

FEWER CHILDREN, BUT EARLIER. THE RELATIONSHIP BETWEEN REPRODUCTION AND POVERTY IN THE METROPOLITAN AREA OF BUENOS AIRES

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1 - Introduction

The early reduction of fertility is the most distinct feature of the demographic transition of Argentina. This process may be associated with the use of traditional contraceptive methods and the influence of values and behavioural patterns introduced in Argentina by European immigrants in the XIXth and the beginning of the XXth century (De Janvry and Rothman, 1975; Pantelides, 1986, 1989; López and Margulis, 1995). From 1930 to present time, the number of children per woman has remained around three. On the other hand, the most relevant changes in the fertility levels in most Latin American countries began in the 70s, in a demographic scenario characterized by rapid population growth that prompted the adoption of population policies in order to reduce fertility levels.

The moderate growth of Argentina's population has influenced the country's reproductive policies and rights. At the end of the 70s all counselling and assistance regarding contraceptive methods were forbidden (Torrado, 1986) and at present there are still political, legislative

and financial obstacles to obtaining these services through the public health service. Several arguments have been offered to explain these difficulties, such as "imperialist penetration," "religious aspects" or the "lack of funds". Nevertheless, birth control and abortion have been practised for a long time by the middle and middle-upper social strata, as well as by a significant number of the populace. Were it not for these considerations it would be difficult to explain the relatively moderate demographic growth in Argentina.

In less developed regions of Argentina fertility patterns are similar to those of other Latin American countries in their pre-transitional stages: first union and childbearing at a young age, scarce and erratic use of contraception, high number of births with short intervals between them and a long period of time between the first and the last child (Prada, 1992; López, 1994, 1995a, 1995b, 1997).

In recent years, there have been great differences in the number of children per woman by socio-economic strata. In 1991, the national total fertility rate was 2.9 children per woman. In fact, this figure hides the 4.4 children in the Province of Formosa (a very poor province in the Northeast of the country) and the 1.9 children in the Capital City of Buenos Aires (INDEC, 1995). The relationship between fertility and educational level shows a difference of two children between women who have completed secondary school and those who have not finished elementary school (2 against 4 respectively) (López and Tamargo, 1995).

Studies on reproductive practices and decisions are scarce in Argentina, as are surveys of fertility, demography and health issues. Some good works have explored these topics, but in-depth research on the use of contraceptive methods and their relations to other aspects of women's lives are practically non-existent (López, 1990; López and Tamargo, 1995).

The differences found in the fertility levels in Argentina cannot be explained by a single cause, but rather by a series of historical, social, cultural and political factors, as different studies carried out in Latin America have shown (Berquó, 1989; Jelin, 1984; Raczynski and Serrano, 1986; García and de Oliveira, 1994; López and Margulis, 1995). The sharp contrasts are a challenge to gaining knowledge of reproductive behaviours, symbolic figures and the quality of health services (Bruce, 1990; Cook, 1993; Freedman and Isaacs, 1993; Mundigo, 1993, 1994). Differences in fertility could be due to the obstacles

encountered by poor women in gaining access to contraceptive methods, or to the different ways in which men and women of various socio-economic strata perceive the couple, children and family, as well as the standards regulating gender relationships, such as power, autonomy and communication (García and de Oliveira, 1994; Mason, 1995).

In recent years, the social aspects of human reproduction have been perceived in a broader sense and from a more comprehensive point of view, in which highly affective and emotional aspects play an important role. In this way, more knowledge has been gained of the relationships between, among other things, marriage rate, family size, contraceptive practices and symbolic representations. The points of view of demographers and politicians have also been shaken by the sudden emergence of feminist movements, that have criticized and made proposals on population issues and policies, while maintaining that the personal rights of individuals should have priority over the rights of the state and affirming their right to be subject to the law. In this sense, there has been a certain tendency in the reproductive aspects of population policies to recognize the right of women and men to decide on their reproductive lives and to obtain information and assistance in decision-making (Freedman and Isaacs, 1993; Cook, 1993). This is also the starting point of this paper, the objective of which is to study aspects related to the reproductive practices of poor women in the Metropolitan Area of Buenos Aires, with particular emphasis on their opinions regarding the creation of a family, having children and the role of contraception. The data are those collected by the survey on "Contraceptive methods and abortion: their role and meaning in reproductive life" (A Survey of Reproductive Life, SRL) funded by WHO's "Special Programme on Research, Development and Training in Research on Human Reproduction" and carried out by the "Gino Germani" Institute of the Faculty of Social Sciences, University of Buenos Aires.

2 – Women's profiles

The SRL used a probability sample in ten municipalities (*municipios*) of the Metropolitan Area of Buenos Aires characterized by high levels of extreme poverty according to the criteria of unmet basic

needs and, when possible, indicators of housing conditions. The 561 women surveyed were between 15 and 49 years old.

The marital status of the surveyed women is the following: 23% single, 54% married, 19% in consensual unions, 4% separated or divorced and less than 1% widows. The high percentage of married and cohabiting women in the SRL compared to the 1991 Population Census indicates that the female population over 30 years of age is almost universally living with a partner. Since most of the women who live with a partner without being legally married are young, it would seem that original consensual arrangements are legalized after the birth of children, as has been observed by other studies (Quilodrán, 1991). Ninety-one percent of women who had been married at least once stated that they had had only one marriage.

In general, women's educational level is low, although the youngest have a higher level than elderly women. This finding is consistent with the increasing educational levels in recent decades.

A study of women's migratory status carried out in 1991 distinguished between the City of Buenos Aires, the Province of Buenos Aires, the rest of Argentina's provinces and other countries, because:

- In the City of Buenos Aires the completed family size was smaller than the generational replacement ratio (1.8 children/woman);
- In the Province of Buenos Aires, including surrounding areas, where the surveyed women live, the value was close to 2.7 children/woman;
- In the rest of Argentina's provinces the indicators gave 3-5 children per woman;
- Some women are migrants from neighbouring countries, especially Paraguay and Bolivia where the fertility rate is higher than in Argentina.

Most women were born in the city of Buenos Aires, surrounding areas or the Province of Buenos Aires, more than one-third in other Argentinean provinces and one out of ten in another country. These figures are inverted for 35-year old women and above, of whom more than half were born in the provinces and only one-third in Buenos Aires or its surroundings. With regard to the size of the locality where they lived when they were children, two-thirds of the women under 35 years of age come from urban areas, with a similar figure for the rural or semi-urban origin of women aged 35 or more. It can be observed from an analysis of women's migratory status and childhood living place that the generational profiles of women, although not yet com-

plete for younger women, show certain heterogeneous features between reproductive practices and patterns. Generational differences in maternity and contraceptive histories are more evident among poor women whose fertility transition is a more recent, on-going process than for women in the middle sectors whose offspring are historically more stable due, presumably, to contraceptive practices.

Regarding work outside the household, only one of every three women participates in the labour force. Insertion in economic life increases for women over 30 years of age. Separated, divorced or widowed women are the most active, followed by single and married women. Women living in consensual unions work less, probably because they are younger than married women and raising their children, thus extending their stay at home. Women who do not participate in the labour market carry out domestic tasks or, if under 20, are students.

3 - Women's households

Ninety-three percent of household heads are men. This figure could be expected, given the relatively young age of women and couples. Half of the heads of household are between 30 and 44 years old, while one-third is over 45. Three-fourths of the households are nuclear families, the rest being extended families. The latter have more frequently women or elderly men as heads of household than nuclear families.

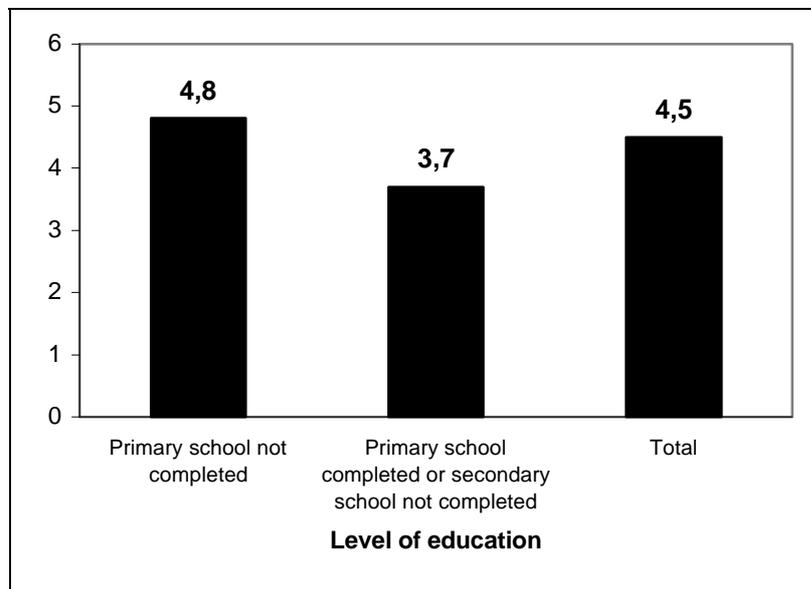
The average size of male-headed households is 5 persons, while female-headed households have 4.3 family members. More than half of the households have 5 members or more. Fifteen percent of households have 8 to 12 members, while only 4% have 1 to 2. Seventy-three percent of households have children under 12 years of age and households with male heads have more children.

Young male household heads are mainly born in the Metropolitan Area of Buenos Aires or its surroundings, while the percentage of immigrants who are household heads increases with age (Findling and López, 1996).

4 - Fertility and reproductive patterns

The parity of the surveyed women increases with their age, to reach 4.5 children per woman for those who are more than 40 years old. One out of every three women under 25 has already two children.

Graph 1
Average number of children born alive per woman 45-49 years of age according to educational level



Source: A Survey of Reproductive Life (SRL), 1993.

In a homogeneous population sample from the socio-economic point of view, the average number of children born alive shows a difference of more than one child depending on whether the woman has finished primary school or not. The average number of children born alive of women from 45 to 49 years old according to their age at first union is higher if they married young, counting 5 children if they married before the age of 21 and 3.8 if they married later (Graph 1).

The average ages at first sexual union (17 years), first marriage (18 years) and birth of the first child (19 years) are very low. Distribution

by generation shows that these average ages are decreasing (López, 1995a).

All this information poses several questions and comments. Does the young age for initiating sexual practices, living together and bearing children mean that fertility is increasing or, on the contrary, that this tendency would be compensated for by a higher educational level among young women? Will this tendency lead to increased use of contraceptive methods? The greater permissiveness in sexual behaviour during the last decades explains this precociousness. The question that rises is whether, in the alternative life-styles imagined by younger women, the idea of a limited family has a place, and if it does, does it include planning for the first children? It is not easy to predict the path that women who still have to enter their long reproductive cycles might choose. If they belong to large families with parents coming from the internal regions of Argentina or neighbouring countries, there will probably be strong links between their reproductive patterns and practices, and socio-cultural processes, such as migration.

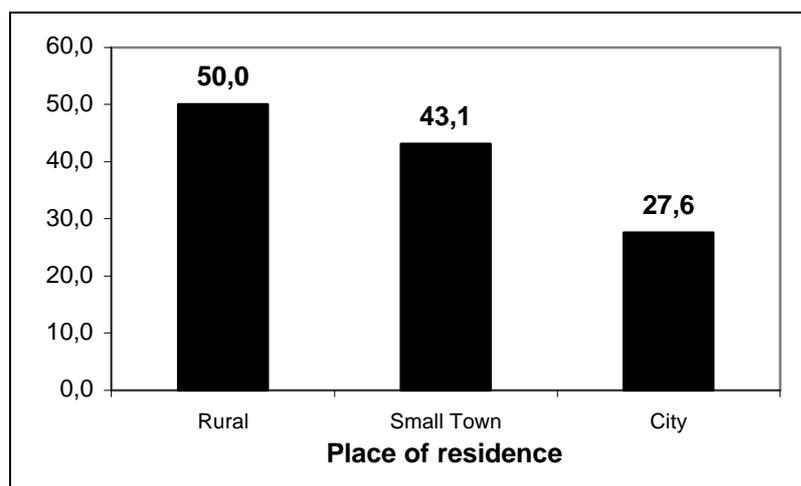
For this purpose, the number of children born alive by women of 35 years or above, according to place of residence up to the age of 12, has been considered (Graph 2). Although 39% of the women have five children or more, there are sharp differences depending on where they live (28% of city dwellers, 43% of small town dwellers and 50% of rural dwellers).

In another question women were asked about the number of children their mothers had: 39% of surveyed women aged 35-49 had five children or more, while 74% of their mothers had the same number of children. What factors can explain this change? How many children did non-migrant women have in their places of origin? Will the fertility of younger women decrease or remain the same as that of their mothers? These young women have not been exposed to the phenomenon of migration, although they have been raised with a positive value regarding large families.

5 - Contraception

As has been pointed out, in Argentina very little is known about the relationship between contraception and other aspects of human reproduction. Probability studies in the Metropolitan Area of Buenos

Graph 2
 Percentage of women aged 35-49 with five children or more
 by place of residence up to twelve years of age



Source: A Survey of Reproductive Life (SRL), 1993.

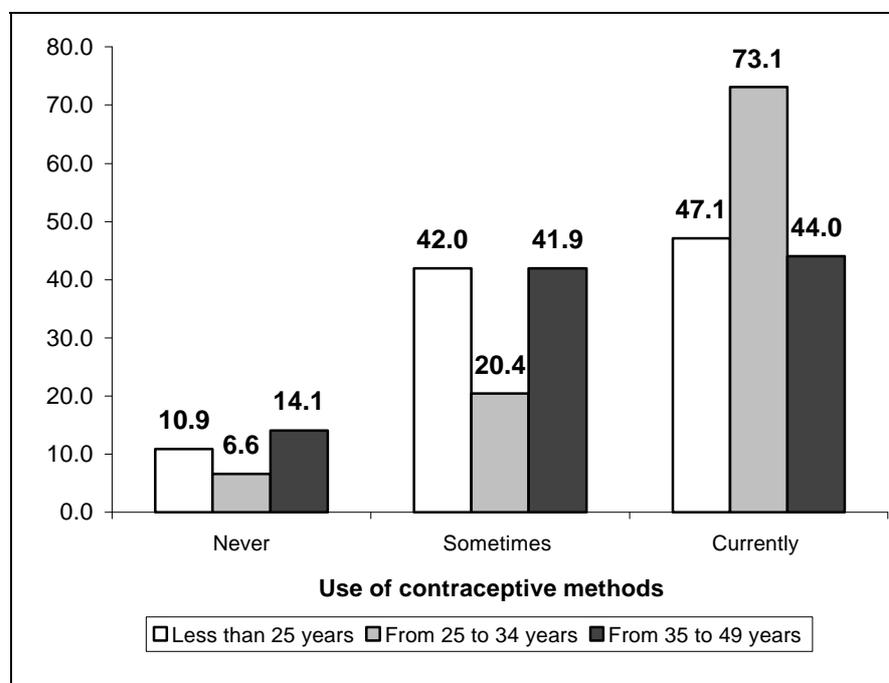
Aires date back to the 60s (De Janvry and Rothman, 1975), while later research on poverty in Argentina (López, 1990) has provided some fragmented data. More recent data add information on the prevalence of contraceptive methods used by women, although it does not include the specific methods used or other relevant information on their reproductive lives (López and Tamargo, 1995).

The SRL data show that 54.9% of united women (legally or in consensual unions) or women with sexual relationships are currently using contraceptive methods, 34.4% have used such methods in the past but are not currently using them, and 10% have never used such methods. It is interesting to note the similarity between the SRL figures and those of the Permanent Household Survey carried out by the National Institute of Statistics and Census a year later, i.e. 53.3% were current users (López and Masaútis, 1994; López and Tamargo, 1995).

Three-fourths of women between 25 and 34 years of age use some kind of contraceptive method, while the prevalence among younger and older women does not reach 50% (Graph 3). On the contrary, the number of women aged 35 or more who have never used a contraceptive method (one out of seven) is relatively important. With regard to

women who have used a method in the past but are not currently doing so, the fact of using or not a contraceptive method may have several reasons, e.g. women under 25 may use a specific method to space their births, while older women may not use any method at all because they do not have sexual relations or are about to enter menopause.

Graph 3
 Percentage of women living with a partner or having sexual relations, by age and contraceptive method used



Source: A Survey of Reproductive Life (SRL), 1993.

The use of contraceptive methods increases with education, although there is a paradoxical situation where women with secondary school education are using less contraceptives. This may be attributed to their young age (under 30), or to their being in the process of forming a family.

Current use according to number of children born alive reveals more intensive use by women with 2, 3 or 4 children. However, women who have not had children yet, but who presumably intend to have some in the future, and those with 5 children or more (older women) make less use of contraceptive methods.

The number of children at the start of contraceptive use shows that younger women began to apply birth control when they had less children than older women. Women 35 years of age or more with less children began to apply birth control before their peers who had more children.

Table 1
Percentage of women living with a partner or having sexual relationships currently using a contraceptive method, by age and method

Contraceptive method	Age			
	< 25	25-34	35-49	Total
Pills	51.7	37.6	23.5	36.3
IUD	6.9	14.5	13.6	12.5
Injections	13.8	7.7	8.6	9.4
Condoms	12.1	20.5	19.8	18.4
Female sterilization	---	2.6	11.1	4.7
Rhythm	5.2	6.0	8.6	6.6
Withdrawal	10.3	7.7	12.3	9.8
Mixed methods	---	3.4	2.5	2.3

Source: A Survey of Reproductive Life (SRL), 1993.

Which are the methods most frequently used by women (Table 1)? Sixty-three percent prefer the most effective methods, such as pills (36%), IUD (13%), injections (9%) and female sterilization (5%). Condoms are used by 18% of users, while 10% employ withdrawal and 7% the rhythm method. A classification according to the person who is responsible for using the methods shows that almost 30% are male. A very high percentage (81%) of current users answered that they had no problem using contraceptive methods.

Preference for a specific method by age group shows that the pill is the principal method used by all age groups, with the IUD increasing considerably with age. The use of condoms is important in the sexual

practices of all women. Female sterilization increases with age and its adoption by women over 35 is four times higher than by women between 25 and 34. Since in Argentina the adoption of this method requires almost insurmountable legal formalities by the public health services, it is mainly used in critical health situations, such as several previous Caesarean sections, cardiovascular or circulatory problems or diabetes.

Women report that in half of the cases in which pills, injections, IUD or sterilization are used, the method has been recommended by a doctor. This implies that in the other half of the cases, the women did not receive medical counselling although the methods require a medical diagnosis and follow-up. Their spouses are another source of recommendations, involving the use of condoms or withdrawal. Women declare that family and friends have recommended the use of pills, injections and the IUD.

How do we interpret these data? Are they positive or do they not favour a 'demedicalization' of contraception? Is it sufficient that friends, family or "no one" recommend pills and injections? Is it desirable that women and couples use methods based on a feeling of greater security and effectiveness or, on the other hand, are there criteria of security and effectiveness (a method that fits the woman's and her partner's age, fertility, health and preferences) that an outsider might not be able to judge? Is it good or bad that women prescribe their own medication in light of the silence of public health services? These questions are addressed to the problem faced by hundreds of thousands of women who are forced to resort to what they know and what they have physically, economically and culturally access to. In this case, keeping in mind the risk of an undesired or unplanned pregnancy, self-medication seems the minor risk, although these problems should be considered and addressed by those responsible for women's health programmes.

6 - Imagination and reality: different opinions concerning family formation

What would the ideal family size be if there were no economic restrictions? Which is the real life situation of each woman (Tables 2 and 3)?

Table 2
Percentage distribution of women
by age and preferred number of children in an ideal situation

Age	Preferred number of children in an ideal situation				
	1	2	3	4	5 or more
Total	1.4	26.7	23.7	21.2	20.1
15-19	5.1	31.4	21.2	19.5	16.1
20-24	1.2	35.7	25.0	21.4	11.9
25-29	40.5	23.8	21.4	11.9	11.9
30-34	20.2	20.2	28.6	23.8	23.8
35-39	18.6	27.1	18.6	32.9	32.9
40-44	20.0	20.0	15.4	32.3	32.3
45-49	1.8	10.7	32.1	23.2	23.2

Source: A Survey of Reproductive Life (SRL), 1993.

Table 3
Percentage distribution of women
by age and preferred number of children in a concrete situation

Age	Preferred number of children in a concrete situation				
	1	2	3	4	5 or more
Total	8.2	38.3	19.4	17.6	11.2
15-19	12.7	50.0	16.1	9.3	2.5
20-24	11.9	44.0	25.0	10.7	2.4
25-29	11.9	40.5	15.5	22.6	6.0
30-34	7.1	35.7	17.9	20.2	11.6
35-39	1.4	30.0	25.7	21.4	12.9
40-44	1.5	35.4	16.9	16.9	19.9
45-49	5.4	19.6	21.4	30.4	16.0

Source: A Survey of Reproductive Life (SRL), 1993.

The survey revealed that, ideally, only one out of four women would prefer to have less than three children and 20% think that a family should have five children or more. These figures demonstrate that large families are highly appreciated. The points of view change in a real-life situation and the proportion of women who would desire

one or two children increases (50%) while the rest goes down. Age differences are shown below:

- a) The majority of women up to age 30 think that the right number of children is two, both in an ideal and real-life situation. Under ideal conditions the possibility of having only one child is not mentioned, while this parity reaches 12% in concrete situations. If this percentage is added to that of women who would prefer to have two children, it may be concluded that in real life more than half of the youngest women consider the ideal number of offspring to be one or two, while 60% of them ideally would prefer two or three and 33% four or more.
- b) The situation is different for women over 30, when the average number of children by woman ranges between 3.3 and 4.5 and the preference for more children becomes meaningful. Half of the women would ideally prefer four children or more, but in real life only one-third of them would choose this number.

Since older women already have several children, the question rises whether the younger women will follow the reproductive patterns set by their mothers or relatives. How many children and when? The answer goes beyond individual decision-making, because it would be necessary to create and provide contraceptive health services in order to observe whether current trends will actually lead to increased demand for assistance, whether this demand is satisfied by adequate services, and whether it would involve changes in the reproductive patterns of women belonging to low socio-economic groups.

Which is the best interval between marriage and first child? A comparison between ideal and real-life situations shows interesting differences (Table 4). More than half of the women prefer, ideally, a time span of more than two years between marriage and first child. However, what really happens reveals other rhythms. Ten percent of the women had their first child before marrying and one out of six gave birth within one year of marriage. This means that one-fourth of these women had children before they had completed a year of marriage. It may therefore be concluded that there is a tendency to declare a time span of one or two years of marriage regardless of the experience of maternity. This would indicate a symbolic adhesion to the marriage and maternity models of the middle sections of society, which is not put into practice.

Table 4
 Percentage distribution of women with a relationship:
 Ideal and real interval between the beginning of the relationship
 and the birth of the first child

Real interval (com- pleted years)	Ideal interval (completed years)					Total
	< 1	1	2	3-4	5 +	
First birth before union	14.6	36.6	29.3	9.8	9.8	10.1
< 1	9.0	43.3	23.9	13.4	10.4	16.5
1	9.2	38.2	29.8	13.0	9.9	32.3
2	11.7	35.1	28.6	11.7	13.0	19.0
3-4	---	26.5	46.9	20.4	6.1	12.1
5 +	2.5	32.5	27.5	15.0	22.5	9.9
Total	8.4	36.3	30.4	13.6	11.4	100.0

Source: A Survey of Reproductive Life (SRL), 1993.

The best age to start having children may be indicative of imagined timings. There is a certain disparity between the stated ideal age for the first pregnancy and what happens in practice. More than half of the women who already had children were in favour of beginning maternity at a young age (one-third indicated the age of 20-21 and 17% less than 20). There was little difference in the opinions of mothers of different generations.

Women's age at the beginning of maternity gives an even clearer picture: one-fourth of them gave birth before the age of 18, almost half before 20 and two-thirds between 20-21.

As a result, it can be concluded that early childbearing is a practice that corresponds to an ideal preference, although slightly delayed for women in their early twenties.

The ideal age for ending childbearing is generally considered to be over 35 (66%), while women 25-34 show a marked preference for ending childbearing between 30-34. When an age exceeding 34 is opted for, it is generally in cases of prolonged periods of reproduction, especially by those social groups that have limited control over fertility. It is a known fact that a large number of women over 35 contribute very little to fertility in Argentina and, for this reason, the figures are inter-

esting, since they reveal opinions regarding the importance of maternity and a fatalism associated with sexual life and its consequences.

The ideal interval between the first and second child is considered to be 2-3 years (as indicated by two-thirds of the women). In spite of this, the analysis shows that the time span between the first and second child was less than 2 years for 43% of the women and 2-3 years for only one-third of them, i.e. less than half of the ideal time span.

What could the reasons be for these differences? Are the answers related to "what should be done", i.e. what the women think is expected from them by the majority of the population? In an attempt to provide an explanation, all the answers given by women were revised by age group regardless of whether the women are mothers or not. It was found that 3 out of 4 women under 20 were in favour of not exceeding a 2-year interval between their first and second child. The older women followed the patterns described above.

It is a challenge to consider the younger women in an attempt to predict future maternities. Is it possible that the opinions of young women influence their reproductive life? If so, would they follow the example of their ancestors with high and prolonged fertility, or would they expect to have fewer children, spaced over a shorter period of time? What does preference for such close births mean?

In the more favoured social strata, more and more young people engage in studies for longer periods of time, thus delaying their entry into economic life and the formation of a family. On the other hand, especially for younger women of the poorer social strata, puberty is often associated with adulthood, a state that is definitively acquired with maternity. Without the benefits of education that would qualify them for the demanding and exclusive labour market, with early sexual practice patterns, accompanied by scarce and incorrect knowledge of reproductive processes, limited access to health services to regulate birth control and a socio-cultural environment that promotes early marriage and maternity as a means of achieving adult status, the answers given by young women are comprehensible. It could be expected that these young women, after a certain period of time and personal experiences of maternity, would share the opinions of older women who have grown in age and wisdom, as indicated at the beginning of this section. In the meantime, they are expressing their own personal motivations and the socio-cultural models of their families and social context.

7 - Female autonomy: some indicators

In this paper, autonomy is considered as one of the components of the gender systems, i.e. an aspect of women's power to act according to their own choices and not those of other people. Autonomy is a way of achieving power (Mason, 1995).

In order to approach the concept of female autonomy, a series of statements were formulated to sound out the opinions of the surveyed women about women's roles. The opinions expressed on the most significant statements are presented according to age and birth control method used, as follows.

Two-thirds of the women interviewed affirm that **“women should have as many children as they get”**. Women under 25 and those not using contraceptive methods are those who mostly agree. This general agreement demonstrates that they come from big families and have a fatalistic view of reproduction. This phenomenon is accentuated in those women who do not use contraception and who, as seen above, are older women with already constituted families, or younger women about to form families.

More than half of the women agree with the statement that **“most women prefer a well-paid job instead of being housewives”**, while one-third disagree. This is generally accepted by young users and those who have never used a contraceptive (usually the same women).

Three-fourths of the women agree with the statement that **“women should decide for themselves if they want to be mothers”**. Although there are no great differences between the various age groups, there is more agreement among non-users, mostly the youngest (85%). Those who disagree are usually women over 35 years of age and those currently using birth control methods (18% and 21% respectively).

Two-thirds of the women agree with the statement to **“have as many children as you want”**. Older women are more in favour of this idea, while the younger ones and non-users are in disagreement. The wide agreement on this point may be explained by the ambiguity of the expression “as many as you want”, which has personal and, therefore, subjective connotations.

The next statement is interesting: **“you are not a woman if you have never given birth”**. It is characterised by a value judgement and therefore different from the other statements. Sixty percent disagree

and one-third agree. It is mostly the younger women who are in disagreement, while with the passing of age the responses become more favourable. The condition of user or non-user does not seem to influence the judgements.

Eighty percent of the surveyed women do not agree with the proposal that **“women should marry young”**, i.e. mainly the younger ones who have never used a birth control method. On the other hand, the older the women the more they agree. This is important because it constitutes a position regarding a subject that has strong cultural and emotional implications and reveals the opinion of younger women that the age when women marry should be postponed. It should be pointed out that these views may not correspond with their practical behaviour, as indicated by the early age at first union and a comparison between the declared desires and actual childbearing experiences mentioned above.

The view that **“contraceptives cause physical problems”** is shared by more than half of the women. This is more widely accepted by current users and previous users over 35 years of age. Fifteen percent do not agree, while a high proportion of women did not answer this question (19%), among whom mainly the youngest and those who have never used contraceptives. In this regard it should be noted that when they were asked about the disadvantages of their present method, 81% answered that there were none.

Eight percent of the women agree with the statement that **“Women have the right to sexual pleasure”**. Women between 25 and 34 years of age are those who mostly support this option. This is consistent because many younger women have not been sexually initiated and older ones tend to have a more conservative viewpoint, as documented in other parts of the current survey (López and Masaútis, 1994). According to the status of use, it may be affirmed that as the use of contraceptive methods increases, so does the degree of acceptance of sexual pleasure.

The results regarding certain particularly significant aspects of female autonomy show an interesting shift among poor women in the Metropolitan Area of Buenos Aires who show greater independence and give more recognition to their bodies and sexuality. Disagreement with statements that equal maternity with female identity may be interpreted in this sense. The data seem to indicate a certain propensity toward change evidenced by the opinions regarding family formation,

female autonomy and the use of contraceptive methods. This may eventually lead to the modification of women's life projects in the medium term, especially by the youngest and most educated. This tendency became evident also when the women were asked which were: (i) the best age for starting and ending maternity; (ii), the ideal number of children; and (iii) the preferred intervals between children, although there were marked differences between declared ideal situations and practice (López, 1995).

The interviewed women also demonstrated ambivalent opinions of traditional and modern values in gender relations. They replied, on the one hand, that traditional values are expressed by a natural acceptance of female subordination and their main roles as mothers, and infrequent and erratic use of contraceptive methods. These views were mainly expressed by older, migrant women who come from the internal provinces of Argentina or other, usually neighbouring countries, and who have several children, are economically inactive and accept whatever number of children may come.

In addition, there is a group of women who appear to be breaking with the traditions and adopting more modern values, i.e. a more natural acceptance of their sexuality, a desire for external employment and some doubts about identifying the role of mother with that of woman (Findling and López, 1996). These changes *per se* do not guarantee better conditions for women. For this to happen, women need greater opportunities of employment, education, health care, and political and civic participation on the path toward gender equality.

8 - Final comments

This paper is an attempt to describe significant aspects of the reproductive health of women belonging to the lower socio-economic strata, especially their opinions concerning the constitution of a family and childbearing in relation to contraceptive practices and autonomy.

In the following paragraphs an attempt is made to connect some of the questions formulated at the beginning of the survey with its findings, in the hope that these conclusions may serve as a basis for the formulation of more specific questions.

The purpose of one of the first questions was to identify the reasons that contribute to a high fertility rate in an attempt to understand

the relationships between women's reproductive practices, their preferences and living conditions.

In other words, could it be that women have many children only because they do not have access to contraceptives, as these are not included in public health programmes? Do they have many children because they come from large families that consider maternity and a big family as fundamental attributes for women's self-esteem? If this last statement is true, will the situation of high fertility be maintained or will it be modified in the future?

One of the findings of this survey, related to the generational dimension, shows that the mothers of the surveyed women have more children than the latter. This indicates the beginning of a shift in the fertility rate of the lower socio-economic strata in Argentina. This process has already been achieved by the higher socio-economic strata.

The surveyed women showed a high total fertility rate, between 3.5 and 4.5 children per woman. Nevertheless, the prevalence of contraceptive use places them in that population segment that controls reproduction (75% of the women between 25 and 34 years of age use contraceptives).

A distinct feature of the surveyed women is the fact that they started their sexual, married and reproductive lives earlier than previous generations. Could this be interpreted as a continuation of the reproductive practices of their mothers? Some elements indicate a change, such as better education, more knowledge and use of contraception, free distribution, albeit restricted, of contraceptive methods by certain public health services, and opinions regarding a smaller family size (although their ideal family size is bigger than the circle in which they live, there are marked differences among the surveyed women of different generations). With much caution it can be assumed that women who are currently starting to set up a family tend to limit the number of children once they consider that the ideal family size has been reached, although they continue to start bearing children at an early age.

Contraceptive practices seem to be the key factor for the changing reproductive behaviour of the lower strata of Argentinean society. The analysis reveals a universe of meanings, values, opinions and experiences regarding maternity that are in sharp contrast with the higher socio-economic strata. In this context, the role of health services acquires prime importance in providing orientation and assistance to

women, from adolescence. The purpose is not to induce a modification of their values, but to support their needs and preferences in the different stages of reproductive life, as well as to educate them in preventive health care.

The different opinions expressed by young women without children and those who are already mothers regarding what is desirable in the field of reproduction lead to the conclusion that it is necessary to change the outlook. Changes are necessary in the fields of health care and education where concrete and immediate policies are needed, but they should also involve a larger spectrum of actions where gender, employment and equity issues are taken into consideration.

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