



REPORT OF A WHO MEETING ON SOCIAL SUPPORT MEASURES
 FOR WOMEN, HEALTH AND DEVELOPMENT

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women - conf
Special support - conf

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1. INTRODUCTION

This report summarizes the proceeding of a meeting convened by WHO as part of its ongoing work on Women, Health and Development (WHD). It is one of a series of activities relating to social support for women and will, it is hoped, provide some of the directions these activities will follow in the future. The interest of Women, Health and Development (WHD) in social support for women stemmed out of WHO's work on the subject of infant and young child feeding and care, where it was quickly recognized that the care women are able to give their children is closely tied to their other roles and to the wider support available to them in fulfilling all their roles.

In order to gain a better understanding of how women's status and multiple roles, as well as the support available to them, interface with their mothering or nurturing roles a number of activities were carried out which examined the periods of breastfeeding and weaning. Initially, the focus was on these two periods as they depend so heavily on the mother's time and resources, and as they are so critical in terms of health and nutrition outcomes. WHO has been active in calling attention to the need for strengthening maternity protection legislation throughout the world. It has also supported various actions at global and country level on alternative ways of facilitating the day care of young children, including informal and formal measures.

A number of the presentations made at the meeting relate to this and other work of WHO which has been carried out in collaboration with other agencies and organizations such as UNICEF, ILO and the Commonwealth Secretariat and with the financial support of the Swedish International Development Agency (SIDA), the Swedish Agency for Research Cooperation with Developing Countries (SAREC) and the United Nations Funds for Population Activities (UNFPA).

1.1 Opening remarks by Director, Division of Family Health

The meeting was opened by Dr Angèle Petros-Barvazian, Director of the Division of Family Health and Focal Point in WHO for Women, Health and Development. After welcoming the participants and colleagues from other divisions of WHO and other agencies, she pointed out that the meeting was an unusual one for WHO in that it was truly interdisciplinary, with very few physicians. This reflected the new approach to health and underscored the multifaceted nature of the subject under discussion and the trend of modern thinking.

It is now ten years since the beginning of the United Nations Decade for Women (1976-1985) and nearly ten years since the revolution in thinking about health that culminated in the Alma-Ata Declaration of 1978. A meeting such as this would have been unthinkable in the WHO of 15 years ago when health was firmly in the hands of the medical establishment.

These two events - the adoption of Primary Health Care (PHC) and the UN Decade for Women - are not coincidental; they both form part of what could be termed the new face of development and they are mutually reinforcing. "Health for all" encompasses everyone - women, men, rich and poor. It is for all but also by all. All have rights but also responsibilities. Health, in its new wider meaning, affects and is affected by many other sectors.

Looking back at the Decade we can say, as we can also say of PHC, that the advocacy has been positive, that awareness and goodwill now exist. It would be nice to think that action has kept pace with this. Nevertheless, the consciousness-raising of the past years was an important prerequisite - an incubation period. We must be patient and optimistic - some of the issues we are raising are now ready for action while others may take a generation to resolve.

Women have a very special role to play in health and development. They play the major role in the health care of the family. They prepare and distribute the food. They teach health promotive and risk avoiding behaviour. They are responsible for the nurture of young children, including breast-feeding and weaning and immunization. They decide when to seek professional health care. They provide first aid and nurse the sick. In addition, they make up the majority of traditional birth attendants, PHC workers, nurses, and midwives.

Women's own health affects their ability to nurture their family. In view of the effect of the maternal environment on the infant before birth, the mother's health affects the health of her child. Hence, the mother's health has a greater impact on future generations than does the health of the father.

Women's health is closely linked to their life-styles, and many of the changes taking place in the world today can have deleterious effects on women - by increasing their workload, reducing their access to resources and supports, increasing stresses and role conflict. Three types of situations can be outlined:

- a. where traditional division of labour and support measures exist. How can we ensure that these are not eroded? What will happen when changes take place?
- b. where changes have already taken place, where women's contribution as parents is recognised and supported by official measures. But are these measures adequate? What is their coverage?
- c. the women in between who have lost their traditional support but live in countries too poor to provide support from public funds. Measures initiated by the community have not yet developed. How do they cope? How can they be supported?

She briefly outlined the role of WHD in WHO and explained that WHD is not a "programme" but rather a dimension of all of WHO's programmes, at all levels. Progress in all WHO programmes has not been as rapid as one might have hoped, but there was now a general recognition of the importance of including women in all programmes and activities. There was still some way to go before this was universally translated into action.

She then introduced the objectives of the present meeting.

1.2 Objectives of the meeting

- a. To review existing knowledge of the support systems available to women in their childbearing and childrearing roles.
- b. To highlight those areas where further study is needed in order that existing traditional networks and social support systems can be strengthened and protected and new support systems provided.
- c. To identify suitable and practical methods and approaches to studying these issues, with a view of identifying the factors that facilitate or hinder women in the fulfillment of their roles. The knowledge gained through such studies would form the basis of promotive and supportive actions at country level.

In the discussion of the objectives of the meeting, the participants agreed that the scope of the discussions must reflect the perspective that social support exists to make women more productive and thus to facilitate their contribution in all sectors of society. There is a danger of viewing women's needs in welfare terms. Emphasis should be on supports for women in their childbearing and childrearing roles vis-à-vis many other roles and particularly, their productive roles. Such support measures are health promotive, for women themselves, for their children and for their families.

2. COUNTRY AND AGENCY PRESENTATIONS

2.1 Country presentations

The participants in the meeting came from countries with a wide variety of political and economic backgrounds. The experience of women living in each of these countries is understandably also diverse. In order to provide a common understanding of the various situations, each participant was asked to prepare a short paper describing:

- the social support systems (formal and informal) that enable women to fulfil their childbearing and childrearing roles in addition to all their other roles, as they

exist in each country and in particular to outline the situations where there is the greatest need for supportive measures;

- those areas where further knowledge is required before promotive and supportive action can be taken;
- examples of studies, papers that have explored the subject including details of the research methods employed.

The text of the papers presented, listed in Annex 2, can be obtained from the Division of Family Health, World Health Organization, 1211 Geneva 27, Switzerland.

2.2 Agency activities

The participant from UNICEF reported an evolution in the thinking about programmes for women in UNICEF. Supports for women as mothers and workers have come to be viewed as having economic returns. They are health promotive measures, not welfare measures. At the same time, there is an increasing realization that activities directed at improving children's health have direct implications for their mothers. For example, there is evidence that the recent emphasis on weaning food preparation is creating an additional burden for women. In the past, the promotion of support was limited to urban areas. The need for supports to women engaged in agriculture is being recognized and UNICEF has been advocating the provision of credit facilities to aid women in capital formation. UNICEF is also beginning to confront those traditional practices which are known to be detrimental to women and children's health. In the past this was not attempted because they were considered an integral part of the cultural milieu.

There were also short presentations of other activities occurring in WHO which are related to social support for women. The working hypothesis of the Determinants of Infant and Young Child Feeding project is that child health and development are functions of feeding, care and those factors which determine these behaviours. Thus, the focus is on the nurturing behaviours of women (and not necessarily the biological mothers). The objective of the project is to promote interdisciplinary national research on feeding and child care behaviours for use by policy planners. Research will be undertaken in some of the same countries currently participating in the Joint WHO/UNICEF Nutritional Support Programme (JNSP). The JNSP takes a holistic view of the causes of and solutions to infant and maternal malnutrition. Programme guidelines prepared for the 17 participating countries include support for women's income generation activities and their role in family food production in addition to the more traditional approaches such as nutrition education.

A WHO staff member from the Office of Occupational Health described activities aimed at producing standards to protect individuals from health hazards occurring in the workplace. The majority of these hazards have effects on both women and men but the effects of toxic substances on the reproductive functions of women is causing special concern. A meeting on the protection of women in the workplace is planned to take place early in 1985.

3. SOCIAL SUPPORT

The accounts of situations in individual countries provided the participants with an overview of the situations women faced. Although the social and economic conditions in which women live differ greatly, the world over when women's activities take them away from the home and when suitable mothering substitutes are non-existent or inadequate, women are faced with common problems. The consideration of these problems and how to ameliorate them was the focus of the discussions which followed.

3.1 The scope of social support

A common way of viewing social support was considered to be necessary for discussion purposes. At the same time, it was acknowledged that precise categorization was difficult and that it was possible and necessary to view social support in a variety of ways, given the overlapping nature of women's needs and situations. There was consensus, that for the purposes of the discussion, social support should be considered as being all identifiable forms of assistance. Thus, it includes the provision of material goods (foods, money),

services (transportation, credit and the myriad of daily tasks which women bear the responsibility for such as child care, food procurement) and information and advice. Support in relation to the fulfillment of psychosocial needs, that is, intimacy, social integration, nurturance and the reassurance of worth was viewed as being particularly important for health. But planning interventions to specifically provide such emotional support poses many problems. Such support more often occurs as a by-product of social relationships. Emotional support as a distinct category was therefore omitted from the working definition of social support.

The sources of social support are wide-ranging and categorizing the sources as being either formal or informal is misleading. Viewing the sources of support as a continuum of types, from formal to informal, was thought to be more accurate. As such, formal providers of support, like the government and religious organizations, could be characterized as having some degree of permanence, regulation, professionalization, outside involvement and legal status. At the other extreme informal sources of support, typically the family and kin, possess few if any of the characteristics of formal supports. However, informal sources possess the qualities of flexibility, reciprocity and limited accountability. It was emphasized that it was dangerous to attach value judgements to any of the characteristics in the continuum. For example: flexibility can also imply unreliability; reciprocity can be burdensome; professionalization can lead to overtechnicalization; and, outside involvement can entail competing aims.

One way of diagrammatically representing the scope of social support is shown in Figure 1. Some examples of types of support measures are provided, although their place in the diagram does not necessarily relate to a unique source of support. (For example, child care can be provided both by employers and by family).

FIGURE 1

The scope of social support for women

Sources of support	Types of support	Material	Services	Information and advice
Formal (e.g. government, religious and community organizations, employers)	↑	income maintenance programmes	transportation	"how to" gain access to government services, to increase crop yields, infant and child feeding and rearing
		food		
		credit schemes	child care	
		loans of money	errands	
Informal (e.g. family kin, friends, self-help groups)	↓			

3.2 Informal support and coping strategies

Informal social supports are an integral part of daily life. Nevertheless, they are sometimes difficult to identify. Social interactions are so much a routine in people's lives that they are often unnoticed. There is an almost implicit acceptance of the daily contributions of family and friends in support of health and welfare. Indeed, informal supports are taken so much for granted that their existence is recognised only through their loss.

To set the scene a paper* describing informal supports and strategies adopted by women in poor socio-economic conditions was presented. This paper began with the premise that the majority of women have no choice but to engage in economic activities which modify their family roles and nurturing responsibilities. All too often, development efforts focus on one set of women's roles whilst disregarding others. Women are viewed either as workers or as mothers, whereas in reality both roles are of necessity coincident.

Using available literature, "coping strategies" were identified that women, either alone or as members of households and community networks, develop to deal with the excessive and competitive demands on their time:

1. Reducing the amount of leisure time. The available evidence indicates that working women reduce the amount of time dedicated to child care by very little. However, their leisure time, including sleep and rest, declines in a nearly one-to-one ratio with increases in work time.
2. Changing household size and composition. In households of working women, changes in household arrangements are most often caused by the need to care for and feed infants and children, in instances of sudden income crises. Not only are children moved from household to household, but adults change residences for periods of time to care for children and to perform household tasks.
3. Delegating home production and nurturing responsibilities. The scarcity of women's time necessitates the delegation of responsibilities for domestic tasks such as food preparation, feeding, washing, purchase of goods, to other household members. Often kin not residing in the same household carry out these tasks. With the obvious exception of breast-feeding, child care activities can be, and are, delegated to others.
4. Increasing the economic value of children. When women work outside the home, the economic responsibilities of children increase both in the home and outside. Child care is probably the single most important activity that older children perform. With the advent of universal education, children are less available to provide such assistance. Most often, it is girls who are obliged to discontinue school to take on economic responsibilities.
5. Obtaining transfers of income, goods and services from others. Family or neighbourhood-based social networks are important sources of emergency funds and other types of goods and services such as cooked and uncooked food, medicines, childcare, and the daily purchase of necessary items.
6. Taking infants and young children to the workplace. Either for lack of an alternative or as a matter of preference, many women take their infants and young children to the workplace. The advantages are not always clear. For example, it may allow women to breastfeed, although breastfeeding prevalence among women working in the informal sector is sometimes very low. However, it has less favourable implications for both women's productivity and for infant and child welfare and safety.

* See Annex 2, Document 3.

7. Maintaining physical mobility and time flexibility. This is both a goal of the previously described strategies and, when achieved, is a strategy to ensure a degree of compatibility between productive and childcare responsibilities. Yet, in maintaining this necessary flexibility, women may be forced to choose work that is close to home or low paid.

All of these strategies are self-help measures oriented towards the short-term solutions of pressing problems. To the extent that such strategies are effective in easing the immediate conflicts caused by women's responsibilities, they mask the longer-term consequences associated with their adoption. At the same time, the success of self-help strategies may deter women and communities from taking action to shift the burden of responsibility to the wider society.

The manner in which societies respond to the incompatibilities of women's productive activities outside of the home and their childbearing and rearing responsibilities is influenced by each country's general economic situation, characteristics of their labour market, demographic policies and their value orientations. Nevertheless a common point of departure is the belief that it is in the interests of society to be concerned about future generations. The need for well-cared for children is a central objective in health and social policies of most countries. Not all governments express this concern for children by supporting the participation of women in economic activities.

Details of the approaches taken by governments are contained in a paper prepared for the meeting (see Annex 2, document 14). A summary of the most commonly used policy instruments follows.

3.3 Income maintenance

The measures which fall under this heading are maternity benefits and family benefits. Maternity benefits refer usually to the provision of cash for a period of time specified by each country, to fully or partially replace the woman's income while she is on maternity leave. A recent survey of maternity legislation of 127 countries carried out by the International Labour Office (ILO) in collaboration with WHO showed that the average length of maternity leave is between 12 and 14 weeks and this complies with the standard in ILO Conventions nos. 1 and 103 (see Annex 2, document 20).

A major problem concerning maternity benefits is that they are employment-related. For the most part, only women employed in the public service, industrial or commercial sectors are eligible. Details regarding the enforcement of provisions, particularly in small and medium-sized organizations in developing countries, are not readily available. Often women are not aware of their rights in this regard. Moreover, female labour becomes more expensive because the benefits represent a cost to the employer. Consequently, maternity legislation may become a disincentive to employ women. As the example from the Kenyan report illustrates, the aims of maternity legislation can be undermined by the way in which it is implemented.

Family benefits which purport to help offset the cost of childrearing are based on the recognition that rates of pay do not take into account the size of family. Generally, such programmes provide cash allowances either paid by the employer (sometimes with government subsidies) or, in those countries where benefits are universally available, paid entirely from general tax revenues. Where benefits are employment-related, they face the same problems of coverage as maternity benefits.

From the ILO survey of social security in 150 countries, there were found to be nearly 50 countries with employment related systems and a dozen with universal coverage pay allowances beginning with the first child. Sometimes, the eligibility for benefits is limited to a certain number of children or is related to the birth interval. For example, Tanzanian legislation stipulates that women receive full benefits only if there is a birth interval of three years. This legislation illustrates an instance where family policy has been linked directly to demographic and health concerns. However, there is no evidence that these family allowances have had an impact on patterns of childbearing.

The scope of family benefits is usually dependent on the method of financing. The entire population receives benefits if they are financed by general taxation (universal eligibility), but when benefits are financed through employers by contributions levied on wages only wage-earners are eligible for benefits. In countries with universal eligibility and where most working women are in fact wage-earners, there are no large groups of women excluded from benefits. However, a good number of working women living in countries with employment-related schemes are engaged in activities outside the formal labour sector and receive no benefits.

3.4 Provision of services

The second response of governments is that of service provision. Most governments have viewed the provision of substitute child care as the most appropriate support measure. Several governments in Europe have specific policies related to government operation of child care facilities. Yet, as is seen for example in France or in the German Democratic Republic, the available supply of services is insufficient despite efforts to expand services. Even in those affluent countries which have made an explicit commitment, there are still unmet needs for child care services. It is reasonable to expect at least a similarly low level of service provision in developing countries which have a limited service infrastructure and limited financial resources. However, complete information is not available on the scope of child care directly administered by governments or aid agencies in developing countries.

The support and subsidy of private bodies to establish and run child care facilities is more widespread than direct government operation. Government backing includes the provision of operating grants to church and community organizations, the supply of the necessary building and recreational material, provision of rent-free or low-cost sites, etc.

Government support for economically active mothers can extend beyond considerations of child care. Particularly in developing countries, measures to improve the local infrastructure (e.g. transportation and the provision of adequate water supply and basic sanitation) reduces the workload of women. Government undertakings in socio-economic development are a potential help for economically active mothers.

3.5 Legislative imperatives

In addition to taking direct action itself, governments often legislate regarding actions required of others. Employers may be expected to make special provisions for their female employees. For example, the ILO study of maternity protection laws gives details regarding the provision of breastfeeding breaks during working hours that exist in 65% of the countries reviewed.

Adequate time and facilities are indispensable for the maintenance of breastfeeding. Where facilities for breastfeeding are not included in the legislation or where they are not provided in places of work, breastfeeding breaks may be ineffective. Distances from home to work and the costs of transportation are high. Breastfeeding under such circumstances is highly impractical and perhaps impossible.

Some governments require that modifications be made to the conditions of work for pregnant women and mothers with young children. In Czechoslovakia, such women can ask for shorter hours of work or adjustments to their work schedules and management is obliged to meet their requests. In many countries, it is forbidden to require night work or overtime of women, even with their assent. In 80% of the countries in the ILO survey, there exists legislation prohibiting the dismissal of pregnant women. The majority of such laws cover the duration of maternity leave and in several cases, protection is extended to the whole of pregnancy.

In some countries, governments acknowledge that women working outside the home need child care, but they are either unwilling or unable to provide such care themselves. They have enacted legislation which assigns the responsibility to provide child care to employers.

The employers' obligation to provide crèches has been replaced in some countries (e.g. Brazil, Columbia, Honduras, Mexico) by the introduction of a scheme of uniform contribution by employers to be paid to public bodies responsible for the setting up and administering of such care. Contributions are compulsory for all enterprises regardless of the number of women employed. This modification is to counter attempts by enterprises in some countries to circumvent the laws by, for example, limiting the number of women they employ.

An additional legislative measure undertaken by some governments is the specification of standards for the care provided in community childcare centres. In doing so, governments are assuming a responsibility to ensure that privately organized services are safeguarded. The meeting of standards often becomes a pre-condition for registration or licensing by the state or for receipt of public funds. In practice, ongoing training and supervision tend to be a more effective means of influencing the quality of day-to-day operations.

Although the provision of social support measures by government indicates a certain level of societal awareness, there are operational problems related to eligibility, coverage and enforcement. Moreover, government resources are diminishing the world over and priorities for resource allocation are changing accordingly - often to the detriment of social services. Given the economic conditions in developing countries, it is unrealistic to expect that a significant expansion in social support measures will occur in the near future.

4. THE HEALTH IMPLICATIONS OF ROLE CONFLICT

Changes occurring in the physical and social environment are likely to have considerable repercussions on families. The implications for health are great in view of the estimated 75% of all health activities that take place in the family. In most countries the majority of these activities are the responsibility of women. To understand the dynamics of health care within families, the specific nature of women's situations must be known. The question of how women's need to participate in the cash economy modifies their family roles and nurturing responsibilities has only recently begun to be considered. The participants were in agreement that the direct health effects of women's modified behaviours needs to be studied in more detail.

The coping strategies described earlier were then used as a starting point for examining the behaviour of women which can have an impact on their own and their families' health. For example, women are often obliged to take their children with them to their place of work in order to continue breast-feeding or to provide child care not available in their communities. These children can be exposed to health risks associated with the work environment. In rural areas, children are sometimes left unsupervised at the side of fields, subject to attacks by snakes and animals. Children accompanying mothers engaged in vending activities in urban areas are exposed to the unsanitary conditions of the street. Mothers may restrict the activities of their children in such unsafe environments, thereby inhibiting their natural responses, perhaps to the detriment of their growth and development.

The constraints experienced by women working outside the home limit the time that can be devoted to food preparation. Women may delegate such tasks to other household members such as children. Food is sometimes prepared in advance for consumption at a later time. The implications for family nutrition are not always evident but are worthy of study in particular situations.

The optimum development of a child's capacities requires emotional support and appropriate and varied stimulation. Traditionally, family members, other than parents, have played a significant role in the socialization of children. The process by which children learn and internalize culturally appropriate patterns of behaviour, roles, values and feelings can be impaired when family composition alters. It is further complicated if the mothers themselves are unsure of what is expected of them due to changes in their personal circumstances. Such is the case of migrant families and women who find themselves solely responsible for the livelihood of their families.

The stress caused by women's multiple roles and diminished familial support may have an impact on the health of the woman herself. The relationship between stress and health has been attracting increased attention of late. The interpretation of the results of such research is hampered by the multiple definitions applied to the concept of stress. For example, the term "stressor" is sometimes used to refer to an environmental condition which can cause adverse health consequences. In other cases, stress is viewed as an effect of an environmental condition. Thus, there is a need to standardize the definition of stress, for example, either as a stimulus condition (so that the consequences can be studied) or as a response (so that the antecedents can be studied).

Nevertheless, there are sufficient epidemiological studies linking stressful social circumstances or their attendant symptoms (e.g. anxiety, poor sleep, inability to relax) to the incidence of tuberculosis, alcoholism, hypertension, heart disease, and cancer. At the very least, these findings call attention to the potential risks that could be associated with the demands placed upon women.

The group concluded that many factors can combine to have an effect on the health status of women and their families. Knowledge concerning the dynamics of health behaviour is for the most part incomplete. It is thus difficult to forecast with any certainty the direct impact of support measures on health. Thus, in order to recommend specific interventions, analyses of the particular circumstances of women (that is, their needs and the resources available to them) was seen as essential in order to avoid inappropriate generalizations of existing research findings.

5. METHODS OF ANALYZING WOMEN'S SITUATIONS

A conceptual framework and methodology was presented that is being used by the ILO to develop an understanding of how women's multiple roles relate to their participation in economic production, development and demographic change. The assumption underlying the methodology is the necessity to document the attitudinal and behavioural aspects of women's roles in order to understand the economic processes occurring within the domestic domain. The method has been designed to systematise the collection and analysis of ethnographic and other data on the roles and status of women and men. It is intended to be used in two complementary ways: first, to facilitate the collection of case study materials from individuals (focussed biographies); secondly, to act as a guide and framework for the classification of ethnographic and other data from a variety of sources, such as religious/ideological, legal and symbolic/representational, and existing survey data from economic, demographic and sociological studies. The framework relates to the seven basic roles which women play in social life. These are the parental, the occupational, conjugal, domestic, kin, community and individual roles.

The data classification scheme for the seven roles of women is concerned with the both role behaviours and role expectations of individual women. The latter include what have been classified as norms, preferences and perceptions. Relationships with those who are termed "significant others" in the life cycle are analysed. The quality of specified interpersonal relationships is one of the indicators used to assess role strain or satisfaction and role conflict or harmony. All these phenomena are difficult to document using survey techniques and questionnaires, but can be documented using ethnographic techniques.

It was acknowledged that ethnographic techniques, such as the "focussed biography" approach, can be lengthy and findings may not be representative in a statistical sense. At the same time, the need for the qualitative data which such techniques provide, is increasingly being recognized.

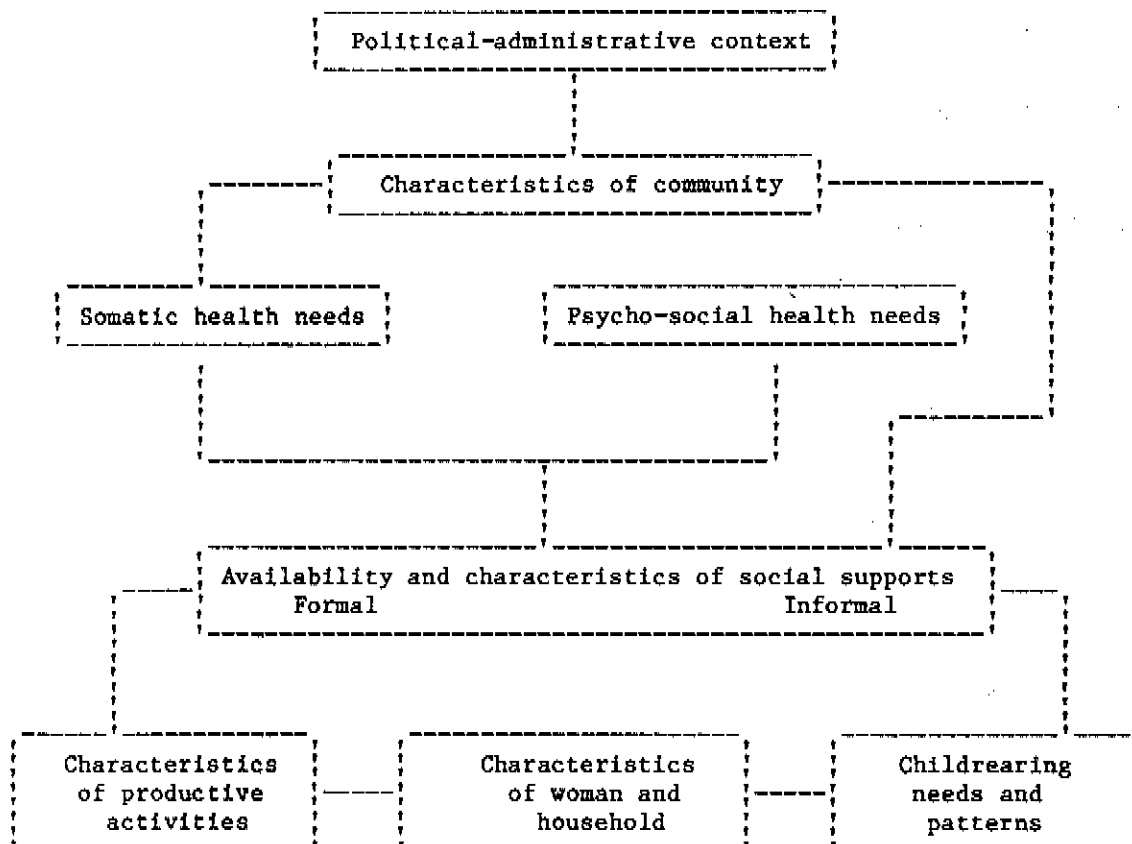
This approach was felt to be very useful in understanding the conflicts in women's roles, the resulting stress upon women caught in unfavourable conditions and the way the conflicts were being resolved by women themselves through the coping strategies described earlier or by more formal mechanisms. The advantage of the "focussed biography" approach was seen to be that it went beyond the documentation of associations and explored the pathways

which linked each behaviour pattern and its effect. This type of understanding was thought to be absolutely essential if interventions - advocacy, the provision of support - were to be effective.

While such an approach was extremely helpful in understanding the impact of role conflict on women and their resulting behaviours it was felt that a wider framework which described women's situation within the society in which they lived was necessary for a fuller understanding of their situation. The development of such a framework would highlight areas and pathways of which there was, at present, often incomplete understanding. A comprehensive framework could, it was hoped, indicate both areas where further research was needed and areas where intervention seemed feasible and potentially rewarding.

Such a framework was drawn up, in a way that it could also be used to undertake a situation analysis. It is not possible to show the links among factors which are causal in nature. Nevertheless, it was hoped to indicate the parameters which require investigation in order to gain a full appreciation of women's circumstances. The time available did not permit a complete elaboration of all parameters and therefore, the framework itself, shown in Figure 2 below, should be considered tentative in content and structure.

FIGURE 2



Characteristics of productive activities

- place of work
 - physical conditions
 - mobility of location
 - home-based
- distance from home
- type of work
 - manual-heavy/light
 - fixed/variable tasks
- hours of work
 - total number
 - day or night
 - flexibility of schedule
- seasonality
- payment/non-payment
 - in cash or kind (goods, services)
 - to whom (to woman or other member of household)
 - regularity of payment
- union representation

Childrearing needs and patterns

- number of children and other family members to care for
 - own
 - others
- ages of children - youngest, oldest
- sex of children
- health of children - good/chronically bad/regular acute episodes
- number of caretakers in household
 - relatives
 - children
- school attendance of children
- day care
 - how financed
 - what quality
 - availability
 - distance from home/work

Characteristics of women and household

- age of woman
- family and kinship structure
- parity of woman - pregnancy histories

- marital status - presence of husband
 - type of marriage
 - legal/traditional
 - monogamous/polygamous
- level of education/training
- ethnicity (minority) status
- income of household
 - proportion of total and importance of each household member's contribution
 - each member's influence on allocation.
 - income obligations outside of household.

Characteristics of community

- location
 - urban
 - squatter
 - rural
- crowding
- sanitation/water/electricity/transportation
 - availability and accessibility
 - quality
 - cost
- stability of community - transitional/stable

The discussion of the content of each of the boxes in Figure 2 and how these might be used to describe some of the links between them led to the conclusion that it was necessary to clarify the entry points to be used in undertaking research/advocacy. These were thought to be of three types:

1. a perceived health problem, for example low birth weight, which is known to be linked to the health/nutritional status of the mother and hence to her life-style
2. an existing support measure, assumed to have an impact on women's health. Does the measure reach the population in need? Is it used? If not, why not? What has been its impact?
3. groups of women at risk of ill health for themselves and their families. Once identified, what are their needs?

Availability and characteristics of social supports

A guide for field surveys of social supports available to working women was developed at the request of WHO by the International Centre for Research on Women (ICRW). This guide is intended to focus field inquiries, using the example of infant care and infant feeding practices, on the kinds of social supports available in the environment of working women to lighten their work load and permit them the time and space to adequately feed and bring up their children. The guide also asks what informal arrangements women rely on to cope with the demands of childrearing when social support services are not adequate or simply not available. Finally, it seeks to gather information on the extent to which available social support mechanisms are utilized and, when underutilization is a problem, the reasons for it.

The guide is intentionally general so that it may be adapted to specific situations and used in conjunction with other, more sophisticated instruments for data collection. It consists of a series of checklists which can elicit the questions and the kind of issues that should be examined in order to make an inventory of the available supports. The guide itself has not yet been field tested and it was strongly encouraged that any data collection instruments developed should be pretested on subjects that are not part of the study population.

This guide will be useful in the collection of information (but not the recording of that information) which can be used to locate and describe institutional services and informal arrangements for child care and child feeding. It has been designed as a simple fact-finding tool which does not pretend to replace more exact and thorough research instruments. Data collected using this guide will not, for example, enable the user to make associations between supports available to women and their health status.

The guide is divided into two sections: one on formal sources of social support and one on informal sources. It purposely begins with an exploration of formal social support resources because these are the most visible. They can be easily located and examined. Where possible, the guide indicates which types of data collection techniques can be used to gather information on specific topics, and suggests some potentially good sources of information.

6. ADVOCACY AND RESEARCH

Research and advocacy are often thought of as separate activities. Yet during the discussions the unavoidable interrelationships of research and advocacy activities became evident. In general, the purpose of advocacy is to raise awareness or inspire public debate about a particular matter. Often advocacy promotes specific courses of action in order to address an issue. Advocacy activities themselves are contingent upon the context in which they occur. Nevertheless, a common component is the search for relevant information, that is to say, research.

In discussing research priorities, several topics which are related to the nature of advocacy were emphasized. There was unanimous agreement that research had to have a practical application. As such, it was noted that areas for research were best suggested by the people for whom potential interventions were intended - a "bottom-up" approach for defining research needs. At the same time, the problem of motivating people to think about changing their circumstances was raised. In many cultures, the multiple responsibilities of women are simply an accepted phenomenon. Informal arrangements are made between women to deal with situations which they may not even perceive as "problems".

The role of education was cited as a precondition for women's consciousness raising and readiness for change. Even so, the formal education of women or the provision of information does not guarantee behaviour change. Several examples were mentioned of services which remained underutilized and the introduction of labour-saving or health promotive technologies failing to achieve their desired results. The question of the dynamics of individual behaviour change, of those factors amenable and resistant to change was discussed. It was acknowledged that this question is receiving attention, but infrequently in areas particular to women's situations. Specific knowledge about informal social supports is lacking. For example, under what conditions is support sought and given between individuals? What is the role and efficacy of self-help strategies?

At another level, strategies are needed to interest decision-makers to take action on research which already exists. Political decisions are frequently not made on the basis of scientific findings. The implication is that knowledge for knowledge's sake, at least in the short term, will have limited effect on political thinking unless social support for women coincides with existing government policies. In some countries, governments have taken explicit measures to facilitate women's economic and domestic responsibilities. It was noted that frequently, these measures accompany ongoing labour market and/or demographic policies.

Even in the face of seemingly irrefutable research findings - the example of the time-consuming preparation of weaning foods was cited here - implications are ignored by decision makers. This was thought to be partially attributable to the credibility ascribed to the purveyors of such information. Research topics, methods and presentation of results must be designed in light of their desired impacts. That is, studies must be made of a target population for a target audience before research and advocacy can have a happy marriage.

A general problem exists in determining the impact of government social policies. Given the increasing scarcity of government resources, efforts to advocate supportive measures for women may fall on deaf ears if the worthiness of committing resources is not immediately evident. The realization of this has led many to believe that equity arguments are not sufficient to convince politicians of the value of support measures for women. Justification for measures in economic terms is also necessary.

Meetings jointly sponsored by WHO and the Commonwealth Secretariat (ComSec) have been held to review the use of economic approaches to assess the effect of supportive measures for working women in developing countries.

Could governments be convinced that the investment of public funds to support women in carrying out their productive and reproductive rates will produce positive and measurable benefits to society overall? Would cost-benefit analysis and cost-effectiveness analysis which are used extensively in decision-making about investment decisions in other sectors of the economy - roads, water projects, and airports - be of help in developing the necessary methodology?

The conclusions of these earlier meetings were presented and discussed. One major conclusion was that many costs and benefits of interventions to support women are potentially measurable. At the same time, examples of attempts to measure inputs and outputs using cost-benefit or cost-effectiveness methods are scarce and often fraught with technical difficulties. It has already been mentioned that problems arise in isolating the specific health effects of women's multiple responsibilities. Similar gaps in knowledge exist related to the economic effects. There is a lack of comprehensive information related to women's use of time. Such information is needed in order to evaluate the opportunity costs associated with other activities. In addition, women's work often generates a low level of income or no income. The consequences or benefits of interventions, even if measurable, may not be in terms which are comparable to the inputs or costs. Input measures are usually not too difficult to determine, being frequently expressed in financial terms. Output measures pose a greater problem and often intermediate outcomes must be used due to the complexities involved in assessing final outcomes. It is equally essential to identify the non-monetary or non-quantifiable effects of interventions so that they can be incorporated into a rational decision-making model.

6.1 Areas needing further research and action

Technical questions aside, field studies which evaluate existing supportive measures in terms of their economic efficiency and their effectiveness in attaining goals were repeatedly emphasized as being necessary. Such studies would not only have immediate and practical implications for the measures/programmes evaluated; they would also contribute to the technical knowledge needed to refine assessment methodologies and to establish the theoretical links between a host of social, economic, cultural and health factors.

The impact of several specific interventions on women's lives were mentioned as requiring study. These were:

- the benefits associated with credit schemes for women;
- the relationship between the provision of child care and women's productivity; and
- the quality of child care available (why women may be hesitant to use organized child care facilities even when they exist).

A common concern was voiced (which may not be a suitable subject for research but which should be drawn to the attention of health planners) that the promotion and implementation of primary health care was an opportunity for intersectoral activities which will improve the health and social status of women. However, care must be taken that such activities do not result in adding to women's burdens.

Other areas that required study include:

- situation analysis of women in periurban areas. These women in transition from a rural to an urban way of life are thought to be at particular risk;
- workload reduction of women during pregnancy;
- needs assessment and evaluation methodologies that can be used by a wide variety of people adaptable to their own communities.

A fuller list of proposed topics for research and advocacy is attached as Annex 3.

6.2 The role of WHO

Throughout the meeting it was felt that research and advocacy activities - whether to identify women's needs or to evaluate existing support mechanisms - would have the greatest relevance and impact if undertaken within individual countries with the involvement of people sensitive to local political and social structures.

Participants made the following suggestions regarding the role of WHO:

1. WHO's role is a catalytic one. By highlighting the importance of women's activities in family health and primary health care it can be an influential voice in raising the awareness in Member States regarding women's needs and roles.
2. WHO can provide technical support by cooperating in the design of specific research endeavours and country action programmes.
3. Tangible assistance in the form of seed money and encouragement to other funders to promote research and advocacy were seen as activities within the ambit of WHO.
4. The difficulties encountered in the exchange of information were discussed at several points during the meeting. It was suggested that WHO play an active role in acting as a clearing house for information existing in relation to social support activities. It was felt that this information dissemination role, in which UNICEF offered to cooperate, could be a focal point for coordinated interagency collaboration.

ANNEX 1

LIST OF PARTICIPANTS

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Mrs E. Royston, Division of Family Health (Co-Secretary)

ANNEX 2

LIST OF DOCUMENTS

Presented at meeting

1. The social support measures for women in health development in the Republic of Korea (WHD/SSM/84.6.1), Sun Young Kim
2. The situation of women in Hungary [WHD/SSM/84.6.2(a)], Annamaria Péter Szűcs
3. The interface between poor women's nurturing roles and productive responsibilities (WHD/SSM/84.6.3), Isabel Nieves. A revised version of this paper is available from ICRW, 1717 Massachusetts Avenue, N.W., Washington DC 20036, U.S.A.
4. Background paper for meeting on social support measures for women, health and development (WHD/SSM/84.6.4), Esther Sempebwa
5. Meeting on social support measures for women, health and development: a background paper (WHD/SSM/84.6.5), Elca Rosenberg
6. Report on the participation of women in health development - Limulunga Project (WHD/SSM/84.6.6), Joyce Sikota
7. United Kingdom: The present situation for supportive measures for working women (WDD/SSM/84.6.7), Margaret Thomas
8. Formal and informal social support. Country experiences - Denmark (WHD/SSM/84.6.8), Professor Lise Ostergaard
9. Intervention orale. Algérie. Professor Malika Ladjali
10. Situation of women in India. Dr Banoo Coyaji
11. Report on WHO/ONU/UNICEF meeting on determinants of infant and young child feeding and care, Geneva, 5-9 December 1983
12. Investment appraisal of supportive measures to working women in developing countries. Commonwealth Secretariat and World Health Organization, 1984
13. A synopsis of seven roles and status of women. An outline of a conceptual and methodological approach, Geneva, International Labour Office (WEP 2.21/WP 94) 1980. Christine Oppong (available from Population and Labour Policies Branch, Employment and Development Department, International Labour Office, 1211 Geneva 27, Switzerland)
14. Social support for women: aims and approaches (WHD/SSM/84.7), Jane Ferguson
15. Social support resources for women and infant feeding. A guide for field inquiry (WHD/SSM/84.8), Isabel Nieves
16. Investment appraisal of supportive measures to working women in development countries. An introduction to the Report and an examination of the PHC argument (WHD/SSM/84.9), Margaret Thomas (available from Commonwealth Secretariat, Malborough House, Pall Mall, London SW1Y 5HX, England)

Related WHO documents

17. Health and the status of women. WHO document FHE/80.1.
18. Infant and young child feeding. Current issues. Geneva, WHO and UNICEF, 1981.
19. Women and breastfeeding. A WHO promotional booklet, Geneva, WHO, 1982.
20. Protection of working mothers: An ILO global survey. Women at Work, No. 2, 1984.
21. Women and the weaning process, by I. Nieves. WHO document WHD/85.2.
22. Women, Health and Development. WHO Offset Publication, 1985 (in press).

Unless otherwise stated, copies of these documents are available from the Division of Family Health, World Health Organization, 1211 Geneva 27, Switzerland

ANNEX 3

LIST OF SUGGESTED TOPICS

The following additional topics were identified by the participants of the meeting as areas which require attention. They are listed as they were presented and there is inevitably some overlap.

1. Methodology development

- 1.1 Cost-benefit methodologies should be developed to help governments make investment decisions regarding support measures.
- 1.2 A method (such as focussed group discussion) is needed to help village people identify and resolve their own problems.
- 1.3 Indicators (simple but valid) to evaluate the impact of social support services on women's health.

2. Advocacy

- 2.1 Health care providers have to be sensitized to the total needs of women. There is a danger that the physiological needs are attended to while psycho-social needs are not considered.
- 2.2 Education of health care providers should include the relationship between social issues and health.
- 2.3 Many developing countries lack access to the research findings and examples of support measures which exist in other countries. Information dissemination needs to be systematized.
- 2.4 Only published research findings and project evaluations are currently available. Is there not a way to access and disseminate such material as Ph.D. dissertations?
- 2.5 Why is it that good intentions and programmes do not produce the desired results? Why does behaviour not change? There is a need to involve people in the planning processes.
- 2.6 There is a gap between rural women's knowledge of labour-saving, health promotive technology and their willingness to use it.
- 2.7 There is a need to identify who the power brokers on women's needs are. What kind of information to what kind of people will achieve desired results?
- 2.8 There is a need to analyze the decision-making processes within families in order to bring about change. Efforts directed only at women may have little impact because it is the men who make decisions. What are the mechanisms which impart knowledge?
- 2.9 UN initiatives are limited by the necessity to work through governments which sometimes only reinforce institutional barriers. New ideas are better generated at the community level.
- 2.10 How does one design formal services which maintain the positive features of informal?

- 2.11 Why does women's behaviour fail to change in face of health/nutrition education?
 - 2.12 What are the strategies for organizing women? Does this make service delivery more effective? Is it worth organizing women separately from men?
3. Service/project development
 - 3.1 Programmes need to be developed in order to train mothers who act as childminders in their communities.
 - 3.2 There is a need to develop various types of day care to meet the needs of women and children at different socio-economic levels and in rural and urban areas.
 - 3.3 Women in periurban areas who are working in the informal sector need support in the form of information, thereby encouraging them to continue breastfeeding
 - 3.4 Health centres hours are open during women's working hours. Centres could remain open one or two evenings per week permitting working mothers to attend.
 4. Research examining impact
 - 4.1 Would improving social support (e.g. child care) increase women's productivity in food production.
 - 4.2 Are informal credit schemes working in women's favour? What are the potential benefits of subsidized credits?
 - 4.3 What are the differences in personality development of children who have mothers working outside the home?
 - 4.4 Would the provision of crèche facilities increase the school attendance of girls?
 - 4.5 Analysis of the supports available to rural women engaged in agricultural activities and to women recently migrated from rural areas to cities is required.
 5. General
 - 5.1 Teenage pregnancies and illegal abortion in Latin America and Africa have been identified as a problem. The health aspects have been studied but they are in fact social phenomena. Are there possible social measures that could be taken to address these problems ?
 - 5.2 How can women in drought areas and in refugee camps be helped??
 - 5.3 There is a general lack of knowledge regarding informal support measures. How do they work? Are they always positive?