasitosis	175	170	345	2.[illegible]
11	Paratiditis	172	[illegible]27	31[illegible]	1.8
12	Primo Infc.T.P.	12[illegible]	13[illegible]	267	1.5
13	Varicela	113	1[illegible]	21[illegible]	1.3
14	Sífilis	[illegible]	77	1[illegible]	1.[illegible]
15	Paratifoidea	7[illegible]	51	13[illegible]	[illegible]
16	Otras 1/	3[illegible]7	25[illegible]	[illegible]	3.[illegible]
	Total	[illegible]	[illegible]	17.1[illegible]	1[illegible]

Fuente: Unidad Sanitaria de Chuquisaca Bioestadística

1/ Otras Incluye las siguientes causas de enfermedades transmisibles: Blenorragias, Hepatitis, Amebiasis, Amigdalitis, [illegible] Bacilar, Rubeola, Bronconeumonía, Tifoidea, Otras venéreas, peste bubónica, Mal de Chagas, Faringitis, Poliomelitis, Escarlatina, Ascaridiasis, Oxiuriasis, Tifus Exantemático, Difteria, Tétanos, Meningitis.

Dos son las principales causas de enfermedades transmisibles en el departamento, Influenza y Gastroenteritis que alcanza casi al 5[illegible] de los casos. Por la comparación del número de casos atendidos con la población del departamento y aun de la ciudad ([illegible] y 62.2[illegible]7 habitantes en Chuquisaca y Sucre) se [illegible] que carece de un buen registro.

Best Available Document

218

PROGRAMA DE EDUCACION NUTRICIONAL Y COMPLEMENTACION ALIMENTARIA

PROGRAMA	SERVICIO	COBERTURA
ASISTENCIA ALIEMENTARIA	- Madres embarazadas (Centro de salud)	50.000
	- Desayuno escolar urbano.	30.000
	- Almuerzo escolar rural.	180.000
	- Clubes de madres	135.000
	- Niños é Instituciones	15.000
T O T A L A S I S T E N C I A		410.000

CUADRO 6 COSTUMBRES DE AMAMANTAR Y DESTETAR — (MEDIOS ± DESVIACION ESTANDAR)

COSTUMBRES	CHUQUISACA	TARIJA	TOTAL DE LAS COMUNIDADES
Tamaño Muestra	163	67	230
Duración Amantado % < 6 meses	0'	9'	3
Edad Media Dejar Amamantar (meses)	16.5 ± 4.6	12.8 ± 5.3	15.4 ± 5.0
Indroducción Comida Sólida (% < 6 meses)	66'	40'	58
Edad Media Introducción Comida Sólida (meses)	8.8 ± 2.6	6,8 ± 2.0	8.1 ± 2.4

' Diferencias entre Chuquisaca y Tarija son muy significadas a $P < .001$

CUADRO '8 CREENCIAS DE MADRES SOBRE LA CHUSA Y TRATAMIENTO DE DIARREA

	CHUQUISACA Respuesta	Nº de respuestas	TARIJA Respuesta	Nº de respuestas
	1. De frío	14	1. Comida mala	23
	2. Resfrío	6	2 Agua sucia	20
AUSA	3. Por comer o tomar incluyendo: miel de caña, carne, leche, chicha y borra de maíz de chicha.	7	3. Fruta verde	18
			4. Infección Intestinal	4
			5. Dentición	3
			6. Mamadera	3
IARREA	4. Por bañar en el río	2	7. Resfrío	2
RATAMIEN-	1. Medicinas incluyendo: sulfaguadina, enterobioformo y aspirina	28	1. Infusión de hier- incluyendo: canela, anís, manzanilla y apio	35
SE PARA	2. Infución de hierba incluyendo: canela, manzanilla y anís.	18	2. Médico	25
DIARREA	3. Otros tratamientos naturales	5	3. Otros tratamientamientos naturales sobre todo mazamorra de almidón	10
			4. Medicinas	5

B O L I V I A N

NUTRITION SECTOR ASSESSMENT

ESTIMATED INCREASES IN ANEMIA"

YEAR	10% population 000 MOTHERS	(1) % ANEMIC	000 ANEMIC	% RURAL	000 RURAL
1975	545	70	381,5	78	297,6
1980	614	68	417,5	75	313,1
1985	681	65	442,6	72	318,7

4. INDUSTRY AND COMMERCE

5. LABOR

1975 MONTHLY SALARIES BY DEPARTMENT AND SEX
(U.S. Dollars)*

	Composite Rank[a]	Arithmetic Mean			Median		Mode		Rank Ordering					
									Mean		Median		Mode	
		Total	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women
Total		109	113	92	88	81	68	69						
1. Chuquisaca	9	105	112	73	83	62	62	58	5	8	6	9	9	9
2. Beni	5	103	111	72	85	68	70	68	6	9	5	8	3	2
3. Cochabamba	3	113	119	81	98	70	69	66	2	4	2	6	4	5
4. La Paz	2	110	114	96	87	85	67	72	3	1	4	1	7	1
5. Oruro	7	96	99	77	81	71	69	67	8	6	8	5	5	3
6. Pando	6	97	100	85	74	72	67	66	7	3	9	3	8	4
7. Potosí	8	91	93	74	82	69	71	61	9	7	7	7	1	8
8. Santa Cruz	1	137	143	94	120	74	70	64	1	2	1	2	2	7
9. Tarija	4	108	112	79	90	71	68	65	4	5	3	4	6	6

*Exchange rate: US1.00 = $b20.

a/ According to the total sums of the rank ordering of the three statistical salary measures.

Note: According to the Ministry of Labor (MOL) these average monthly salaries could be applied to the 915,000 urban workers existing in 1975 of whom only 875,954 (96%) were non-agricultural workers.

Source: Bolivia Shelter Sector Review, 1975; Table 2 (p. 26) prepared by the National Savings and Loan League. First source, Ministry of Labor's National Council on Salaries and Wages.

(estadística no-oficial)
(hasta octubre '78)

PARTICIPACION FEMENINA EN CURSOS DE FORMACION PROFESIONAL - FOMO

) Participación Importante:

CURSO	AÑO 1976	%	AÑO 1977	%	AÑO 1978	%
Cocina	5/11	45	15/15	100	3/6	50
Camareras	26/26	100	22/31	70	—	—
Recepción	11/12	91	23/34	67	—	—
Barman	1/16	6	4/28	14	--	--
Garzón	2/11	18	15/35	42	--	--
Garzón-bar	2/28	7	7/28	25	3/8	37
Corte y Confección	—	--	24/24	100	--	--
Tejidos a máquina	--	--	10/10	100	—	—
Restaurante	—	--	1/17	5	--	--
Empleadas de hogar	--	--	--	--	13/13	100

(cifra del númerador, representa participantes femeninas)
(cifra del denominador, representa, el total de participantes)

Participación Media:

Metodología	12/41	29	9/84	10	24/121	19
Viticultura	5/38	13	5/35	14	--	—

Escasa Participación:

CURSO	Nº de ALUMNAS
Dibujo Técnico é interpretación de planos	3
Instalaciones Sanitarias	1
Cultivos Trópicales	1
Seminario de la Mujer Rural	5

235

FOMO: SANTA CRUZ

(Formacion De Mano De Obra)

AÑO 1975

CURSO	LUGAR	FECHA	Números de Mujeres	Número de Egresados
RECPCION	SANTA CRUZ	28-10-75	7	9
CAMARERAS DE PISO	"	28-10-75	10	10
RESTAURANT	"	28-10-75	2	13
BAR	"	28-10-75	1	11
RESTAURANT	"	18- 6-75	3	15
RECEPCION	"	18- 6-75	6	10
BARMAN	"	18- 6-75	3	10
CAMARERAS DE PISO	"	18- 6-75	7	8
BAR-RESTAURANT	"	6- 3-75	3	15
			42	

AÑO 1976

METODOLOGIA	"	23- 2-76	2	18
RECEPCION	"	1- 6-76	8	10
CAMARERAS DE PISO	"	1- 6-76	3	9
RESTAURANT	"	1- 6-76	2	12

CORRESPONDENCIA COMERCIAL	SANTA CRUZ	12- 8-76	13	13
RECEPCION	"	1-11-76	8	10
CAMARERAS DE PISO	"	1-11-76	8	8
RESTAURANT	"	1-11-76	1	8
			51	

AÑO 1977

RECEPCION	"	2- 8-77	14	20
CAMARERAS DE SALA	"	2- 8-77	1	9
BARMAN	"	2- 8-77	1	8
RECEPCION	"	20-12-77	10	15
BARMAN	"	20-12-77	2	12
CAMARERAS DE PISO	"	20-12-77	3	3
CARZONES	"	20-12-77	1	9
LECHERIA	COL.PIRAY	22-IV-77	1	16
LECHERIA	EL CHORE	16- 9-77	7	39
LECHERIA	NUEVO HORIZONTE	21-10-77	2	23
LECHERIA	TERRANOVA	11-11-77	3	21
LECHERIA	COLONIA ARONA	17-12-77	10	20
			55	

AÑO 1978

REACTUALIZ. METODOLOGICA	SANTA CRUZ	10-4-78	4	19
METODOLOGIA	"	6-6-78	2	17
METODOLOGIA	"	5-9-78	2	14
LECHERIA	OKINAWA	20-I-78	3	28
LECHERIA	YAPACANI Km.21	27-1-78	9	47
LECHERIA	VALLE HERMOSO	27-1-78	2	21
LECHERIA	YAPACANI Km.9	30-1-78	6	31
LECHERIA	COTOCA	14-4-78	2	13
LECHERIA	SAN LUIS	10-5-78	7	27
LECHERIA	YAPACANI Km.35	28-7-78	2	35
LECHERIA	YAPIROA	10-11-78	1	39
LECHERIA	CUATRO OJITOS	30-11-78	1	25
			41	

AÑO 1979

LECHERIA	EL CHORE	2-2- 79	5	26

237

CURSOS DE COOPERATIVISMO PARA PROMOTORAS RURALES -- DESARROLLO Y PAZ (1973)

LUGARES DE REALIZACION	Nº de BECARIAS
Chulumani (sud Yungas)-La Paz	30
Comunidad Cazorla - Provincia Mizque Departamento de Cochabamba	60
Coroico (Nor Yungas) - La Paz	16
Quillacollo- Depto. de Cochabamba	28
Saavedra- Depto. de Sata. Cruz	36
Tarija	38
Santa Vera Cruz- Depto. de Cochabamba	31
T O T A L	208

(El número previsto para la participantes fue mayor)

TASAS BRUTAS DE ACTIVIDAD POR SEXO Y ZONA

(Por cien)

SEXO	URBANO	RURAL
Masculino	41.74	47.74
Femenino	18,41	19.25

Fuente: Elaborado en base a los resultados de la Encuesta Demográfica Nacional 1975 - INE, La Paz 1976

TOTAL PAIS: TASAS DE PARTICIPACION POR EDADES

GRUPO DE EDAD	URBANO	RURAL
6 - 9	0.1	0.26
10 - 14	5.96	5.28
15 - 19	22.16	24.43
20 - 24	34.08	39.26
25 - 29	36.75	37.79
30 - 34	35.44	34.17
35 - 39	30.58	35.64
40 - 44	29.78	35.45
45 - 49	24.31	29.08
50 - 54	26.10	29.51
55 - 59	23.50	26.87
60-64	20.43	30.60
65 - 69	13.96	22.70
70 y más	7.34	21.70

Fuente: Elaborado en base a la encuesta demográfica Nacional 1975 -INE 1976, La Paz (1)

(1) No fue posible obtener la situación para La Paz, rural y urbana, para éste y los demás diferenciales.

TASAS DE PARTICIPACION EN LA FUERZA DE TRABAJO SEGUN SEXO Y EDAD (*)

EDAD	TOTAL PAIS			CIUDAD DE LA PAZ			RESTO URBANO			RURAL		
	Total	Hombres	Mujeres	Total	Hombres	Mujeres	Total	Hombres	Mujeres	Total	Hombres	Mujeres
TOTAL(*)	38.67	55.90	22.73	37.68	51.59	24.82	34.32	50.15	20.2	40.61	58.87	23.30
06-09	0.58	0.43	0.21	0.15	0.28	--	0.36	0.54	0.15	0.73	1.19	0.26
10-14	5.24	5.05	5.54	5.51	2.72	8.51	4.01	3.16	4.84	5.76	6.22	5.29
15-19	29.21	35.19	23.53	24.09	3.84	27.52	21.70	24.12	19.51	33.50	42.72	24.43
20-24	55.28	76.14	36.69	45.30	55.73	36.90	45.36	60.92	32.26	62.20	87.36	38.61
25-29	63.80	93.30	37.37	58.77	84.67	33.33	61.42	90.12	38.63	66.06	96.77	37.60
30-34	64.45	98.08	34.69	64.73	97.37	39.00	63.38	97.50	33.06	64.82	98.48	34.18
35-39	62.39	98.60	33.6	62.05	97.26	34.47	57.32	97.99	28.40	64.52	99.13	35.65
40-44	64.70	98.38	33.22	64.32	97.40	31.25	61.41	97.98	28.78	66.05	98.81	35.46
45-49	60.45	97.80	27.32	55.66	95.59	25.82	56.85	95.98	23.37	62.67	98.80	29.08
50-54	61.06	97.40	28.24	61.82	95.28	30.70	58.38	95.79	23.53	61.95	98.52	29.51
55-59	57.28	94.06	25.6	51.68	84.06	23.75	52.67	91.47	23.39	60.10	96.79	26.88
60-64	56.00	86.42	27.26	42.74	70.00	14.04	52.07	84.96	23.26	59.55	92.99	30.61
65 y más	41.56	71.35	14.28	21.00	43.40	10.00	31.91	60.91	10.20	48.51	80.45	22.06

FUENTE: Encuesta Demográfica Nacional, Instituto Nacional de Estadística, La Paz 1976.

(*) Las cifras totales son con respecto a la población de 6 años y más de edad.

240

TOTAL PAIS: TASAS DE PARTICIPACION FEMENINA POR ESTADO CIVIL

E D A D	CASADAS Y CONVIVIENTES	VIUDAS Y SEPARADAS	SOLTERAS
12 - 14	60.0	--	7.9
15 - 19	25.4	--	23.3
20 - 24	29.7	41.8	43.2
25 - 29	30.4	58.0	58.0
30 - 34	30.7	54.1	51.9
35 - 39	29.7	54.2	52.1
40 - 44	30.3	45.5	50.8
45 - 49	22.6	42.5	49.7
50-54	25.4	34.8	30.2
55 - 59	24.9	25.7	31.8
60 y más	24.5	17.8	20.4

Fuente: Hugo Thorrez, Op. cit., pag 36

COMPOSICION RELATIVA DE LA POBLACION FEMENINA
POR ESTADO CIVIL SEGUN GRUPOS DE EDAD
(Distribución porcentual)

E D A D	TOTAL	E S T A D O C I V I L		
		Casadas y Convivientes	Viudas, Separadas y Divorciadas	Solteras
12 - 19	100.o	6.5	0.2	93.3
20 - 29	100.o	59,8	2.8	37.4
30 - 39	100.o	83.0	7.3	9.7
40 - 49	100.o	80.2	14.5	5.3
50 - 59	100.o	63.8	29.1	7.1
60 y más	100.o	42.1	51.2	6.7
Total	100.o	50.2	11.1	38.7

Fuente : Encuesta Demográfica Nacional

TASA DE ACTIVIDAD POR SEXO SEGUN EDAD
(Por cien habitantes)

EDAD	TASA DE ACTIVIDAD		
	AMBOS SEXOS	HOMBRES	MUJERES
6 - 9	0.6	0.9	0.2
10 - 14	5.3	5.1	5.5
15 - 19	29.2	32.5	23.5
20 - 24	55.3	76.1	36.7
25 - 29	63.8	93.3	37.4
30 - 34	64.4	98.1	34.7
35 - 39	62.4	98.6	33.6
40 - 44	64.7	98.4	33.2
45 - 49	60.4	97.8	27.3
50 - 54	61.1	97.4	28.2
55 - 59	57.3	94.1	25.6
60 y más	46.5	77.4	20.8

Fuente: Encuesta Demográfica Nacional

ESTRUCTURA DE LA POBLACION POR CONDICION DE ACTIVAS E INACTIVAS
(Por cien mujeres)

E D A D	TOTAL	ACTIVAS	INACTIVAS
6 - 14	27.7	3.7	34.7
15 - 19	13.8	14.3	13.6
20 - 24	10.8	17.4	8.8
25 - 29	8.6	14.3	7.0
30 - 34	6.6	10.0	5.6
35 - 39	7.2	10.7	6.2
40 - 44	5.3.	7.8	4.6
45 - 49	5.7	6.9	5.4
50 -- 54	3.8	4.7	3.5
55 - 59	3.0	3.3	2.9
60 y más	7.5	6.9	7.7
TOTAL	100.0	100.0	100.0

Fuente: Encuesta Demográfica Nacional

TASAS DE PARTICIPACION FEMENINA POR EL NIVEL DE INSTRUCCION
(Por cien mujeres)

E D A D	NINGUNO	PRIMARIA	SECUNDARIA (1)	UNIVERSITARIA
6 - 14	4.8	2.8	0.8	-
15 - 19	44.2	29.3	8.4	3.3
20 - 24	42.3	36.4	36.7	21.0
25 - 29	36.5	33.2	46.3	49.2
30 - 34	33.3	28.4	51.7	75.0
35 - 39	35.7	27.2	44.4	47.1
40 - 44	35.4	26.0	38.0	50.0
45 - 49	28.2	22.3	31.4	61.0
50 - 54	27.6	27.1	37.1	25.0
55 - 59	28.6	18.8	21.0	66.7
60 y más	23.6	14.5	8.2	14.3

1/ Incluye otros.
Fuente: Encuesta Demográfica Nacional.

PROPORCION DE HIJOS POR MUJER SEGUN CONDICION DE ACTIVAS E INACTIVAS

(Por cien mujeres)

E D A D	TOTAL	ACTIVAS	INACTIVAS
15 - 19	11.4	11.3	11.5
20 - 24	100.2	74.5	115.0
25 - 29	252.3	195.3	286.3
30 - 34	409.4	338.9	446.8
35 - 39	540.6	489.5	566.5
40 - 44	601.5	559.6	622.4
45 - 49	616.9	531.4	649.1
50 - 54	589.6	545.4	607.1
55 - 59	569.8	546.5	577.8
60 y más	529.1	541.5	525.8

Fuente: Encuesta Demográfica Nacional

C u a d r o Nº 20

Totales			Ocupados			Desocupados			Busca trab. 1a. vez		
Total	Hombres	Mujeres	Total	Hombres	Mujeres	Total	Hombres	Mujeres	Total	Hombres	Muj.
8.664	5.680	2.984	8.273	5.375	2.898	281	234	47	110	72	39

Resulta así que en el día del censo la desocupación alcanzaba a 391 personas que es aproximadamente el 5% del total de la población económicamente activa. Si examinamos la distribución de estos desempleados con relación al sexo, observamos lo siguiente: . Más del 50% tienen una edad menor de 30 años, es decir, el desempleo es mucho mayor entre los trabajadores jóvenes de ambos sexos. "La mayoría de este desempleo puede explicarse por diversos factores relacionados con su adaptación a su medio ambiente económico. En primer lugar algunas de éstas personas en paro están buscando su primer empleo. Otras no han obtenido aún un empleo estable. Muchas, probablemente no son los sostenes principales de una familia, sinó que viven de los ingresos familiares mientras buscan un empleo adecuado a sus esperanzas y a su capacidad"(1).

En cuanto al sexo, el 78% de los desocupados son varones. Esta predominancia del sexo masculino se debe probablemente a que son los hombres los que en mayor número buscan una actividad remunerada desde temprana edad, precisamente por las mayores obligaciones que contraen, sea como jefes de familia ó aún como simples miembros de sus respectivos grupos familiares.

4.1.2 Población económicamente inactiva

La población económicamente inactiva, es decir, aquella parte de la población de 12 años y más que no se halla desempeñando un trabajo remunerado ni se halla buscando trabajo, es de 10.126 personas.lo que representa el 37% de la población total. Se la ha clasificado en los siguientes 5 grupos: labores de hogar, estudiantes jubilados, rentistas y otros. Su distribución según estos grupos, y por sexos, es la siguiente:

C u a d r o Nº 21

Totales			Labores del hogar			Estudiantes			Jubilados			Rentistas			Otros		
Total	H.	M.	Tot.	H.	M.	T.	H.	M.	T.	H.	M.	T.	H.	M.	T.	H.	M.
10.126	3.014	7.112	4.792	25	4.767	4.946	2.737	2.209	159	112	47	35	22	13	194	118	76

- - - - - - - - - - -

Juan C. Elizaga: "Los Aspectos Demográficos del Desempleo y el Sub-Empleo en América Latina", 1968.

POBLACION EN EDAD ACTIVA, POR EDAD Y SEXO - TRINIDAD

GRUPOS DE EDAD	HOMBRES		MUJERES		TOTAL	
	C.A.	%	C.A.	%	C.A.	%
Población Activa 12 a 64 años	6.794	61,13	7.500	64,17	14.294	62,68
Población Pasiva						
0 a 11 años	4.017		3.823		7.840	
65 años o más	254		351		650	(2,65)
	4.271	38,43	4.174	35,71	8.445	37,04
Sin información	49	0,44	14	0,12	63	0,28
TOTALES	11.114	100,00	11.638	100,00	22.820	100,00

OCUPACION Y DESOCUPACION URBANA EN TRINIDAD

SITUACION OCUPACIONAL	HOMBRES		MUJERES		TOTAL	
	C. A.	%	C.A.	%	C.A.	%
Ocupados	4.402	64,79	1.764	23,52	6.166	43.14
Cesantes	175	2,58	235	3,13	410	2,87
Buscan trabajo por 1er. vez	15	0,22	11	0,15	26	0,17
Ama de casa	--	--	3.444	45,92	3.444	24,09
Estudiantes	2.095	30,84	1.970	26,27	4.065	28,44
Jubilados	24	0,35	30	0,40	54	0,38
Recluidos	42	0,62	26	0,35	68	0,48
Sin información	41	0,60	20	0,26	61	0,43
TOTALES	6.794	100,00	7.500	100,00	14.294	100,00

NIVELES OCUPACIONALES

OCUPACION	C.A.	%	% sobre el total
Nivel alto superior	128	10,24	8,31
Nivel intermedio	585	46,80	37,99
Nivel bajo e inferior	537	42,96	34,87
	1.250	100,oo	81,17
Amas de casa	126	79,25	8,18
Rentistas	31	19,49	2,01
Desocupados	2	1,26	0,23
	159	100,oo	10,32
No responde	131	------	8,51
TOTAL	1.540	------	100,oo

OCUPACION DE LOS MIEMBROS DE LA FAMILIA

PERSONAS QUE TRABAJAN	C.A.	%	% Sobre 1.540 encuestados
Esposo	1270	53,74	82,47
Esposa	276	11,68	17,92
Hijos	133	5,68	8,64
Hijas	655	27,72	42,53
Otros	29	1,23	1,88
No responde	-	-	-
TOTAL	2363	100,oo	153,44

LA PAZ

TASAS ESPECIFICAS DE DESEMPLEO URBANO

	TOTAL (10 años y más)	HOMBRES (10 años y más)	MUJERES (10 años y más)
TOTAL URBANO	1.77	1.93	1.16
CIUDAD DE LA PAZ	2.63	2.88	2.16
RESTO URBANO	1.18	1.44	0.71

6. PLANNING

LA PAZ UNICEF STUDY: MACRO DATA

TOTAL PAIS: POBLACION DE 10 AÑOS Y MAS POR ALFABETISMO/SEGUN SEXO

SEXO	Ni	%	Ni	%
Masculino	1.242.417	56.69	345.032	32.16
Femenino	948.812	43.40	727.539	67.83
TOTAL	2.191.229	100.00	1.072.571	100.00

Fuente: Dirección de Planeamiento y Política Social Elaborado en base al Censo Nacional de Población y Vivienda 1976. Resultados Anticipados por Muestreo. Instituto Nacional de Estadística.

DITRIBUCION DE LA POBLACION ECONOMICAMENTE ACTIVA POR SEXOS

	Ni	%
PEA	1.510.611	100.o
PEA Masculina	1.166.846	77.23
PEA Femenina	343.765	22.77

FUENTE: Instituto Nacional de Estadística - Censo Nacional de Población y Vivienda 1976 - Resultados Anticipados por Muestreos.

TOTAL PAIS: PROPORCION DE HIJOS POR MUJER SEGUN CONDICION DE ACTIVAS E INACTIVAS (Por ciento)

EDAD	ACTIVAS	INACTIVAS
15 - 19	11.3	11.5
20 - 24	74.5	115.0
25 - 29	195.3	286.3
30 - 34	338.9	446.8
35 - 39	489.5	566.5
40 - 44	559.6	622.4
45 - 49	531.4	649.1
50 - 54	545.4	607.1
55 - 59	546.5	577.9
60 y más	541.5	525.8

FUENTE: Hugo Thorrez, Op. cit. pag. 34

TOTAL PAIS: POBLACION ECONOMICAMENTE ACTIVA FEMENINA POR RAMA DE ACTIVIDAD SEGUN CATEGORIA OCUPACIONAL (por ciento)

RAMA	ASal.	No Asal.	Sin Esp.
1. Agricultura, caza, silvicultura, pesca	0.97	18.59	2.54
2. Explotación de minas y canteras	0.81	0.14	0.04
3. Industrias manufactureras	2.22	9.02	1.24
4. Electricidad, gas y agua	0.03	--	--
5. Construcción	0.15	0.01	--
6. Comercio al por mayor y menor, hoteles, restaurantes	2.11	15.11	0.68
7. Transportes, almacenamiento y comunicaciones	0.45	0.04	66
8. Establecimientos financieros, seguros, bienes inmuebles y servicios prestados a las empresas.	0.60	0.05	--
9. Servicios sociales y comerciales y personales	30.81	6.25	1.32
10. Varios no bien especificados	0.41	1.09	5.19
TOTAL	38.61	50.33	11.04

FUENTE: INSTITUTO NACIONAL DE ESTADISTICA - Censo Nacional de Población y vivienda 1976 - Resultados por Muestreo

TIEMPO DEDICADO AL TRABAJO REMUNERADO REALIZADO EN EL HOGAR SEGUN TIPO DE OCUPACION PRINCIPAL

Ocupación.	tiempo dedicado altrabajo remunerado en casa.	Menos de 2 hrs.		De 2 a 4 hrs.		Más de 4 hrs.		Sin detor.		Total
		nº	%	nº	%	nº	%	nº	%	
Ama de casa		1	3.0	2	7.0	15	52.0	11	38.0	2
Obrera/artesana		--	--	1	14.0	6	86.0	--	--	
Comerciante		1	17.0	-	--	4	66.0	1	17.0	
Empleada doméstica		--	--	-	--	1	100.0	--	--	
TOTAL		2		3		26		12		4

PARTICIPACION DE LAS MUJERES ENTREVISTADAS EN INSTITUCIONES DE ASOCIACION FORMAL

Instituciones de asociacion formal	fr.	%
Juntas Vecinales	10	10
Cooperativas	5	5
Clubes de madres	34	34
Sindicatos	4	4
Plan de Padrinos o similares	5	5
Otros	3	3
Ninguna	39	39
T O T A L	100	100

MOTIVOS DE AFILIACION A INSTITUCIONES ASOCIACIONES FORMAL

Motivos de afiliación	fr.	%
Para solucionar problemas	23	41
Por participación obligada	2	3.5
Por beneficios adicionales	29	52
Por otras razones	2	3.5
T O T A L	56	100.0

PERCEPCION QUE TIENEN LAS MUJERES DE SU INGRESO DE ACUERDO CON SU OCUPACION PRINCIPAL

Percepción de su ingreso. ocupacion.	Suficiente		Aceptable		Insuficiente		Pésimo		Total
	Nº	%	Nº	%	Nº	%	Nº	%	
Ama de casa	6	14	11	25	25	57	2	4	44
Obrera/artesana	3	14	1	5	12	57	5	24	21
Comerciante	3	16	6	31	7	37	3	16	19
Empleada dómestica	-	--	1	10	7	70	2	20	10
T O T A L	12		19		51		12		94

ACTIVIDADES QUE REALIZAN LOS NIÑOS EN EL HOGAR

Actividades	Fr	%
Ayuda en las tareas del hogar	10	12.5
Estudio	10	12.5
Estudio y ayuda en la casa	10	12.5
Estudio y trabajo remunerado	13	16.0
Sólo trabajo remunerado	2	2.5
Descanso y juego	35	44.0
T O T A L	80	100.0

ACTITUD DE LAS MUJERES ENTREVISTADAS EN RELACION AL CAMBIO DE LA POLLERA POR VESTIDO SEGUN SU OCUPACION PRINCIPAL

Ocupación	Actitud hacia el cambio	De acuerdo Nº	%	En desacuerdo Nº	%	Insuficiente Nº	%	Total
Ama de casa		21	46	23	50	2	4	46
Obrera/artesana		13	65	6	30	1	5	20
Comerciante		8	40	10	50	2	10	20
Empleada doméstica		9	90	1	10	-	--	10
T O T A L		51		40		5		96

PERCEPCION QUE TIENEN LAS MUJERES DEL ESTADO SEGUN SU OCUPACION PRINCIPAL

Ocupación	Percepción del Estado	Siempre escucha Nº	%	A veces escucha Nº	%	Nunca escucha Nº	%	No sabe Nº	%	Total
Ama de casa		11	25	10	23	21	48	2	4	44
Obrera/artesana		4	22	1	6	7	39	6	33	18
Comerciante		--	--	3	27	6	55	2	18	11
Empleada doméstica		--	--	2	40	2	40	1	20	5
T O T A L		15		16		36		11		78

LA PAZ UNICEF STUDY

ACTIVIDADES QUE REALIZAN LAS MUJERES EN EL HOGAR

ACTIVIDADES	fr	%
Trabajo doméstico en general	53	55
Trabajo remunerado y alguna labor doméstica	3	38
Sólo trabajo remunerado	4	4
Descanso	3	3
T O T A L	97	100

ACTIVIDADES QUE REALIZAN LAS NIÑAS EN EL HOGAR

ACTIVIDADES	fr	%
Ayuda en las labores domésticas	25	45
Trabajo remunerado	3	5
Estudio	5	9
Estudia y labores domésticas	5	9
Descanso	18	32
T O T A L	56	100

(5) DISTRIBUCION DE LAS ENTREVISTADAS POR LUGAR DE ENTREVISTA

	Ni	%
Fábricas	13	6.53
Talleres	0	0
Mercados	78	39.20
Ferias	25	12.57
Clubes	83	41.70
Otros	0	0
N.R.	0	0
Total	199	100.00

(10) DISTRIBUCION DE LAS ENTREVISTADAS POR CONDICION MIGRANTE-NATIVA

	Ni	%
Migrantes	104	52.26
Nativas	91	45.72
N.R.	4	1.50
Total	199	100.00

COCHAMBA UNICEF STUDY

(12) DISTRIBUCION DE LAS MIGRANTES POR LUGAR DE NACIMIENTO

	Ni	%
Ciudad	28	26.4
Pueblo	62	58.5
Campo	16	15.1
Total	106	100.0

(20) DISTRIBUCION DE LAS ENTREVISTADAS POR IDIOMA USUALMENTE UTILIZADO

	Ni	%
Sólo aymara	1	0.50
Sólo quechua	3	1.50
Sólo castellano	19	9.54
Castellano y aymara	10	5.02
Castellano y quechua	162	81.40
Castellano y otro	2	1.00
N.R.	2	1.00
Total	199	100.00

COCHAMBA UNICEF
STUDY

(24) DISTRIBUCION DE LAS ENTREVISTADAS POR HIJO AL QUE PREFERIRIAN EDUCAR

	Ni	%
Al hombre	136	68,34
A la mujer	28	14.07
A ninguno	2	1.00
A los dos por igual	21	10.55
N.R.	12	6.03
Total	199	100.00

(33) DISTRIBUCION DE LAS ENTREVISTADAS POR LABORES QUE REALIZAN PARA SUS HOGARES

	Ni	%
Atencion del hogar	45	22.6
Cuidado de los niños	3	1.5
Atención del marido	1	0.5
Hogar-niños	18	9.1
Niños-marido	-	--
Hogar-niño-marido	69	34.7
Cualquier de las tres primeras con otras	18	9.1
Ninguna	41	20.1
N.R.	4	2.1
Total	199	100.0

(35) DISTRIBUCION DE LAS ENTREVISTADAS POR TIPO DE LABOR REMUNERADA QUE REALIZAN EN SU DOMICILIO

	Ni	%
Ninguna	126	63.31
Lavar	9	4.52
Coser	18	9.04
Planchar	1	0.50
Tejer	27	13.56
Otras	17	8.54
N.R.	1	0.50
Total	199	100.00

(43) DISTRIBUCION DE LAS ENTREVISTADAS POR PERSONA QUE APORTA MAS AL MANTENIMIENTO DE SU HOGAR

	Ni	%
Los varones	100	50.25
Las mujeres	49	24.62
Ambos por igual	33	16.58
N.R.	17	8.54
Total	199	100.00

(49) DISTRIBUCION DE LAS ENTREVISTADAS POR PERSONA QUE DECIDE LOS GASTOS GRANDES DE LA CASA

	Ni	%
La entrevistada	55	27.63
Su esposo	58	29.14
Ambos cónyuges	54	27.13
La madre o familiar mujer	10	5.02
El padre o familiar varón	15	7.53
N.R.	7	3.51
Total	199	100.00

(64) DISTRIBUCION DE ENTREVISTADAS POR ORGANIZACIONES SOCIALES DE PERTENENCIA

	Nº	%
Clubes	88	44.22
Sindicatos	27	12.06
Clubes y sindicatos	1	0.50
Juntas Vecinales	1	0.50
Cooperativas	21	10.55
Recreativas	1	0.50
Deportivas	1	0.50
Religiosas	3	1.50
Centros de residentes	0	0
Artísticas	1	0.50
Clubes y otras (x)	3	1.50
Sindicatos y otras (xx)	8	4.02
Otras	5	2.51
Ninguna	39	19.59
N.R.	0	0
Total	199	100.00

(x) Excluye sindicatos
(xx) Excluye clubes

7. PRE-CENSUS AND CENSUS DATA

1976 POPULATION AND DENSITY FIGURES

	Total	Cities & Populated Centers a/			Dispersed Population b/					Total Nat'l Distribution of Population (%)	Land Area Km² d/	Density: Inhabitants per Km²
	Total	Sub-Total	Male	Female	Sub-Total	Male	Female	Rank of Sub-Total c/	Distribution (%)			
Total	4,647,836	2,343,147	1,144,659	1,198,488	2,304,689	1,153,057	1,151,632		100.00	100.00	1,094,688	4.2
1. Chuquisaca	357,244	98,842	46,092	52,750	258,402	126,774	131,628	4	11.21	7.69	51,516	6.9
2. La Paz	1,484,151	818,576	402,155	416,421	665,575	328,419	337,156	1	28.88	31.93	130,184	11.4
3. Cochabamba	730,358	338,479	161,761	176,718	391,879	193,760	198,119	3	17.00	15.71	55,595	13.1
4. Santa Cruz	715,692	462,066	228,713	233,353	253,026	138,504	114,522	5	10.98	15.39	370,599	1.9
5. Potosí	658,713	243,098	117,757	125,341	415,615	201,420	214,195	2	18.03	14.17	118,211	5.6
6. Oruro	311,245	196,535	96,440	100,095	114,710	55,307	59,403	6	4.98	6.70	53,579	5.8
7. Tarija	188,655	82,699	41,211	41,488	105,956	53,971	51,985	7	4.60	4.06	37,619	5.0
8. Beni	167,969	96,104	46,989	49,115	71,865	39,738	32,127	8	3.12	3.61	213,560	0.8
9. Pando	34,409	6,748	3,541	3,207	27,661	15,164	12,497	9	1.20	0.74	63,825	0.5

a/ According to INE there is no definition of "populated centers" in terms of the number of inhabitants. Rather, a "populated center" would be a group of 50 dwellings (average) which show some geographic continuity.

b/ Dispersed population is that which does not meet the cited condition of "geographic continuity" in a/.

c/ The department with the largest dispersed population becomes number one.

d/ Figures taken from "El Proceso de Reforma Agraria en Cifras"; National Council of Agrarian Reform, 1975.

Source: 1976 Census on Housing and Population.; "Resultados Provisionales" by Departments; INE, May 1977.

1976 MALE-FEMALE POPULATION FIGURES

	TOTAL			CITIES AND POPULATED CENTERS			DISPERSED POPULATION		
	Total	Male	Female	Sub-Total	Male	Female	Sub-Total	Male	Female
Total	4,647,836	2,297,716 (49.44%)	2,350,120 (50.56%)	2,343,147 (50.41%)	1,144,659 (48.85%)	1,198,488 (51.15%)	2,304,689 (49.59%)	1,153,057 (50.03%)	1,151,632 (49.97%)
1. Chuquisaca	357,244	172,866 (48.39%)	184,378 (51.61%)	98,842 (27.67%)	46,092 (46.63%)	52,750 (53.37%)	258,402 (72.33%)	126,774 (49.06%)	131,628 (50.94%)
2. La Paz	1,484,151	730,574 (49.23%)	753,577 (50.77%)	818,576 (55.15%)	402,155 (49.13%)	416,421 (50.87%)	665,575 (44.85%)	328,419 (49.34%)	337,156 (50.66%)
3. Cochabamba	730,358	355,521 (48.68%)	374,837 (51.32%)	338,479 (46.34%)	161,761 (47.79%)	176,718 (52.21%)	391,879 (53.66%)	193,760 (49.44%)	198,119 (50.56%)
4. Santa Cruz	715,092	367,217 (51.35%)	347,875 (48.65%)	462,066 (64.62%)	228,713 (49.50%)	233,353 (50.50%)	253,026 (35.38%)	138,504 (54.74%)	114,5[illegible] (45.[illegible]6%)
5. Potosí	658,713	319,177 (48.45%)	339,536 (51.55%)	243,098 (36.90%)	117,757 (48.44%)	125,341 (51.56%)	415,615 (63.10%)	201,4[illegible] (48.46%)	214,1[illegible] (51.54%)
6. Oruro	311,245	151,747 (48.75%)	159,498 (51.25%)	196,535 (63.14%)	96,440 (49.07%)	100,095 (50.93%)	114,710 (36.86%)	55,307 (48.21%)	59,403 (51.79%)
7. Tarija	188,655	95,182 (56.45%)	93,473 (49.55%)	82,699 (43.84%)	41,211 (49.83%)	41,488 (50.17%)	105,956 (56.16%)	53,971 (50.94%)	51,985 (49.06%)
8. Beni	167,969	86,727 (51.63%)	81,242 (48.[illegible]%)	96,104 (57.[illegible]%)	46,989 (48.89%)	49,115 (51.11%)	71,865 (42.78%)	39,738 (55.30%)	3[illegible],1[illegible]7 (44.70%)
9. Pando	34,409	18,705 (54.36%)	15,704 (45.64%)	6,748 (19.61%)	3,541 (52.47%)	3,207 (47.53%)	27,661 (80.39%)	15,164 (54.8[illegible]%)	1[illegible],497 (45.18%)

Source: 1976 Census on Housing and Population,
"Resultados Provisionales por Departamentos", INE, May 1977

8. URBAN AFFAIRS

TRINIDAD

PRESENCIA DE HIJOS EN EL HOGAR POR EDAD Y SEXO

GRUPOS DE EDAD	HOMBRES		MUJERES		TOTAL	
	C.A.	%	C.A.	%	C.A.	%
Hasta 5	109	13,10	90	10,82	199	23,92
6 a 10	112	13,46	102	12,26	214	25,72
11 a 15	97	11,66	99	11,90	196	23,56
16 a 20	73	8,77	58	6,97	131	15,54
21 ó más	49	5,89	33	3,97	82	9,86
Sin información	8	0,96	2	0,24	10	1,20
TOTAL	448	53,84	384	46,26	832	100,00
Familias encuestadas					259	
Promedio de hijos por familia	1.78		1,52		3,30	

PERTENENCIA A GRUPOS SOCIALES

NUMERO DE GRUPOS MENCIONADO	HOMBRES	MUJERES	TOTAL	
			C.A.	%
1 - 2	10	--	10	5,00
3 - 4	1	--	1	0,50
5 y más	--	--	--	--
Ninguno	119	20	139	69,50
Sin información	39	11	50	25,00
TOTAL	169	31	200	100,00

TRINDAD

OCUPACION DE LOS MIEMBROS DE LA FAMILIA

PERSONAS QUE TRABAJAN	C.A.	%	%SOBRE 1.540 ENCUESTADOS
Esposo	1.270	53,74	82,47
Esposa	276	11,68	17,93
Hijos	133	5,68	8,64
Hijas	655	27,72	42,53
Otros	29	1,23	1,88
No responde	--	--	--
T O T A L	2.363	100.00	153,44

NIVEL DE ESCOLARIDAD DE LAS PERSONAS ENCUESTADAS POR SEXO

NIVEL DE ESCOLARIDAD	HOMBRES	MUJERES	TOTAL	%
Sin instrucción	3	--	3	1,19
Solo leen y escriben	22	8	30	11,90
de 1º a 3º de primaria	34	7	41	16,57
de 4º a 6º de primaria	47	17	64	25,40
de 1º a 3º de secundaria	18	4	22	8,73
de 4º a 6º de secundaria	17	--	17	6,75
Otros nivel medio	11	2	13	5,16
Técnica comercial	51	7	58	23,01
Sin información	4	--	4	1,59
T O T A L	207	45	252	100,00

DISPONIBILIDAD DE COCINA

DISPONIBILIDAD	C A	%
Sí	533	53.35
No	365	36.54
N. R.	101	10.11
T O T A L	999	100.00

SISTEMA DE ALUMBRADO

SISTEMA	C A	%
Luz eléctrica	710	71.07
Lámpara a kerosene ogasol.	36	3.61
Mechero ovvela	130	13.01
N.R.	123	12.31
T O T A L	999	100.00

SUCRE

DISPONIBILIDAD DE COCINA EN LAS VIVIENDAS

TIENE UD UNA HABITACION ESPECIAL PARA LA COCINA	C.A.	PORCENTAJES
Si	257	62.5
No, cocina en el patio	34	8.3
No, cocina en el dormitorio	22	5.4
No, cocina en el corredor	18	4.4
No, cocina en otra habitación	11	2.7
No (sin indicar donde cocina)	64	15.6
Sin información	5	1.2
T O T A L	411	100.00

SUCRE

ESTADO CIVIL POR SEXOS (Mayores de 12 años)

ESTADO CIVIL	HOMBRES		MUJERES		TOTAL	
	C.A.	%	C.A.	%	C.A.	%
Solteros	3.736	52,84	3.455	44,16	7.191	48,28
Casados	2.408	34,06	2.606	33.31	5.014	33,66
Convivientes	749	10,59	796	10,71	1.545	1o,37
Viudos	112	1,59	575	7,35	687	4,62
Separados	32	0,45	238	3,04	270	1,81
Divorciados	33	0,47	154	1,97	187	1,27
TOTAL	7.070	100,00	7.824	100,00	14.894	100,00

' C. A. = Cifra absoluta

GRADO DE INSTRUCCION POR SEXOS (Mayores de 5 años de edad)

GRADO DE INSTRUCCION	HOMBRES	MUJERES	TOTAL	PORCENTAJES
Sin escolarización	402	831	1.233	6,59
Solo alfabetización	49	68	117	0,63
Primaria o básico incompleto	3.799	4.298	8.097	43,28
Primario o básico completo	379	1.004	1.883	10,06
Intermedio, secundaria incompleto	2.425	2.535	4.900	26,51
Bachiller	904	731	1.635	8,74
Técnico militar o Universidad incompleta	263	169	432	2,31
Profesional con grado universitario	157	15	172	o,92
Sin datos	121	60	181	0,96
TOTALES	8.999	9.711	18.710	100,00
Menores de 6 años	2.114	1.978	4.092	
Total población	11.113	11.689	22.802	

POTOSI

GASTO MENSUAL FAMILIAR EN ALIMENTACION

MENSUAL ($b)	C.A.	%
1 a 120	127	8,25
121 a 240	260	16,88
241 a 360	180	11,70
361 a 480	250	16,23
481 a 600	141	9,15
601 a 800	82	5,32
801 a 1.200	52	3,37
1.201 a más	55	3,38
No responde	393	25,52
Total	1.540	100,oo

GASTO MENSUAL FAMILIAR EN VESTIMENTA

MENSUAL ($b)	C.A.	%
1 a 50	112	7,27
51 a 100	193	12,53
101 a 150	82	5,32
151 a 200	139	9,03
201 a 250	51	3,32
251 a 300	67	4,35
301 a 350	15	0,97
351 a más	83	5,39
No responde	798	51,82
TOTAL	1.540	100,oo

APPENDIX F

ANNOTATED BIBLIOGRAPHY ON PUBLICATIONS RELATED TO WOMEN IN DEVELOPMENT IN BOLIVIA

Bambi Eddy de Arellano
La Paz, Feb. 1979

ANNOTATED BIBLIOGRAPHY ON PUBLICATIONS RELATED TO WOMEN IN DEVELOPMENT IN BOLIVIA

1.-PUBLISHED RESEARCH, ARTICLES, AND MONOGRAPHS ON AND ABOUT BOLIVIAN WOMEN

1.1.Albó, Javier, Idiomas, Escuelas, y Radios en Bolivia, Cuaderno No. 3, CIPCA, La Paz, 1976.

This monograph describes the linguistic complexity of Bolivia and the role which radio could play as a force for integration. The author points out that the formal educational system isolates the native languages, through both its explicit objectives and implicit content. The attitudes of rural teachers, most of whom are native aymara or quechua speakers, tend toward suppression of their heritage. The author recommends a conscious effort to revitalize rural education with an emphasis similar to that of Peru in recent years.

Radio could also be a possible alternative to the gradual suppression of native languages. However, one must be realistic about the negative potential (poor programming, simple consumerism) as well as the positive (solidarity among native language speakers, means of self-expression, education). The author contends that at present there is a limited attempt to create native language programs which use quechua and aymara to transmit constructive messages to listeners. These efforts represent only 10 percent of all native language programs, but with careful planning and support these programs could become more far-reaching.

1.2. Albó, Javier, and Mauricio Mamani, "Esposas Suegros, y Padrinos," Puma Punku, No. 6, La Paz, 1972.

The co-authors of this article present a vision of the complexity of kinship ties that influence the decision-making process of male and female members in the aymara speaking zones of Jesus de Machaca, Tiahuanaco, and Achacachi. Their research was based on systematic interviews with community members as well as a close examination of parish archives.

They start from a linguistic analysis of aymara terms for both family and non-family members of the same community, as well as the terms used within the family which describe the cycle of birth, marriage and death.

The authors then discuss the relationships deriving from marriage, of one family to another and of one community to another, along with the control of incest through strong social pressure. They also refer to the proliferation of certain paternal names, to the extent that in some communities 80 to 90 percent of the inhabitants use the same last name.

The main interest of the authors, both of whom are active in programs of rural social promotion, is to point out some key factors to which an outsider must be sensitive upon entering traditional altiplano communities.

1.3. Alfaro, Ruben, et al., La Participación Social de la Mujer Campesina en Bolivia, La Paz, 1978.

This summary of the process and results of CODEX' 1975 study on rural women, sponsored by USAID/Bolivia, provides a synthesis of data from the periodic reports which were required under the contract. The initial sections describe the theoretical framework and methodology with which the study was carried out, in the three major geographic areas of Bolivia (highlands, valley, and tropics). There is a general analysis of the socio-economic structure of Bolivian society, followed by the results of the research showing how the

macro-structure is reflected at the level of rural towns and communities, and finally how it affects rural women.

The results obtained in each of the three areas under study provide the basis for any examination of their overall policy implications for rural women. The authors contend that the roadblocks to social participation for rural women are part of an overall socio-economic crisis in rural Bolivia, which can only be resolved by coherent planning for this sector. It is emphasized that rural women's social roles will be a just reflection of her extensive participation in the local and family economy when rural communities achieve their corresponding place in a planned national economy and society.

1.4. CODEX, La Promoción Femenina y la Participación de la Mujer Boliviana en el Desarrollo Nacional, Centro Piloto de Formación Femenina, La Paz, 1975.

This publication documents the papers, conclusions and recommendations presented in a seminar held during the International Women's Year, with the participation of institutions whose programs are directed toward rural and marginal women.

The different papers provide a historical perspecitive on the role of Bolivian women, the major problems and perspectives for working with women, as well as projects for future efforts which attempt to change their condition.

The discussion centered on the relationship of traditional female domestic roles to the socio-economic structure of Bolivia, as well as the types of wage-earning activities women engage in. The differential status between female wage-earners and nonwage-earners was analyzed. The types of organizations and movements which have mobilized women around specific social or economic roles were considered, for both their negative and

positive content.

The participants contended that there are no programs which currently achieve an integral development of women for both her domestic and productive roles. Also they indicated that there has been no real analysis of the sectors which are key to Bolivia's overall development, and finally there has been no study of the relationship of women's roles to the needs of this development process.

1.5. CODEX, La Situación del Rol Social de la Mujer Rural en Bolivia, La Paz 1975.

Under Contract No. AID-511-91T, CODEX carried out a lengthy study of the roles of women in Bolivia's three major geographic zones. The series of reports offer a detailed description of the methodology and questionnaires applied and the conclusions obtained in each phase of the research.

Three important population and market centers, Ancoraimes, Punata, and Yapacani, were the focus of the study. In each area the research team attempted to verify hypotheses related to the pueblo-comunidad relationship and the structure of women's roles as related to this dichotomy.

The Preliminary Report of April 1975 describes in detail the role typology for rural women, as part of a socio-economic analysis of each of the three zones. These typologies served as the basis for the questionnaire used to collect data to substantiate the hypotheses.

In general CODEX concluded that the productive roles of women in rural Bolivia are of extreme importance to the family-based and local economies, but nevertheless her level of participation in community activities in no way reflects these important functions. The investigators recommend a series

of educational programs to broaden and fortify her social roles and to consolidate and augment her technical competence with relation to economic roles. The Final Report of October 1975 offers substantial data to back up the findings. A shorter publication which synthesizes the results and recommendations contains the key data and an analysis of its implications for programs attempting to improve the condition of rural women.

1.6. Development Alternatives, A Seven Country Survey of Women in Rural Development, Washington, D.C., 1974.

This study of projects with rural women or with a specific women's component, describes and assesses the impact of such efforts in Ghana, Kenya, Nigeria, Lesotho, Bolivia, Peru, and the Gambia. The different projects were grouped into agricultural production, family care, other rural sector production and income opportunities, and community projects.

After an analysis of the findings in the seven countries and the individual projects in these four major areas, the authors cite the limitations of this type of cross-country survey. However, certain generalizations can be drawn as to the types of projects which have had the greatest impact on women's lives, as well as the type of groundwork which is necessary before any such effort.

Basically, they argue for an integrated approach to the participation of rural women in development, not working through isolated women's groups, but rather through ongoing development programs. They state that in general home economics activities have been much less successful than agricultural based programs as a means to achieve female participation and behavioral change. At the same time, they recognize the need to study the realities of

rural women and address specific program components to overcome existing barriers to her participation, citing alternative types of research which might be undertaken.

1.7. Fortún, Julia Elena, "La Mujer Aymara en Bolivia," America Indígena, Vol. 32, No. 3, 1972, pp. 935-947.

The author presents an analysis of the participation of aymara women both in the family and the community. She cites the exclusion of women from many public functions as a major barrier to improving her status.

The aymara woman's key role in the altiplano economy should be the basis for her participation in future development efforts. The author maintains that unless technical assistance programs reach aymara women, much of their content will be lost in practice, since aymara men are playing an increasingly less important role in family-based agricultural production.

1.8. Maldonado Ballón Dra. Ruth, Educación Sexual: Bases y Fundamentos, La Paz, 1977.

This text presents an introduction to sex education, its general objectives, methods and content, and some specific applications to Bolivia. The author emphasizes the importance of integrating social, psychological, and biological subjects in any attempt to deal with sex education for students, parents, or teachers.

A chapter on sex roles describes the division of functions between men and women within different social classes in Bolivia. Also included are the results of a study the author carried out on the differential age at which young girls initiate their menstruation.

The need for an open treatment of sex education and sex roles both in the home and at school is emphasized, as well as the need for curriculum development for both classroom use and teacher training, and a concerted effort by the government to support institutions working in this field.

1.9. Ministerio de Planeamiento y Coordinación, La Mujer y la Ciudad, DISOC-UNICEF, La Paz, 1978.

This is the second study (see Annotation 1.10) of a series on women in urban areas of Bolivia. The authors explain that their major purpose in this effort is to relate the series of factors which arise from Bolivia's uneven economic development with different forms of discrimination to which urban and migrant women are subject.

The study deals with four main groups, housewives, merchants, workers, and artesans, as representative of the majority of poor urban women. It examines the types of social organizations, employment potential, and migratory patterns which are currently influencing and determining the character of women's lives. They provide a structural analysis of the city of Cochabamba, from Pre-Census, Census, and Ministry data.

Based on the discussion of urban life and women's roles, they draw a series of conclusions and policy recommendations. Among the conclusions is the noteworthy rate of female participation in social organizations (40 percent), but at the same time it is indicated that leadership is rarely assumed by women and female "participation" is most often limited to physical presence. Another observation is the importance of radio in shaping female opinion, as opposed to other forms of mass media (40 percent listen daily).

Based on these conslusions, the authors suggest policy alternatives and criteria for urban women. They indicate that the major need is for economic-based actions which permit women to overcome different forms of discrimination both at home and in the job market, with the support of institutions such as day care facilities. In addition they emphasize functional literacy training and formation of female leadership potential.

1.10. Ministerio de Planeamiento y Coordinación, Dirección de Planeamiento y Política Social Global, UNICEF, La Problemática de la Mujer en Areas Marginalizadas de la Ciudad de La Paz, La Paz 1978.

This study contains a complete set of data from both secondary sources and direct interviews on the situation of women in different marginal areas of La Paz, including information on the economic, social, cultural, and family structures, as well as attitudes of women toward services existing in their zones. A breakdown of data collected in the 1976 pre-census and the 1978 census on the Economically Active Population serves as the basis for an analysis of the employment situation of women and their alternatives. There is also an effort to establish consumption patterns in the marginal family. A consideration of influential social factors in these zones contains data on the family, linguistics, education, communications, and group participation.

The authors use 17 tables from secondary sources and 40 tables from the study itself to present conclusions and recommendations for policy makers on the needs and expectations of marginal women in La Paz.

1.11. [illegible], Seminario Nacional de la Mujer, La Paz, 1978.

This document presents the papers, conclusions, and recommendations of the

Seminar on the Scoial and Legal Role of Bolivian Women, held during the International Women's Year. The representatives from each of the departments presented their conception of the problems, roadblocks and potentials for involving women in development. There was also an exhaustive study of the legal situation of Bolivian women. For each topic related to the Seminar's general theme, the participants drew up a series of conclusions for the different government agencies represented in the Seminar.

1.12. Romero de Aliaga, Nancy. La Situación Jurídica de la Mujer Boliviana, La Paz, 1975.

The author gives a brief description of the role of women under the Incan Empire and during the period of the Spanish Colonization, maintaining that their inferior position was not altered with changes in political structures.

She then enters upon an analysis of the treatment women have received in the ten political constitutions since Independence in 1826. The final section contains a detailed description of women's political rights and the contents of the current Family Code, Penal Code, health protection, and labor legislation as related to the status of the female population.

1.13. Servicio Nacional de Desarrollo de la Comunidad, Actitudes Organizativas de la Mujer Campesina, Cochabamba, 1978.

This study of living conditions and attitudes of rural women was carried out among the families of Integral Cooperative members in the High Valley of Cochabamba. The objective of the research was to determine the forms of on-going participation which are attractive to rural women and the

motivations to which they respond most effectively.

After an initial presentation of the major social and economic characteristics of the population under study, the researchers present the responses obtained to their questions on the organizations in which women are participating and their major reasons for taking part. Generally, they found that the most positive response is to material stimuli and that their major preoccupation is for the well-being of their families (food, shelter, etc.). The authors suggest that any successful program with women must consider this priority when focusing its activities.

The most common response to questions on needs was the importance of credit to finance different income generating activities. Again the prime interest was in aid for economic-based programs.

In their conclusions and recommendations the research team emphasized poor living conditions and high mortality rate found in the sample population, justifying women's concern with economic issues and the immediate benefits to be obtained from development programs.

Although women were found to play an important role in decisionmaking at the level of community organizations, their opinions are expressed indirectly through their husbands. The women claim their nonparticipation is primarily due to a lack of time for activities outside the home. However, the authors contend that this result is also due to social and cultural barriers. They emphasize that these artists an interest in group participation. However there must be an in-depth study of the structures and forms of rural organization which enlist the most favorable response.

1.14. Thorrez, Hugo, Visión Demográfica de la Participación Femenina en la Fuerza, Centro de Estudios Sociales, La Paz, Nov. 1976.

Under the auspices of the International Center for Development Research this study is part of a project to examine the real participation of Bolivian women in the labor force. The author justifies this kind of research, citing in his introduction CEPAL's observation concerning Bolivia's lack of qualified manpower to plug into an ongoing economic development process.

The unpublished results of the National Demografic Survey (1975) are the basis for the author's work. He has pulled out those data which as a body speak to the problem of female labor force participation. Initially he analyzes the overall demographic data on women, referring to marital status and education. Then he discusses levels of economic activity, comparing male/female participation for urban and rural Bolivia, and breaking these figures down by age groups.

Using the same data the author makes a series of crosses in his findings between female labor force participation and factors such as rural/urban fertility, marital status, educational levels, etc.

The author contends that these findings may not present the total picture of the female labor force participation, and that in any research on women it is necessary to formulate questions very carefully so that they open the way to an accurate reporting of economic activities other than housework. He also notes that the low educational level of Bolivian women bears a strong influence on the types of employment they enter, and that the number of children she has is an important factor both in whether a woman works at all, and the type of work she decides to undertake.

2.-WID PROJECT PROPOSALS, DESCRIPTIONS, EVALUATIONS, AND SUPPORT MATERIALS

2.1. Arellano, Bambi Eddy de, Evaluation of the National Community Development Service's Rural Women's Program, La Paz, 1975.

The author carried out a series of interviews at four different levels, (central office, regional, zonal, and community) to assess the impact of the NCDS' work with rural women, and existing attitudes toward this aspect of the community development program. Questions centered around the objectives and methodology applied and the types of logistical support and difficulties encountered at the different levels interviewed.

It was found that in general the women's program was not taken to be an integral part of the agency's overall focus, but rather an appendage which no one knew quite what to do with. The majority of zonal and regional directors indicated that their female personnel was evaluated on the number of knitting demonstrations they carried out. Most had no idea of alternative forms of participation for rural women in their areas. The result of this unclear status within the institution was found to be the failure to define objectives for the program and a lack of methods or improving personnel capabilities and support. This situation was reflected in a series of difficulties in the field, from continual changes in personnel to the lack of definite community assignments.

The author recommends that the most urgent task is the definition of the potential role of rural women within community development efforts. Only this objective is defined problems of personnel capability and support should receive the attention.

2.2. Arellano, Bambi Eddy de, Grassroots Programs as a Strategy to Promote the Role of Women in Socio-Economic Development: Experiences in Bolivia, La Paz, 1976.

This paper focuses on the types of action programs for women which while providing conscious recognition of the value of female participation, relate this participation to structural changes in an ongoing development process. Using as an example the work of the Rural Women's Division of the Bolivian Community Development Service, this paper describes a search over its ten years' existence for kinds of activities which create a basis for continuity in rural women's participation.

After giving a historical and general background on work with rural women, the author describes five communities which, due to their differing role structures for women, demand different types of programmed action. She then examines the types of work being done in each community, emphasizing the need for an individualized approach to each situation.

Given that the women's programs operate within the context of a cooperative development, the paper examines the barriers and limitations of the rural cooperative movement in Bolivia for women. There is also a consideration of institutional limitations when a women's component is only one part of an overall project. However, the author argues that in spite of the difficulties, this integrated approach to women in development has proven to be more successful toward achieving ongoing female participation than separate women's projects.

2.3. CODEX, Centro Piloto de Formación Femenina, La Paz, 1973.

This project description gives a background on the major problems in working with marginal women, as well as the proposed activities which would offer a solution to these difficulties. The Center's program to be managed by CODEX Femenine Promotion Department, has four major components: applied research in the target zones, in-service training for technicians and para-professional project managers, training for grass-roots leadership and training for grassroots personnel. Emphasis is placed on follow-up activities which should consolidate training efforts through existing women's organizations in those marginal zones benefited by the project.

2.4. CODEX, Encuentro, Bulletins from 1973-1976, La Paz.

This monthly bulletin during the period in consideration (1973-1976) published articles on efforts with rural and marginal urban women, as undertaken by both private and public agencies in Bolivia. Such topics as social promotion in the Beni, consumer cooperatives in Mothers' Clubs, technical assistance and coordination for women's projects, among others, were included as part of an overall vision of promotion of women in Bolivia.

2.5. CODEX, Proyecto de Coordinación de la Promoción Femenina en Bolivia, La Paz, 1973.

The project description begins with an analysis of the major road blocks to success in development efforts for poor women in Bolivia: the authors cite lack of training for project managers, total lack of social

nation among programs, lack of planning, continuity, and follow-up, as major areas which must be dealt with.

CODEX proposes the inter-institutional coordination as a means of mobilizing scarce resources in response to this series of difficulties. The different actions contemplated to improve the situation of women depend upon the ability of different programs to develop a unified conception of social promotion for women, and work together within their specialities to reach this objective. CODEX sees itself as the facilitator in this process through its Departamento de Promoción Femenina.

V.6. CODEX, Encuentro de Coordinación de la Promoción Femenina, Sorata, April, 1978.

This document contains the individual presentations and conclusions of a seminar whose central theme was the coordination among different institutions and programs dedicated to the social promotion of women. An initial discussion of planned social change and the role of coordination in this process provided the basis for group discussion. Included are descriptions of two projects, one with rural and the other with marginal urban women. An analysis of current programs contends that by preparing women only for reproductive or domestic roles, programs are sterilizing and limiting women's potential contribution to the development process.

The group discussion centers around the methodology for coordination among institutions and the specific tasks which could serve as the basis for ongoing joint efforts. Participants insisted that a set of common

objectives must be developed as the starting point for coordination, and that technical assistance and research would play major roles in any effort to improve the quality of programmed action.

2.7. CODEX, Organizaciones de Promoción Femenina, La Paz, 1975.

This guide is an attempt to systematize available information on different women's programs, both in La Paz and in other departments. The introduction summarizes the results of the survey and provides a critical analysis of the data received. The authors contend that in the majority of programs which aspire to change the quality of women's lives, there is a basic inconsistency between this goal and the methods applied. They found little relationship between the content of programmed activities and socio-economic roles which create a better life situation for women. The second section contains a breakdown of the information received from each organization, including identification, locale and scope, objectives, programs, methods, language, and admission requirements.

2.8. Development Strategies Corporation, Project Proposal to Evaluate Changes in the Role of Women in Multilateral Development Projects, 1977.

Development Strategies Corporation, formerly Development Alternatives, submitted this proposal to consider role changes for women through systematic development efforts. The initial phases would include data collection both in Bolivia and from U.S. based development agencies. Then the authors suggest a study of the actual participation of women in AID projects.

The major focus of the evaluation would be an in-depth analysis of five projects in Bolivia, both to develop and apply evaluation criteria and to coordinate these efforts with the objectives of the Percy Amendment.

2.9. Development Alternatives, Project Proposal to Identify the Appropriate Roles for Women and Incorporate them in Rural Development Projects, 1977.

Using the findings of their Seven Country Survey (1974) as the basis for this proposal, Development Alternatives indicates that the logical next step is to identify appropriate roles for women in five to ten development projects in Africa, Asia, and Latin America.

They maintain that an integrated approach which implies a woman's component in ongoing development efforts has proven to be much more successful than relying upon isolated women's groups. They propose to research a series of factors which influence or determine the impact of projects on women. They intend to select projects in four major areas: family care, agricultural production, income generation, and economic development, describing existing work going on in each of these four areas, including projects in Bolivia.

Finally they indicate that all work on the project will be carried out by professional women, from both the third world countries and the U.S.

2.10. [illegible]

- Material Graficado sobre Promoción de la Mujer Campesina

- Estrategia para la Integración de la Mujer a Cooperativas Agropecuarias

This series of support materiales describe and orient efforts of community level female promotors toward the integration of rural women into agricultural cooperatives attended by the National Community Development Service. There is a step by step strategy which details the plan for integration. The monthly bulletins describe the methodology to be applied, while the manual and graphics are for use in the field with women's groups, in meetings and training activities.

The content of these materials offers a variety of possible projects which field level personnel might undertake, such as consumer stores, home gardens, handicrafts, home industries, etc., to serve as a permanent basis for their grassroots action. Also included are guidelines for the promotion of rural women, and its importance for successful community development work.

2.11. Turner, June, Suggestions to Enhance the Role and Status of Rural Women of Bolivia, USAID/Bolivia, Dec. 6, 1974.

Motivated by the Percy Amendment, USAID/Bolivia requested this analysis of the possible ways the life situation of rural women could be improved through increased role options. During a three week stay, the author focused on a newly approved education loan to show how the participation of women could be included in meaningful fashion.

After a consideration of the major barriers to socio-economic integration of women, the report makes a series of suggestions as to how USAID can

choose among the types of women's projects it should support, including both the public and private sector, and the ways specific project proposals should be written to include a women's component. The author emphasize the need for continued evaluation of the impact of given programs, since most efforts in this field are recent and with little prior practical experience.

She offers USAID a shopping list of potential projects in all sectors and suggests that a full-time staff person be responsible for the implementation of the Percy Amendment in Bolivia, as an indication that the Mission is serious in its intent to reach rural and marginal urban women.

3. RELATED WID LITERATURE USEFUL IN THE CONTEXT OF BOLIVIAN DEVELOPMENT

3.1. Boserup, Ester, and Cristina Liljencrantz, Integración de la Mujer en el Desarrollo: Por qué, cuándo, y cómo, P.N.U.D., 1976.

The authors emphasize the dual nature of the development process, on the one hand the creation of new activities, on the other the loss or transformation of traditional ways of life. Since women are most identified with the latter, they stand the most to loose from forms of development which do not make a concerted effort to bring them along with the changes. In this pamphlet, he authors attempt to answer three questions as to the importance of integrating women into these changes.

Why? The substitution of female labor by an all male work force is characteristic of the change process in predominantly rural societies. The next step is abandonment of the rural areas and stepped-up urban migration, followed by unemployment and the series of problems identified with uncontrolled urban growth. Therefore, the value of including women in all development projects is the conservation of the attitudes and important human resources linked to traditional society, to avoid this total breaking away from the land and the rural economy.

When? Women are a vital resource in the development process. The authors emphasize that only when sufficient importance is placed on the training and preparation of this resource, will it be possible to speak of integration. The role of women in all phases of development planning is key to the speed with which women are enabled to integrate the change process.

How? Integration implies simultaneous action on a number of different levels, and planning over time. While government policy decisions are fundamental as a measure of the general willingness to include women, action programs are the key to real changes in women's lives. The authors cite three major areas (rural programs, small business and cottage industries, and vocational training) where careful short and long-range planning should go on.

3.2. Bunvinic, Mayra, Women and World Development: An Annotated Bibliography, AAAS, Washington, D.C., 1976.

The introduction to this bibliography analyzes the different publications annotated, defining key concepts for understanding the participation of women in development. The author groups the major concerns into six areas currently of interest to researchers in this field, providing a relationship of the annotated articles and books to these problems.

Within each section of the bibliography there is a geographical breakdown by cross-cultural studies, Latin America and the Carribean, North Africa and the Middle East, Sub-Saharan Africa, Asia and the Pacific, Europe and North America.

Although the cultures and research areas vary greatly, this volume's central theme is the positive and negative impact of changes processes on women's status and daily lives, and her potential for overcoming barriers to more meaningful participations.

3.3. Human Resource Management, Inc., Educational Media for the Integration of Low Income Women in Latin America, Washington, D.C., 1978.

This report describes and analyzes nineteen projects in Latin America directed toward low income women, and examines the actual contribution of media to women in development. The document provides a bi-lingual description of each project, focusing on principal objectives and activities undertaken, as well as media used within the project.

The authors include a consideration of different documents which respond to the UN mandate for women in development. In their analysis of these papers and guidelines, they present five major recommendations, including the need for more data on women's lives, women's programs as part of a total development effort, open access to education in all training efforts, intermediate technology related to women's tasks, and organizational development for local women's organizations. This synthesis of their findings is followed by a listing of principle project types which have been applied in work with women, indicating that it is important to carefully select the sector where emphasis will be placed and the types of actions within each sector which should receive support.

Speaking to the question of media support for low income women, the authors suggest criteria which should be taken into account in a communications strategy, such as community participation, a well-defined audience, and an ongoing process of feedback in any use of media.

3.4. Overseas Liaison Committe, American Council on Education, Rural Development Network Bulletin, No. 6, Part II, May 1977.

This issue of the monthly bulletin includes a listing of materials published by the OLC on rural women in development. It summarizes research being funded by international agencies as well as action projects currently underway in this same area.

A variety of study centers in Africa, Asia, and Latin America are mentioned as collecting and distributing documentation on women, with a focus on which examines economic and social barriers to their participation. There is a listing of bulletins and other publications made available through these institutions, as well as media sources for materials on women in development.

3.5. Swedish International Development Agency, La Posición de la Mujer en el Trabajo de Desarrollo, Stockholm, 1974.

This analysis of five development efforts (India, Vietnam, Kenya and Tanzania, Tunisia, and Chile) deals with the position of women within government sponsored programs and how development plans have or have not taken women into account. Each country study first gives a general description of the socio-political, cultural, and economic position of women, and then discusses different types of development programs and their impact on women's changing roles.

Of particular relevance to Bolivia is the discussion of rural women in Kenya and Tanzania. After a summary of the place of women in traditional society, the author examines the division of labor between men and women. She indicates that as agriculture has transformed from a subsistance to a

marketing economy, roles have changed. First of all, the place of landholder becomes a male responsibility, and crops planted for marketing become "male crops", the result of which is to diminish the status of women. The author insists that one major objective of development should be to expand role possibilities and not lessen them.

Both countries have looked to rural cooperatives as a solution for agricultural development, however the participation of women is nearly always peripheral, since cooperatives demand that members be landholders or "plantowners". At the same time, the authors state that cooperatives have a great deal of potential for rural African women, since priority needs are economic and cooperatives can offer possibilities to expand economic activities. Nevertheless, it will be necessary to modify membership requirements such as literacy and land titleholdings, if women are to gain access to these rural organizations in any significant numbers.

3.6. Pala, Achola O., African Women in Rural Development: Research Trends and Priorities, OLC Paper No. 12, December 1976.

At the outset the author cites the distance between the verbal recognition of African women's key economic roles and the inability to plan a place for her in the development process reflecting these roles. She attributes this discrepancy to the lack of real interest among development planners and funders in the grassroots economy and the purely academic nature of most research on women.

She then examines the aims of rural development, and their lack of relevance to rural women, contending that "An adequate conception of rural development in Africa today must consider that rural families - men, women, children - do not experience rural change in a uniform manner."

The central focus of this paper is its analysis of the day to day work of women in the cycle of agricultural production, including care of animals, food preparation, and food processing. She identifies the major changes which have occurred in these roles due to the introduction of a cash economy during the colonial period, indicating that modern extension activities have done little or nothing to reinforce and strengthen these important female productive functions.

Lastly, she cites areas for research on key elements of women's participation in rural development: access to land, labor allocation, time budgeting, decision making in the household, male outmigration, agricultural training, participation of women in marketing and cooperative societies, women's self-help and work groups, and women in pastoral societies and marginal areas.

3.7. Rihani, May, Development as if Women Mattered: an Annotated Bibliography with a Third World Focus, New Transcentury Foundation, Washington, D.C., 1978

This volume represents an updating of Women and World Development (see annotation 3.2.) published also through the auspices of the American Association for the Advancement of Science in 1976, as a result of the growing interest in topics related to women in development. The editor indicates a concern with documenting materials which on the one hand represent macro-level research applicable to micro-level realities, and at the same time micro-level materials which are not restricted in their relevance to one milieu.

The annotations are divided into ten areas with a program orientation, always referrring to the relationship of each publication to activities in its specific area. The introduction provides a summary of major findings derived from the annotations, as they relate to socio-economic participation, migration, education, rural development, health nutrition, family planning, associations, communications, and modernization. These conclusions cite the barriers to broadening women's roles in each of the program areas mentioned.

The bibliography is limited to Third World references, in an effort to present related perspectives addressing a coherent set of problems.

3.8. Simmons, Emmy B., Economic Research on Women in Rural Development in Northern Nigeria, OLC Paper, No. 10, Sept. 1976.

At the outset the author states that most bi-laterial assistance to West African women has been misdirected to roles which the developed world considers to be the most crucial, such as wife and childbearer. However, it is well-known that West African women spend most of their time as farmers and traders. She claims that micro-level research is the only way this general knowledge of women's economic roles will be of use to development planners.

Studies in Zaria province in Northern Nigeria are cited as examples of how research can lead to action programs. A three-year survey of 120 households elicited economic data over time and came up with an occupational sturcture of the villages involved. A detailed examination of the types of daily tasks, work patterns, and productivity, was also possible, along with a consideration of female income levels.

Based on these micro-level results, a series of conclusions were arrived at regarding types of projects which could be promoted. Nevertheless, the author notes the limitations of these specialized studies for policy planners, if they are not linked to broader-based research and evaluations.

3.9. Tinker, Irene, and Coralie Turbitt, Assessment of the Impact of AID Programs on Women (Project Proposal), Jan. 10, 1976.

The authors propose to examine the impact of AID programs on women as defined by the Percy Amendment, through a research project in Tanzania, Guatemala, and Indonesia.

They provide a background description of the Percy Amendment, maintaining that many modernization efforts have actually lessened the status and participation of women. This project will use its results to orient AID programs in the three countries in consideration, providing a methodology for integrating women into their changing societies.

After a description of the methodology to be applied, the authors list the types of country data they hope to obtain. They will also analyze AID programs' impact on women and propose a methodology for project evaluation. They will develop models for potentially successful programs, and finally develop a network of local women in each country to lend support to AID's women in development efforts.

3.10. Tinker, Irene, and Michele Bo Bramsen, Women and World Development, AAAS, Washington, D.C., 1976.

This volume contains the papers presented at the seminar sponsored by the AAAS prior to the Mexico City International Women's Year Conference, whose purpose was to analyze the content of development programs and the reasons for their failure to reach women in any significant way. The editors group the causes for this failure into three major categories: by omission, by reinforcement, and by addition, indicating that most efforts under consideration at this seminar fall into one of these three broad areas.

The seminar was structured around five workshops and the papers included were the basis for discussion. In each case, the differences and similarities of Third World societies in their treatment of women are made apparent. The examination of the Moslem World reveals numerous barriers to female participation which while they can be generalized to Asia and Latin America, the specific limitations of Moslem cultures offer a different set of priorities for development planners.

The editors' central concern is the relationship of modernization to status and how role changes or expansion can be a positive force in women's lives. The conclusions of each of the workshops are summarized, centering on the need for research related to action programs, services, and employment opportunities, emphasizing that no one component should be dealt with in isolation from the others.

3.11. Van Dusen, Roxann A., Integrating Women into National Economics: Programming Considerations with Special Reference to the Near East, Washington, D.C., July, 1977.

The author contends that women in development is not as much of a mystery as is often held to be the case, but rather the problem is one of ordering the literature and data, and analyzing where its major limitations are for both program and policy planning.

This study of the Near East reveals that in the area of programming there is a need for new ideas. The author organizes these ideas around four major female roles and suggests a shopping list approach to program content within each area.

She analyzes the numerous barriers to women's participation stemming from the very structure of their daily lives, and recommends that a specific approach to different groups of women by age, marital status, professional competence, etc., may lead to more successfully and attractive programming according to each group's felt needs. She presents a chart as an example of the applicability of this method to different segments of the target female population.

The author then focuses on the Middle East and what is actually known about women, concluding that the priority need is to work around female economic participation (read "integration"), including labor-force participation as well as domestic-based income generating activities.

An annotated bibliography on women in the Middle East concludes this research paper.

3.12. World Bank, Integrating Women into Development, 1975.

This pamphlet presents the World Bank's perspective on the participation of women in development. It describes projects which the Bank supports where there has been a conscious attempt to reach women through economic and technological change.

India's Kaira Union dairy cooperative is cited as one such effort, where the job of increasing milk production is mainly a woman's task and therefore she has become one of the project's major targets, through credit and training programs. In rural Mexico an extension project combines home economics with the creation of village stores.

In urban areas projects focus mainly on services such as water and health posts, each with its training component. Education, health, and family planning projects all give attention to improving the status of women, in an attempt to maximize the use of all available human resources for development.

In each case mentioned, key questions for project design are included.

4.-RELEVANT G.O.B. DOCUMENTS

4.1. Plan de Desarrollo Económico y Social 1976 - 1980 (Five Year Plan)

This extensive document describes the guidelines established for Bolivia's overall development, both in terms of a global strategy as well as by sectors. The broad objectives and goals are the basis for each sector's specific relationship to the national development strategy, as laid out in an analysis of the current reality of each sector, its action programs, goals, and budget.

There is a lengthy analysis of the relationship of social factors and human resources to the change process, as well as the specific problems which integrated rural development confronts in Bolivia. The role of Latin American regional integration and Bolivia's commitment under these agreements are also described.

Only in the Food and Nutrition Sector is there mention of the role women might play in programmed action. However, it can be inferred from the sections on agriculture, industry, health, and education, that there is a need in both the public and private sectors to address policy and programs to women's needs, given that Census data presented speak to their participation in these areas.

4.2. Regional Development Plans 1978 - 1979 (for Cochabamba, Tarija, Potosí, Chuquisaca and La Paz)

The Regional Development Corporations are required to present annual plans to the Ministry of Planning and Coordination in its Division of Regional Planning. Each plan presents an analysis of the specific problems and roadblocks

in its department, and then enters upon a description of programmed action to be undertaken and budgetary requirements.

The plans vary in approach, emphasizing either quantitative aspects or offering a more analytical focus. Development strategies chosen by each Corporation also differ, depending on priorities. For example the La Paz and Cochabamba Corporations emphasize agro-industry and transportation, while Potosí stresses basic constructions, such as roads, schools and hospitals.

Each plan includes ideas for coordination among public and private sector institutions, mentioning the type of work done by each organization and its potential contribution to regional development.

APPENDIX G

INTERVIEWERS' NOTES

La Paz 12 de Febrero de 1979

SEÑORA
SONIA ARANIBAR

Ref; Informe de expedición

Distinguida Sra.

Tengo bién enviarle mi presente informe sobre el viaje que realizé al Departamento de POTOSÍ.

En fecha 24 de Enero de 1979 me movilizé a diferentes comunidades, siendo la primera comunidad que OTAVI visité. A la vez le comunico que tuve muy buena colaboración de todas las autoridades principalmente del señor Corregidor quien hizo fácil mi trabajo. En esta localidad el idioma por el cual se comunican es el Quechua, quiero hacer notar que esta comunidad conforma por tres secciones.

OTAVI EL MOLINO Y MOJONI

Luego me movilsé hacia la Lava, tomando una impresión muy diferente a la anterior puesto que es una comunidad muy pobre y escasos de recursos siendo su idioma predominante el Quechua y lo mismo que esta comunidad compone de seis secciones.

1.- Sección La Lava
2.- " La Lava
3.- " Barranquilla
4.- " Bella Vista
5.- " Paja Huasi
6.- " Machacuyo

Comunico a usted que por razones de fuerza mayor me fue imposible trasladarme a la región de Cotagaita. Pero tuve la oportunidad de visitar la localidad de Cuchu Ingenio, en la misma predomi-

nan ambos idiomas que son el Quechua y Castellano. Su conformación es la siguiente:

1.- Cuchu Ingenio
2.- Oxoruro
3.- Pumiri
4.- Chayriri
5.- Chinguillani
6.- Perez Tambo

Todo este trabajo lo realizé con mucho agrado y tuve bastante éxito y colaboración de todoa esa gente que tam amablemente respondia a mis preguntas.

Con este motivo saludo a Ud. atte.

Corina Ruilova S.

I N F O R M E

DE : Bertha C. de Orozco
ENCUESTADORA DEL DEPARTAMENTO DE CHUQUISACA

A : Charito Krubant
DIRECTORA EJECUTIVA DE CREATIVE ASSOCIATES

Graciela de Keane
COORDINADORA DE CREATIVE ASSOCIATES

Fecha : Del 25 de enero al 4 de febrero de 1.979

OBJETIVO: Trabajo de campo de investigación "Mujeres en Desarrollo"

MOTIVO : Informe del viaje realizado al departamento de Chuquisaca

En cumplimiento a instrucciones recibidas, en fecha 25 de enero de 1.979 viajé al departamento de Chuquisaca a objeto de aplicar las encuestas asignadas a las comunidades de Candelaria y Quepu Pam pa, para lo mismo y a fin de conseguir resultados positivos organicé mi - trabajo de la siguiente manera:

-Reunión con el Director Distrital de la ciudad de Sucre, a fin explicarle el motivo de mi presencia y conseguir la movilidad para trasladarme a las comunidades arriba mencionadas.

- Viajé a las comunidades, antes de llegar a las mismas tuve la oportunidad de visitar la localidad de Zudañez, capital de provincia - del mismo nombre, donde tomé contacto con algunas autoridades para explicarles los objetivos del Proyecto y pedirles colaboración en cuanto a la ubicación de las comunidades y el traslado a las mismas.

COMUNIDAD DE QUEPU PAM PA .- Esta comunidad se encuentra situada a 185 Kilómetros de la ciudad de Sucre, tiene las siguientes características;

a). quechua-hablante, con español incipiente.

b). pertenece al tipo "b".

c). su economía está sustentada principalmente por la agricultura, tejido y otros, se llega a ella por carretera,

d). es una comunidad dispersa, hecho que en cierto modo dificultó mi desplazamiento dado que las casas se encontraban muy lejanas unas de otras.

En esta comunidad no pude realizar el muestreo por que el dirigente campesino me proporcionó los diez nombres de mujeres que según él reunian las condiciones necesarias para ser encuestadas.

Al primer contacto con las señoras de la comunidad, expliqué las razones de mi visita y todas ellas muy gustosas cooperaron con mi trabajo, en el grupo existian señoras viudas y solteras. Las persistentes lluvias que caían en el lugar dificultaron mucho mi trabajo.

COMUNIDAD DE CANDELARIA.- Se encuentra ubicada en las proximidades del pueblo de Tarabuco, allí realizé las mismas actividades, vale decir que me reuní con las autoridades de la población y expliqué los alcances del Proyecto, de todas ellas el que mayor cooperación me brindó fue el Sacerdote, quién con un amplio conocimiento de la región y especialmente de la comunidad me colaboró a realizar el muestreo ya que la comunidad es muy grande y tambien dispersa.

El muestreo lo realizamos tambien con la colaboración del Promotor de Cooperativas ya que el dirigente de la comunidad se encontraba ausente, el camino para llegar hasta la comunidad de Candelaria es pésimo, el idioma predominante es el quechua, su economía es dispersa pero fundamentalmente basada en la producción agropecuaria y el tejido, pertenece al tipo "b" y la gente es muy cooperadora, como estaba planificado aplique la encuesta a 10 mujeres tomando en cuenta los criterios establecidos de selección.

Algo que vale comentar es que ésta comunidad ha sido demasiado investigada, tal es así que la gente espera un beneficio material de cualquier situación; tal es así que las mujeres preguntaban "cuanto se les pagaba por responder a las preguntas" situación que en muchos de los casos hizo que se cambie de persona.

El Sacerdote indicó que la gente reacciona de esta manera por ser ésta comunidad elegida para cualquier trabajo de investigación, él sugiere que mejores comunidades para este trabajo por sus condiciones y necesidades serian: El Paredón, Lupiara y San Jacinto.

SUGERENCIAS: Los meses de enero y febrero no son precisamente los más aconsejables para realizar investigaciones de este tipo ya que las lluvias y la falta de caminos dificultan mucho el trabajo de --

campo, lo ideal sería los meses de invierno.

Antes de comenzar el trabajo de campo debe tomarse contacto directo con los maestros rurales, por observaciones realizadas ellos tienen mucha ascendencia con los comunarios.

Es cuanto me permito informar para fines consiguientes

Prof. Bertha C. de Orozco
ENCUESTADORA

Cochabamba, febrero de 1979

Señora
Graciela de Keane
Coordinadora de CREATIVE ASSOCIATES
La Paz

Referencia : Informe del trabajo cumplido en Cochabamba

Señora:

Para su conocimiento y correspondiente acción, me permito presentar el informe siguiente que considera las actividades cumplidas en las comunidades del area de Cochabamba:

Comunidad de Koary: En esta comunidad se cumplio el trabajo los dias 30 y 31 de enero y los dias 1º y 2 de febrero.
No se tuvo felismente que lamentar ningun problema, no obstante que el lugar es muy frigido, bien azotado por vientos permanentes. En esta localidad se pudo constatar la existencia de una agrupacion femenina, que ha debido tener su influencia en el trabajo de las maestras de Educación para el Hogar del Nucléo ya que el numero y el conjunto de actividades nos permiten señalar como nota saliente esa eventualidad.
Los dias que nos cupo trabajar en el area de la comunidad de Koary se tuvo solamente que ver la asistencia de la gente a la feria del lugar, pero no obstante ello cumplimos con todo lo programado y en el orden evaluativo lo considero positivo. Es posible que el conjunto de madres y amadas de casa que semanalmente asistena las reuniones , se pueda incrementar mayormente, esto depende de la asistencia tecnica que en el futuro se les podria proporcionar que solo se reduce a la asistencia de la profesora de Educacion para el Hogar del Nucleo que en forma completa funciona en aquella localidad.
Tambien averiguaciones , nos dieron la pauta de que fue la presencia de una posta de salud la que en determinado momento contribuyo a reunir a las madres para considerar su trabajo.

Comunidad de Toralapa: El mayor probleme en esta comunidad radico en que el primer dia no nos fue posible localizar al dirigente maximo de los campesinos del lugar, en su lugar buscamos al siguiente y gracias a esa cooperacion el dia siguiente iniciamos nuestras actividades y considera mos mencionar como importante esta cooperacion.

La comunidad muestra un clima tambien frigido y esta un tanto alejada de la carretera principal a Santa Cruz, los cultivos principales son propios de zonas frigidas.Algo muy importante en esta comunidad es que las mujeres del lugar anteriormente no han recibido ni orientacion, ni asistencia tecnica al tuna de ninguna organización, no obstante que en el lugar tambien funciona u un Nucleo de Educacion Rural.

Incluyo los formularios llenados en las dos comunidades mencionadas.

Es lo que informo para los fines consiguientes.

Prof. Carmen Ferrel Q.

313

Trinidad, 13 de febrero de 1.979.

Señorita
Sonia Aranibar
La Paz.

Distinguida Señorita:

Dando cumplimiento a instrucciones recibidas, tengo a bien enviar los cuestionarios, espero estén a satisfacción.

Referente a las recomendaciones para mejorar las condiciones de vida de la mujer campesina; me permito sugerir los siguientes aspectos:

1.- Educarla en lo más elemental, en aquello que le sea realmente útil y en forma permanente.

2.- Enseñarle a valorar su persona y su trabajo. Ella se siente un ser inferior y piensa que todo el trabajo que realiza no tiene importancia ni valor.

3.- Cultivar su imaginación, su creatividad, infundiendole obtimismo, hacer que sea capaz de planificar su futuro y llevarla a cabo. Porque la mujer oriental es muy conformista.

4.- Crearle fuentes de trabajo para evitar el exodo rural.

5.- Brindarles crédito de verdadero fomento por la pobreza económica en la que se debaten.

Por la premura de tiempo no soy más extensiva, sin embargo le envío un pequeño folleto donde podrá leer algunas aspectos concernientes al tema.

Con este motivo saludo a usted muy cordialmente.

María Luisa de Calvo
M. Luisa T. de Calvo

Tarija, 10 de Febrero de 1979

Señora:

Sonia Aranibar

USAID/BOLIVIA

LA PAZ

De mi mayor consideración:

Me permito enviarle los resultadosdel trabajo que me fué asignado. El cual, que por encontrarme con ciertas dificultades, presentará algunas deficiencias.

Habiendo sido encargada de la entrevista a tres comunidades: San Andrés, San Luis y Sella. De lo que podría decirle lo siguiente:

En Sella, fué donde tuve mayores inconvenientes. Pese haber conseguido la comprensión de su autoridad, las que se negaron a colaborarme, fueron las entrevistadas, quienes demostraron desconfianza, calificándome de política, me cerraron las puertas. Sin embargo, ante mis insistentes visitas logré obtener la mayor parte de informes. En esta comunidad observé pésimas condiciones de vida, como ser: Viviendas construidas con adobe, las que el mayor de los casos están formadas por una sola habitación, además vi que todos viven en deficientes condiciones higiénicas.

En San Luis, pese a encontrarme con gente que vive en condiciones casi iguales a las citadas anteriormente, su atención fué más positiva, logré adquirir con más facilidad los datos solicitados. Allí encontré algunas viviendas de ladrillo, pero sin ningún cuidado higiénico, al extremo que utilizan su patio de casa para corral de sus animales.

En San Andrés, se advirtió, diría yo, casi exlente forma de vida, muy buenas condiciones higiénicas, sus casas ofrecen una mayor comodidad, disponiendo de varias habitaciones. Aunque si también existen algunas viviendas con malas condiciones de vida. En esta comunidad lo más importante es que la mayoría de las entrevistadas , se brindaron con menos excusas para responder.Para esta comunidad existe en proyecto la electrificación.

Como resultado de las ortas enviadas para las tres instituciones: Acción Social, la que no qiso entregar sus respuestas, ACLO, me entregó un boletín en el que dice incluir todas as actividades; de UNICEF, le envío el formulario lleno.

En la espera de que mi trabajo, sea de conformidad a lo necesario , obteniendo resultados positivos. Le solicito encarecidamente se me informe a cerca de los resultados, para enmendar los errores que haya cometido.

Para despedirme, hago llegar mis sinceros agradecimientos por la confianza que me brindaron, para realizar este delicado trabajo. Le ruego también haga llegar mis saludos a todas las integrantes de su institución.

Atentamente.

Adela Sánchez de M.

ADELA SANCHEZ DE M.

De: Faith de Zabala

ENCUESTADORA DEL DEPARTAMENTO DE CHUQUISACA

A. Charito Krubant

DIRECTORA EJECUTIVA DE CREATIVE ASSOCIATES

Graciela de Keane

COORDINADORA DE CREATIVE ASSOCIATES

Motivo: Informe del trabajo de campo realizado en Chuquisaca

Fecha: 26 de enero al 6 de febrero de 1979

Cumpliendo instrucciones recibidas a horas 12,30 del día 26 de enero partí viá área a la ciudad de Sucre, arribando a ella a horas 14,20 p.m Una vez allá tome contactos de inmediato con las autoridades educativas rurales a objeto de explicarles los alcances del trabajo de campo que iba a realizar y pedirles colaboración especialmente en lo que se refería a mobilidad.

Tarabuquillo: Con mucha dificultad debido a los rios crecidos de la zona pude llegar a esta comunidad, pertenece al tipo "A" y se encuentra en la vifurcación de los caminos que conducen a Villa Serrano y a la provincia de Azurduy, el idioma predominante de la región es el español, un español con muchos préstamos del quechua pero que los comunarios lo prefieren, parece ser que esto para ellos significa ascenso de clase, la economía está basada principalmente en la agricultura y en el comercio (rescate) pude observar que dos familias tienen camiones propios para llevar los productos de rescate a venderlos en la ciudad. La autoridad principal es el corregidor, como se había planificado me reuní con él y una vez explicado el motivo de mi presencia procedimos a realizar la muestra cuidadndo de que en ella ingresaran mujeres solteras, casadas y viudad, las personas seleccionadas con la muestra me trataron muy bien en muchos de los casos inclusive contándome situaciones familiares que de alguna manera pude solucionar, solo una señora no quiso responder al interrogatoria aduciendo que se coasaba al hablar, tuve que cambiar de nombre. Realizé diez entrevistas.

Villa Serrano: La primera vez que traté de llear a esta población no pude por que el rio se encontraba muy crecido y las mobilidades no se atrevian a cruzarlo, tuvimos que volver a la población de Zudañez a pasar la noche, al día siguiente recién pude llegar. Es una población casi urbana tiene aproximadamente unas 1.500 familias todas ellas hablan español, su economia es mixta como casi de todas estas poblaciones, un poco de comercio, eleboración de chicha, agricultura, crianza de aves en pequeña escala. En sus inmediaciones se encuentra la Nor-

mosamente no pude aplicar ni una encuesta por que los profesores se encontraban en vacaciones.En la poblaciones y sus alrededores realizé diez encuestas la gente es muy comunicativa y colaboró bastante en mi trabajo.

Es cuento me permito informar para fines consiguientes

Prof. Faith de Zabala

APPENDIX H

LIST OF COMMUNITIES, BY DEPARTMENT,
INCLUDED IN THE SAMPLE

COCHABAMBA

Community	Project(s)
Parajti	ed.I; rdI
Punata	sm. farm; elect.
Sanchu Pampa	sm. farm; elect.
Kuchumuela	sm. farm; elect.
Mirabel	sm. farm; elect.
Piko Mayu	sm. farm; elect.
Arani	sm. farm; elect.
Torolapa	agri. I/II
Koari	ed.I
Collpa Ciaco	ed.I

CHUQUISACA

Community	Project(s)
Quepu Pampa	rdI; elect.
Candelarias	ed. II
Villa Serrano	ed. II; elect. Club de Madres
Tarabuquillo	ed. II
San Pedro	water Club de Madres
Ocuri	water

BENI

Community	Project(s)
La Esperanza	ed. II
Santa Rosa	ed. II

TARIJA

Community	Project(s)
Tolomosa	sm. farm; water; elect.
Campo Pajosa	sm. farm; elect.
Carapari	sm. farm; elect.
San Andres	sm. farm; ed. II; elect.
San Luis	ed. II; elect.
Sella	ed. II; elect.

POTOSI

Community	Project(s)
La Lava	ed. II
Otawi	ed. II
Cotogaita*	elect.
Chinoli	agri. I/II
Bueytambo	sm. farm
Campana	sm. farm

*only if weather conditions permit

SANTA CRUZ

Community	Project(s)
Buen Retiro	sm. farm; elect; health
Chane Independencia	sm. farm; ed. II; elect; health
Villa Busch	sm. farm; elect; rds I
Puesto Fernandez	sm. farm; health
Caranda	elect; ed. II; health
Los Angostura	sm. farm; elect.
Santa Marta	elect.; health
San Miguel	elect.; health
San Isidro	elect.; health
San Ignacio	elect.; ed. II; health
Buena Vista	elect.; sm. farm
Warnes	agri. I/II; elect.
San Carlos	sm. farm; elect.
El Asuri	ed. II; elect.
Portachuelo	ed. II
Callejon Avora	health