

Women's Concerns in the Delivery of Services: Facts and Suggested Strategies

A Contribution to the Development Support Bureau's Delivery of Services Workshop

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1. Women make significant contributions to economic production in both the traditional and modern sectors of the developing world (Boserup, 1976). This fact has gone mostly unrecognized by development efforts, which have traditionally "serviced" or responded to women's reproductive and child-rearing roles exclusively. Women perform a variety of productive activities outside their nurturing roles--not sporadically, but consistently and as part of their daily obligations--which range from all stages of food production and processing, to household production of goods and services which have market value in industrialized society, and wage labor (Germain, 1976:161; U.N. Economic and Social Council, 1973, Addendum 3:27-31). In census statistics women remain the "invisible" workers (Boulding, 1978).
2. Any attempt to define strategies for the delivery of services to the poor of the developing world must take into account the considerable participation of women in production activities. We must go beyond the traditionally acknowledged functions of women as childbearers and child caretakers, to a realization of women's dual, and sometimes conflicting roles as mothers and workers, and the newly established fact that, increasingly, women are emerging as the primary or sole providers for their families (Buvinić and Youssef, 1978).

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3. Such a recognition should lead directly to an appreciation of women's needs in areas of service delivery which have, up to now, gone unmet.

a) For instance, health programs in LDC's provide, at least in theory, for women's health and nutritional needs during the high-risk periods of pregnancy and lactation (Jelliffe, 1970; PAHO, 1974).

However, anemia due to iron deficiency may also affect the working women. Working women have health needs which are not satisfied by the delivery of perinatal and maternal and child health services alone, as all women, regardless of physiological state, are susceptible to iron-deficiency.

In Latin America the principal causes of mortality among women are nutritional deficiencies, particularly vitamin malnutrition and iron-deficiency anemias, and diabetes mellitus (ICRW, 1979: 14-17). Among women's persistent complaints regarding health in different parts of the developing world is the complaint that they feel tired most of the time and exhausted after a minimum amount of exertion (Huston, 1979: 65-75).

b) Other areas of service delivery which have not met the needs derived from women's roles in economic production are:

- . provision of credit and access to income-generating activities;
- . vocational and technical training through non-formal education;
- . agricultural extension;
- . child care.

4. As fertility control efforts continue, they must also provide women with the necessary stimuli to participate more fully in activities derived from non-mothering roles, in order for them to become true vehicles of

social change. Furthermore, it is important to recognize that fertility control programs must be accompanied by services to meet the needs created by women's greater participation in non-reproductive activities. For example, as women are encouraged to seek employment outside the house (a frequently heard recommended strategy to lower the rates of population growth) it will create additional needs for programs in non-formal education to provide women with the necessary knowledge and appropriate skills to obtain employment in the modern sectors of society.

5. Among the most urgent needs common to all poor women is the delivery of non-formal, vocational education in the form of
 - . technical, on-the-job training,
 - . programs to provide the inactive woman with the knowledge and skills she needs in order to enter the labor force as other than a menial laborer.

The formal education sector is not reaching women to equip them for greater participation in the modern world. The evidence for this is provided by literacy rates and school enrollment figures broken down by age and sex.

- . Literacy rates are universally lower for women than men at all ages (Timur, 1977; Morris, 1978: 32 and Annex).
- . The latest figures on school enrollment ratios collected by UNESCO show that, in the vast majority of developing countries girls' enrollment rates are lower than boys for the 5-11, 12-17 and 18-23 age categories, and that this differential will continue through 1985 (Timur, 1977). The following figure gives a graphic presentation of this tendency.

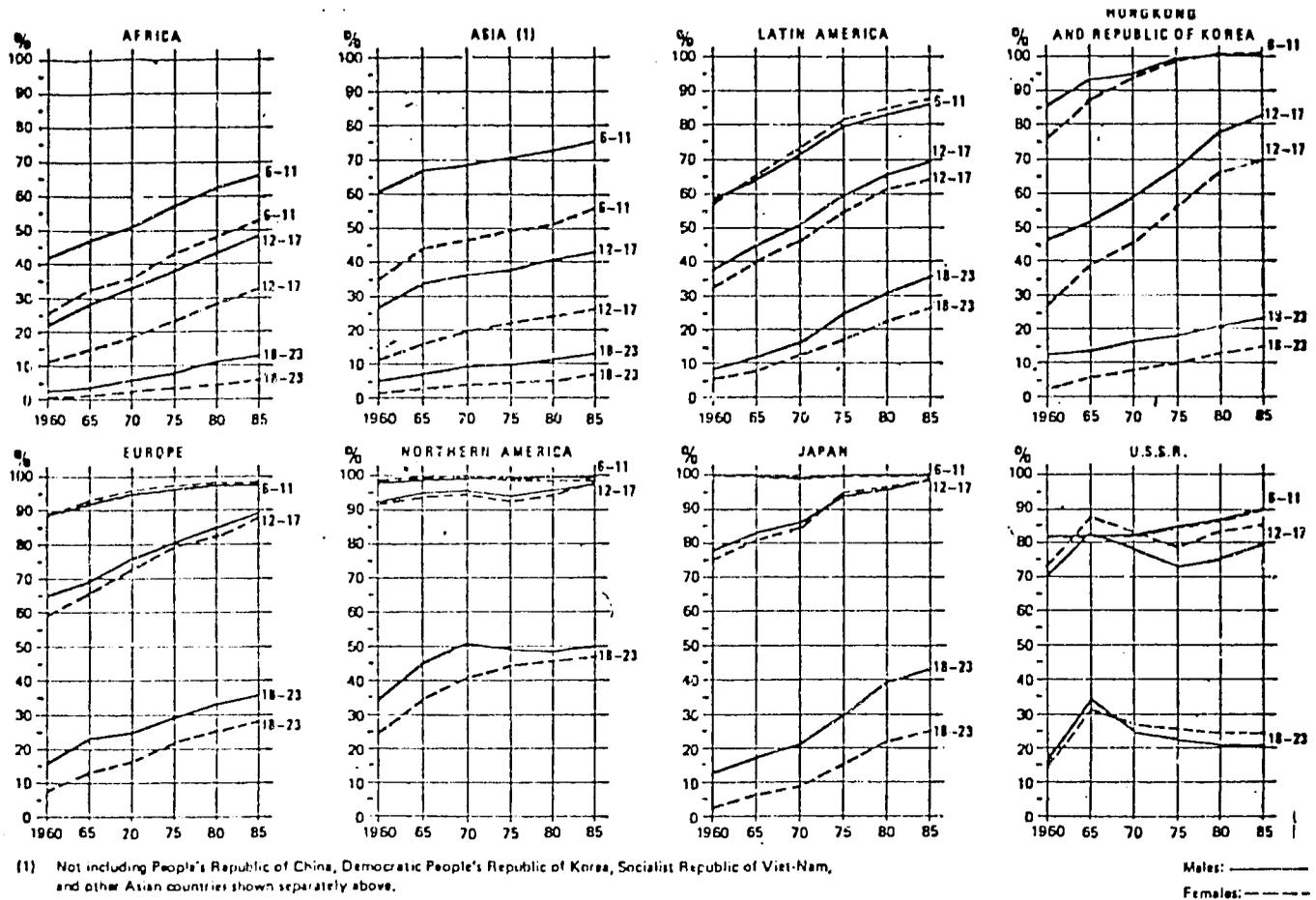


FIGURE 1 - Enrolment ratios by age group and sex for selected regions, 1960-1985
Source: Timur, 1977, pg. 465.

As age increases the differential in male-female enrollments also increases in some regions (Timur, 1977), attesting to higher drop-out rates among women. In the above figure this differential can be appreciated in the widening gap between the male and female lines. This situation shows no signs of reversing by 1985.

No figures are available on attendance rates, a measure which gives a better idea of continuation or retention rates in school than enrollment figures. Yet one can infer from the enrollment figures for increasing age categories presented above, that discontinuation rates are higher among women. At the secondary education level fewer women than men continue in school than at the primary level in developing regions of the world.

- . In the Muslim world (Youssef, 1976/77: 191, 197-198) the differences in literacy rates between males and females are particularly severe and the drops in female school attendance during the adolescent years are drastic. Yet the enrollment rates of females in secondary and higher education are accelerating rapidly in these countries.

The evidence presented above clearly shows that alternative avenues to formal education must be provided to increase the levels of functional literacy and education for both males and females. Nonetheless, the increased needs of women in this area must be recognized and acted upon. Particular attention should be paid to:

- . vocational education for preliterate adult women;
 - . literacy for young and adult females;
 - . Training programs for poor urban women--especially for female heads of households--to increase their income-generating potential;
 - . leadership training to enable women to assume positions as leaders in all kinds of groups, not just in those where goals and functions revolve around women's motherhood roles;
 - . programs to train women as agents in the actual delivery of services.
6. The specific concerns of women with respect to the delivery of services in the developing world will vary according to four sets of circumstances:
- a. type of economic activity;
 - b. type of household;
 - c. place of residence: rural dispersed, rural concentrated or urban;
 - d. age structure.
- a) Type of economic activity: Whether a woman works:
- . at home or away from the home environment,
 - . in paid or unpaid occupations (e.g., if she is self-employed or a family worker),
 - . in the traditional or the modern economic sector, or
 - . as part of the informal or the formal labor force,
- will have differential bearing upon the degree to which her work is

compatible with childcare and housework. The level of role incompatibility between the dual roles women play will create needs for:

- . alternative sources of childcare,
- . appropriate intermediate technology to reduce the energy expenditure in household tasks,
- . means of transferring household production (such as the processing and preparation of food stuffs) to the market sector.

The type of economic activities women perform and the place they perform them in will also determine demands for:

- . credit services,
- . marketing outlets,
- . formation of cooperatives,
- . agricultural extension and training,

all of which women seldom have access to (Tinker, 1976: 24-23).

Women whose main economic production is the cottage-based manufacture of crafts or other cottage industries, for instance, constitute a population whose utmost need is accessibility to credit and marketing outlets, as well as cooperation with other women and consolidation of production to rationalize it.

b) Type of household:

Women-headed households--cohabiting groups where the male head is absent--place the brunt of financial responsibility for survival on the shoulders of women who are, more often than not, ill-equipped to assume such an obligation. The households are poor, they are appearing more and more frequently in economically depressed urban areas, and female heads are forced into the informal labor sector in order to support their dependents (Buvinić and Youssef, 1978). This situation points to needs for:

- . increased economic opportunities for women,
- . vocational and on-the-job training,
- . better opportunities for female heads of households to become successful applicants in housing projects,
- . provision of credit facilities,
- . legislative protection for women who, being heads of households, are not legally recognized as such,
- . protective labor legislation for women who work in the informal labor sector. For example, women who work as domestics are not eligible in many countries for social security benefits, although some are slowly extending coverage to include them and other informal workers (ICRW, 1979: 30-34).

Furthermore, the type of household a woman lives in will also provide different alternatives for childcare. Women members of extended families can count on other women in the household to perform part of this task; women in nuclear-family households cannot.

c) Place of Residence:

The density of population and the concentration of people determine not only women's needs in delivery of services, but means of delivery. A certain critical mass of people is necessary to successfully transfer the household-based production of goods and services, especially the processing and preparation of food stuffs, into the marketplace. Put differently, there has to be a sufficient concentration of women in a settlement to make it feasible for a small number of them to take on the processing and preparation of grains and other staples as a remunerated activity, thus freeing the majority to pursue other tasks not related to homemaking. Likewise, the centralization of cooperative or paid child care centers will be practical only if the settlement pattern is sufficiently concentrated. In dispersed rural areas centralization would only tend to increase women's traveling time from home to child care center to place of work.

Rural women participate in both subsistence activities and cash-crop production; they are part of the temporal labor forces mobilized during harvest seasons and work as wage laborers (Boserup, 1976; Germain, 1976/77). Agricultural extension programs must consider this reality when defining target groups. In some places women's agricultural paid work is preferred to men's work because women earn lower wages than men for equal periods of work, or because women are more productive than men in a given period of time (see for example, INCAP and Ministry of Public Health of El Salvador, 1978, Appendix E: Coffee Region and Region of Intensive Agriculture; Germain, n.d.:2). In cash crop production the wage laborer is exploited. Women, for the reasons noted above, are, along with children, the most exploited agricultural workers. Unionization and cooperative formation are among the services most needed by these women.

As was already touched upon, a significant and rising proportion of the urban poor are women who are the primary or sole supporters of their children and other dependent members of their households (Buvinić and Youssef, 1978). Poor urban women have the urgent need of services which will enable them to enhance their capacity to increase their income-generating activities. These services--vocational and non-formal education, health care for working women, credit, child care and protective legislation--have already been discussed separately. Here it should be highlighted that these needs tend to confluence and intensify in the case of poor, working, urban women.

7. From the discussion in points 5 and 6 it emerges that the criteria of

- . type of economic activity,
- . type of household,
- . place of residence, and
- . age structure

can be used to generate a typology of women's needs in service delivery.

The female population in developing countries can then be differentiated, selected and stratified according to this typology. This exercise will provide the guidelines necessary for:

- a. identifying the particular needs of women in several areas of service delivery;
- b. establishing priorities among these needs;
- c. circumscribing the target populations; and
- d. deciding upon the mode of delivery of services, that is, whether they should be integrated or categorical, and the kind of vehicles that ought to be employed in the actual delivery.

Thus, such a typology would help answer the questions of what services to provide, whom to provide them to, how to deliver them and how to allocate resources.

8. Several major types have already appeared in the course of the previous discussion and will be summarized in what follows:

- a. poor urban working women:
 - i. in the informal sector
 - ii. in the industrialized sector
 - iii. heads of household
- b. poor urban women:
 - i. unemployed
 - ii. self employed
 - iii. working at home
 - iv. heads of household

- c. rural women in concentrated zones:
 - i. in subsistence agriculture
 - ii. in cash crop production
 - iii. working as wage-earners
 - iv. in nuclear or extended family households
 - v. in production of cottage industries

- d. women in dispersed rural areas:
 - i. wage laborers or subsistence agriculturalists
 - ii. in cottage industry production
 - iii. in nuclear or extended family households

9. Particular concerns:

a) As AID moves, by Congressional mandate, to support projects to encourage breastfeeding among women in developing countries, careful attention must be paid to the degree of incompatibility breastfeeding may have with women's productive roles. In order to make breastfeeding possible for women who work outside the home, the following measures should be taken in any program to encourage breastfeeding:

- i. flexible schedules and transportation must be made available to the lactating woman.
- ii. nurseries should be established at or near the place of work for mothers to leave their infants during working hours.
- iii. the sources of work should be diversified and decentralized so the lactating mother will not have to travel long distances between her place of residence and the place of work.

If these conditions are not met there will be no appreciable increase in breastfeeding, especially in urban areas where the downhill trend is most evident and where females are most active economically outside the home environment. Nerlove (1974) has demonstrated that the length of the breastfeeding period varies inversely with women's agricultural obligations. In urban areas of Central America women state that they stop breastfeeding because their economic obligations do not permit them

to continue beyond a certain time (INCAP and Ministry of Health of El Salvador, 1978: Marginal Urban Areas; INCAP and Universidad de San Carlos de Guatemala, 1978). These women believe that human milk is better for infants than formula but are structurally constrained to act upon that belief.

b) Any program to promote breastfeeding among women of low socio-economic status in developing countries must have a component to ensure that the mother's nutritional status does not deteriorate with prolonged breastfeeding. Milk production places demands upon the woman whose effects are not totally understood yet, but there is reason to believe that breastfeeding may have detrimental effects upon an already under-nourished woman (Jelliffe, 1970).

c) A particular consideration is when to offer fertility control and family planning services to women in a categorical fashion and when to integrate them with health or other kinds of services. Women's own preferences as to the mode of delivery should be taken into account in this issue.

i. There is some cross-cultural evidence, from Latin America and the Caribbean mainly, (Scrimshaw, 1972, 1973; INCAP and Ministry of Public Health of El Salvador, 1978: Region of Subsistence Agriculture) that women who live in rural areas or small towns are required by modesty and other cultural reasons, to maintain a high degree of discretion about their family planning activities. In such situations the women would prefer to have fertility control services delivered in disguised form, along with health, education and/or training services.

ii. In urban areas where anonymity can be maintained and physical mobility is more easily achieved women apparently have no preference as to the mode of delivery of family planning services. Categorical delivery is, therefore, a viable option in urban situations. Indeed, in one situation, women expressed a concrete preference for categorical over integrated service delivery (Scrimshaw, 1979).

iii. In culture regions where stages of the reproductive cycle--menstruation, pregnancy and childbirth--are viewed as illnesses that need treatment (Harrison, 1977:6; Lewis, 1963: 290-291), it would be culturally consistent to offer fertility regulation services as part of wider health services that deal with general issues of health and disease and particular issues of pregnancy and delivery.

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