

***Bolivia:***

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***Follow-up to the 1994 Demographic and Health Survey, and Women's Economic Activities, Fertility and Contraceptive Use***

**Teresa Polo Nájera, Mario Gutiérrez, Patricia Bailey**



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**This summary highlights findings from a larger scientific report  
and includes recommendations from in-country researchers.**

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**I. Introduction**

Historically, the rationale for the provision of contraception in Bolivia has been linked largely to demographic and health outcomes, such as the reduction in fertility or infant and maternal mortality. Recently, greater attention has been placed on benefits of contraception to users or, in some cases, the negative effects that contraception may have on individuals or households.

This study, supported by the Women's Studies Project (WSP) at Family Health International (FHI), investigated the relationship between women's economic activities, fertility and contraception in La Paz and El Alto, Bolivia. In 1997, researchers re-interviewed women from the 1994 Demographic and Health Survey (DHS), focusing on their participation in the work force. Investigators learned that women's participation in the work force had increased since 1994 and working in 1997 depended on a variety of factors, including increasing age, previous work history, not being pregnant, and use of contraception during the past three years. Researchers also learned that there is a high prevalence of domestic violence in this urban setting.

**II. Background**

This study focused exclusively on the female urban population in La Paz and El Alto. About 63 percent of the population of the department of La Paz lives in urban settings. As in other areas of Bolivia, the population of La Paz is culturally heterogeneous, with many residents who speak Aymará or Quechua, although Spanish is the official national language. The primary cities of the department of La Paz are La Paz, the capital and largest city in Bolivia, and El Alto, the third largest city in the country. The department as a whole contributes 27 percent of the Gross National Product (GNP), superseded only by Santa Cruz with 28 percent. In 1992, the estimated GNP per capita in Bolivia was U.S. \$567. At the same time, 71 percent of the homes in La Paz have been classified as poor (without access to basic services in education and health, or certain household amenities for their homes). Almost all households (96 percent) in rural areas are thus classified, as are 55 percent in urban areas.

A typical La Paz household has 4.3 members, and approximately one in five households is headed by a woman. Almost half of the women of reproductive age have five or fewer years of schooling. Women in La Paz tend to have approximately 4.6 children during their lifetime, a decrease from 20 years ago when six children was the average. However, women have stated that they desire on average only 2.3 children.

Knowledge and use of contraceptives are not widespread in Bolivia, as is the case in many other Latin American countries. However, both knowledge and use increased significantly from 1989, when a national survey was conducted, and 1994, when the DHS was done. In the DHS, 47 percent of women reported using a contraceptive method, but only 14 percent used modern methods, mostly the intrauterine device (IUD). Periodic abstinence and rhythm were widely practiced.

In examining the relationship between women's reproductive and productive roles, the population literature has established that the greater women's participation in the work force, the greater the decline in their fertility. This may be due to later age at marriage, higher educational levels, preference for a smaller family size, access to the means to control fertility, or other reasons. The 1994 DHS included a few questions on women's employment, but prior to the WSP, those data had not been analyzed.

Women's fertility and work force participation were explored in 1986, when the *Consejo Nacional de Población* conducted a survey in the three largest urban areas of the country: La Paz, Cochabamba and Santa Cruz. Researchers found that, among the three cities, La Paz had the largest percentage of economically active women of reproductive age (60.5 percent). That number increased to approximately 70 percent after age 24 and remained near that level until age 50. Before marriage, working women in La Paz were primarily domestic employees, worked for themselves or worked as laborers and office workers. Most of those who worked for pay, worked outside the home, held permanent jobs and worked eight hours or more a day. When asked why they worked, more than three-fourths of the women said for economic reasons, such as insufficient family income. Women typically dropped out of the labor force when they married or entered a union for the first time. Among women in union who continued working, a larger proportion worked at home and worked fewer than eight hours daily. Reasons for not working were also explored. Researchers found that among women in union who did not work before union, their primary reasons were: they were students, they had no financial need to work, or they had to take care of the home. The main reasons for dropping out of the labor force once in union were: personal reasons, which may have been more their partner's decision than their own, and obligations related to their new state.

The WSP study developed many of the same themes explored in the 1986 study, as well as other themes, and allowed researchers to examine changes over a three-year period.

### **III. Objectives**

The primary objectives of this study were to:

- 1) Determine the effect of contraceptive use on work status and work-related characteristics in 1997, controlling for work status in 1994.

- 2) Determine how a pregnancy during the interval between interviews affected women's economic activities, in terms of current work status, type of work, hours worked or satisfaction with work.
- 3) Describe women's reasons for working for pay. Do women work for economic reasons or for personal advancement and satisfaction, or both?
- 4) Determine the relationship between women's participation in the labor force and family decision-making regarding reproductive choices, such as the use of contraception or having a child.
- 5) Determine what role labor force participation plays in the relationship between actual fertility and ideal family size.

Secondary objectives were to:

- 1) Determine the factors related to improved material quality of life.
- 2) Identify factors associated with meeting fertility and contraceptive intentions as stated in 1994.
- 3) Describe how women perceive menopause affecting their work and their relationships.
- 4) Compare women living in El Alto with those in La Paz.

#### **IV. Research Methods**

Longitudinal data allow researchers to study the temporal sequence of events, although they do not definitively prove causality. In 1994, the Bolivian National Institute for Statistics (INE) carried out the country's second DHS. INE provided the names and addresses of the 1994 sample of urban women of reproductive age living in La Paz and El Alto in preparation for the WSP's proposed longitudinal study. The women, who were originally interviewed from November 1993 to May 1994, were contacted by WSP investigators from May 1997 through August 1997.

More than three years elapsed between the DHS and WSP surveys. Although WSP researchers had hoped to re-interview at least 70 percent of the original sample of 1,308 women, the team re-interviewed 62 percent, or 816 women. Many of the women who were lost to follow-up included young single women, who were working as domestics in 1994 and could not be located in 1997. Forty-three women had changed addresses and were interviewed at their new addresses, 14 women refused to be re-interviewed, and seven women died during the three-year study interval. Unfortunately, no information on cause of death was collected, as researchers did not foresee this possibility.

The 1997 questionnaire was based largely on the 1994 questionnaire. The original module of questions regarding women's work and that of their male partners was repeated in the second interview. These questions covered whether a woman worked at the time of the interview or had worked in the past, the type of work performed, her occupation, seasonality of work, duration of work, earnings, decision-making about women's earnings, type of remuneration, and child care for working women. The second interview asked

additional work-related questions, as well as questions about reproductive events, use of contraception and reproductive health services during the three-year study interval. During the questionnaire development, staff of the Subsecretary of Gender reviewed the draft questionnaire and expressed interest in questions related to domestic violence and menopause. Thus, additional questions on these topics were included.

The DHS model of data collection was used. Supervisors organized teams of interviewers, all of whom received training in interview techniques specific to this survey. The team established a tracking system with the addresses and names of women as they appeared in the original DHS sampling file. Interviewers were assigned to the sample women, and they recorded status of follow-up interviews and status of data collection forms.

## **V. Results**

As anticipated, women re-interviewed in 1997 were better educated, more women were in union, and the average number of live births had increased. For approximately 45 percent of the women, their material quality of life had improved. These improvements included better water and sanitation facilities, better quality flooring material and an increase in the number of bedrooms in their homes. During the study interval there was a slight decrease in the use of contraception, particularly in the use of traditional methods. But given the aging of the population, this may be warranted. There was, however, a significant increase in awareness of methods.

### ***A. Women's Participation in the Work Force***

In 1997, 64 percent of the women in La Paz and El Alto reported working, up from 58 percent in 1994. Nearly all women now work for pay. In the bivariate analysis between women's 1997 work status and sociodemographic characteristics, researchers found that as women age, their participation in the labor force increases, but after the age of 50, the percentage of female workers begins to decline. (These findings are similar to the 1986 findings of the *Consejo Nacional de Población*, while others were not. A more in-depth analysis comparing the two studies will provide a 10-year view of women's labor force characteristics). Only in El Alto was education associated with work status: The more education a woman had, the less likely she was to be working. Women who were widowed or separated were the most likely to be working, married women the second most likely, and single women the least likely (some of whom were likely to be students). Women who had more and older children or who had used a method of contraception during the survey interval were also more likely to work. When controlling for these and other variables, working was found to be associated with increasing age, contraceptive use, not being pregnant and having worked in 1994.

In their analysis, researchers first looked at factors associated with entering the work force among women who worked in 1997 but did not work in 1994. Controlling for other variables, they found that younger women were more likely to have entered the work

force; in contrast with women in a stable union, those who were single, separated or widowed were twice as likely to work; not having a child under the age of one and not being pregnant increased the odds of working; and having more living children was also correlated with having entered the work force.

Researchers also looked at women who reported working in 1994 to determine what predicted their working in 1997, regardless of a possible discontinuation during the three-year interval. They found that age and education were positively associated with the probability that a working woman in 1994 would also be working in 1997. If a woman lived with a man who was working, she was 50 percent less likely to be working. Also, if she was menopausal, she was less likely to be working.

Contraceptive use or having used reproductive health services in the three year survey interval did not play a *predictive* role in entering the work force by 1997, once controlling for other variables, nor were these two factors associated with working in both 1994 and in 1997.

Women who worked viewed additional children as a limitation to working, and they said they would not be able to care for them as well as they would like. More than two-thirds of working women said they worked to supplement or provide family income. Personal gain or achievement was not a major reason for working. Women seemed to be satisfied with many aspects of their work but did not rate their relationships with their supervisors highly nor did they earn as much as they would like. Despite the high levels of job satisfaction, when asked if they would like to change jobs, many of them said yes.

The working conditions which women described were often difficult. Many women work long hours: More than one-third reported working at their jobs more than eight hours a day. These women worked primarily selling merchandise or food or as domestics. Few working women reported having a legal contract (16 percent); more had social security (45 percent of women who received a salary).

Historically, membership in workers' unions in Bolivia has been high, and as this study demonstrates, participation is not limited to men. Approximately one in four working women belonged to a workers' union. Also, women appeared to have access to credit; 40 percent have had loans, mostly through communal banks and commercial banks. More than half of these loans required a husband's signature. Nearly half of women in a relationship said that they made their own decisions about how to use their earnings, half decided with their partners, and three percent said their partners exclusively made the decisions. Not surprisingly women not in a relationship decided for themselves.

## ***B. Domestic Violence***

More than a third of the women who had been in or were currently in a relationship reported experiencing domestic violence, defined as "having experienced some type of violence or mistreatment." Of these, 42 percent reported that the violence was or had been

frequent. However, researchers do not know when the violence occurred (whether it took place in the past or is on-going). Controlling for other variables, researchers found that women whose partners were less educated were more likely to report violence. However, as the investigators note, this does not necessarily mean that violence is more prevalent among the less educated. It may mean that women (themselves less educated) who are married to less educated men, perceive less stigma in reporting violence than do more highly educated women. The more live births a woman had the more likely she was to report a history of violence. Being pregnant decreased the odds of violence by 70 percent, but having used contraception in the past three years increased the likelihood of reporting violence by 42 percent. Women who were not currently in a relationship were almost four times as likely to report violence. Because investigators did not ask when the violence occurred, it may be that women no longer in union only appear to be more at risk, since these women have removed themselves from the abusive relationships. However, further research will help clarify this.

Women with at least one child were asked if during their last pregnancy they experienced any of the following four events: verbal or physical violence, falls or excessive work. All were more frequently reported in El Alto than in La Paz, with psychological mistreatment more prevalent than physical abuse (26 percent and 19 percent, respectively, for women in El Alto, and 20 and 12 percent in La Paz). Some 25 percent of women attributed their problems at delivery to a consequence of one of these four events. Four percent attributed their abortions to one or more of these events.

### ***C. Menopause and Aging***

Given the aging of the original population, we were able to investigate the experience and expectations of menopause as well as attitudes towards menopause and aging among the younger population. Among those who had experienced menopause, approximately one-third expressed relief at no longer being at risk of pregnancy or relief that they no longer had a menstrual period. The same proportion, however, expressed concern about the physical effects of aging or about the changes in “character” that they perceive take place. About one in five women reported a distancing between her partner and herself since menopause.

Women of all ages were asked about sexual relations after menopause, and about half said that they might have sex less frequently or should not have sex at all. However, about two-thirds of the women said menopause should not affect their work – “they could continue working as usual.”

### ***D. The Media and Reproductive Health Messages***

More than half of the women said that they had heard, seen or read something about reproductive health in the last six months. Almost half (48 percent) of all women had heard or seen television spots about the social marketing condom product *Pantera*. Thirty percent had heard of *Historias del Vecino*, a television series that includes dramatic

presentations about contraception, AIDS and abortion. Almost half of the sample recognized the Ministry of Health's symbol for reproductive health, a mother and child's clasped pink hands.

### ***E. Use of Reproductive Health Services***

Only 5 percent of women had been contacted at their homes by health promoters in 1994, and there had been no increase in contacts since the 1994 survey. Researchers asked about use of services in the last year and which services were used. Gynecological consultations were the most frequent (34 percent in La Paz and 24 percent in El Alto) and cancer prevention the second most frequent (25 percent and 18 percent, respectively). Approximately one-third of the women in La Paz and El Alto said they had never visited a health care facility.

The low use of reproductive health services was made clear when researchers compared pregnancy intentions in 1994 with whether they had had a pregnancy during the interval. Among the nearly 400 women who stated that they wanted no more children, by 1997 a third had had at least one pregnancy. An additional pregnancy was most frequently reported among women who were under 25 years of age, couples where one or both had six or fewer years of schooling, were of low socioeconomic status or were migrants.

## **VI. Recommendations**

### ***A. Policy***

- The public and nongovernmental sectors should work to provide child care for low-income women who need or want to work, especially those who want to return to the work force.
- Working women should not be discriminated against in terms of social benefits or working conditions. This study does not prove discrimination against women but does point to difficult conditions that may be experienced by men as well, especially those working in certain sectors.
- Health care providers should be sensitive to the high levels of domestic violence so that they can refer victims or suspected victims to institutions specialized to work with women in potentially dangerous situations. Current law requires that providers report cases of domestic violence to authorities. However, when reporting is against the woman's will, it can place her at increased risk of harm. It can also place the provider at risk. Close examination of the human costs and benefits of this legislation should take place.
- In this three-year study period, the government has been instrumental in broadening the population's access to safer water, especially in El Alto. However, many homes are still without piped water or adequate facilities, and the standard of living has actually deteriorated in a small proportion of households. Public and private sectors should continue to improve public utilities.

## ***B. Practice***

- Education and public awareness of centers or institutions that specialize in working with victims of domestic abuse are necessary. Researchers recommend targeting men so that they better understand the dynamics that lead to episodes of violence and are aware of alternatives to conflict resolution and the consequences of violence. Mass media as well as more individualized targeting could be used.
- The work place could play an important role in promoting the use of preventive reproductive services, such as cancer screening, prenatal care and contraceptive use. Nongovernmental organizations may be more effective at targeting women who work in the informal sector.
- Reproductive health programs should broaden their scope to increase men's and women's awareness about menopause, its effect on sexuality and the physical changes women experience. Knowledge about how to reduce or address unpleasant symptoms could diminish women's apprehension. The fear of personality changes may be rooted in culturally held beliefs that should be acknowledged and addressed appropriately.

## **VII. Study Details**

This study was conducted by Teresa Polo Nájera and Mario Gutiérrez. Dr. Patricia Bailey of FHI served as technical monitor. The final report in Spanish will be posted on FHI's web site when available. This study was supported by the Women's Studies Project at FHI, through a Cooperative Agreement funded by the U.S. Agency for International Development with field support from the USAID Mission in Bolivia.