Chapter Three

The Impact of Crisis and Adjustment on Women

I. INTRODUCTION

3.1 In this chapter we look at the evidence on how women's position has been affected by adjustment policies. Our assessment of the impact of structural adjustment on women will be multidimensional, covering its effects with respect to their four roles as well as important dimensions of their welfare, as identified in Chapter 2.

3.2 There are however several problems in making such an assessment. One is a paucity of information because of the lack of statistics by gender and the scarcity of household surveys. Another is interpretation. Adjustment is required when there has been some change necessitating it. But separating the effects of the (normally adverse) change from those of the adjustment policies is extremely difficult. For this reason, we make little attempt to undertake this separation, and some of the developments described may be due to the change in economic circumstances and not to the adjustment *per se*.

3.3 There can also be inconsistencies between short-run and long-run effects. For countries which face severe external imbalances, measures which restrain demand may be necessary to complement longer-term policies designed to reorient production towards internationally tradeable goods and services and to improve the functioning and efficiency of the economy. The immediate effect of demand restraint is contractionary, whereas the more growth-oriented supply-side policies may bear fruit only over the longer term.

3.4 There are also difficulties in assessment because the effects of measures often depend on their interactions. For example, devaluation

on its own has very different effects from when it is accompanied by import liberalisation or a deflationary budget or cartellised producer prices. It is impossible to explore every possibility, and consequently our generalisations may not be correct in all circumstances.

3.5 We take the major elements of IMF and World Bank packages as the basis of the typical structural adjustment programmes, since their programmes dominate the adjustment process. Although the exact composition varies from country to country, the major elements are usually:

Demand restraint: cuts in government expenditure; credit control; cuts in public sector employment and in real wages.

Price policy: decontrol; increase in agricultural prices; reduction/abolition of subsidies; raised charges for public services and by public enterprises.

Trade regime: devaluation; foreign exchange auctions; import liberalisation.

Credit reform: more unified credit markets; higher interest rates; more agricultural credit.

Parastatals: attempts to increase efficiency and improve profitability; privatisation.

Administration: strengthening institutions through training, technical assistance, reorganisation, etc.

The types of measures incorporated in IMF and World Bank programmes are given in Tables 3.1 and 3.2.

II. WOMEN AS PRODUCERS

3.6 The impact of structural adjustment on women as producers is felt through the effects on employment, incomes and conditions of work.

Formal Sector Employment

3.7 The effects of adjustment on women's employment are complex and have differed over time and between countries. Demand constraint has tended to reduce or restrict both formal sector employment and wages, at least over the short run.

3.8 Public sector retrenchment has affected both sexes. Gender-based data are scanty, but evidence from a number of countries suggests that civil service retrenchment has severely affected many workers in the lower grades, including a large number of women. While the exact situation varies from country to country, in both the public and the

private sectors women are sometimes more prone to lose their jobs or having lost their jobs unlikely to gain others, than men, partly because of the prevalence of the 'male breadwinner ethic' and the weakness of women as a pressure group.

3.9 In general, the total number employed in the formal sector stagnated or rose very slowly, much more slowly than the growth in the labour force, so that unemployment rates rose and the number seeking a living in the informal sector also greatly increased. For example, in African countries taken as a whole, it is estimated that during 1980–1985 urban formal sector wage employment rose by just 1 per cent per annum, while the labour force grew by 5.3 per cent per annum. Open unemployment increased by 10 per cent per annum in the formal sector, while informal sector employment increased by 6.7 per cent.[1] There were similar developments in Latin America. Modern sector urban employment grew by 1.9 per cent per annum (1980–1985), with a much greater growth in unemployment (6.3 per cent per annum) and in informal sector employment (4.9 per cent per annum).[2]

3.10 Unskilled female workers, particularly women heads of household, are the most vulnerable. Among industrial workers in Brazil who lost their jobs in the early 1980s, for example, women in unskilled positions were much less likely to find a comparable job thereafter than women in skilled positions. Income pressures forced those unskilled workers who were also female heads of household to take low status wage work outside industry, including domestic service, while many unskilled women in male headed households remained unemployed. As a result of employment cutbacks, many women heads of household suffered large drops in real income.[3] Thus even where there is no disproportionate loss of formal sector employment among women, the consequences of those losses that do occur are severe.

3.11 The number of women seeking work in the monetary economy is also directly affected by changes in male earnings in the household. When men lose their jobs or their wages fall, women enter the labour force in larger numbers as households try to replace lost incomes. But there is no guarantee that women will find employment. This has been noted in developed countries in recessions, and documented for Latin America. The supply of women's labour increased significantly in the years of greatest economic contraction in Chile and Uruguay during the 1970s and in Brazil and Costa Rica during the early 1980s.[4] But jobs for women did not respond correspondingly, and open unemployment among them increased sharply. Similarly in Barbados, unemployment among women rose from 15.1 per cent in 1981 to 24.1 per cent in 1985, compared to 7.4 per cent and 13.0 per cent for men.[5] In Jamaica unemployment among women has been around twice that

among men and affected almost a third of the female labour force at the height of the crisis.[6] In Malaysia unemployment was greater for women than for men in every age group in rural and urban areas during the 1980s.[7] Such increases in female employment as did occur were concentrated in casual, low paid work in the informal sector (discussed in paras 3.26–3.29 below).

Women in Export-oriented Manufacturing

3.12 Most structural adjustment packages increase the profitability of tradeable goods, so that employment opportunities in export-oriented cash crops, manufacturing and services (tourism) are likely to rise over the medium term. Measures include the adoption of more competitive exchange rates and other export incentives, usually accompanied by import liberalisation. There has also been an acceleration in setting up export processing zones (EPZs). Bangladesh, Jamaica, Mauritius and Sri Lanka are among Commonwealth countries which have recently established such zones.

3.13 In many developing countries, export-oriented manufacturing employs more women than men, and employment prospects for women in this sector are therefore likely to improve. But import liberalisation, which forms part of the structural adjustment package, and also longer-term forces (see para 3.15), can lead to a contraction in female employment in older parts of the manufacturing sector, thus offsetting or even outweighing the expansion in new jobs.

3.14 Major beneficiaries of the emphasis on manufactured exports have been countries without a significant industrial base. These countries usually specialise in garments and food processing and, compared to the established producers, have had little difficulty in gaining increased access to the world markets. (For example they still have large unfilled quotas under the Multifibre Arrangement which governs much international trade in textiles.) In Bangladesh nearly 200,000 women are now employed in export-oriented garment manufacturing which represents a significant change in women's urban employment opportunities.[8] Rates of pay are higher than most other wage earning opportunities open to women. But, as noted in Chapter 2 (para 2.5), in EPZs, rates of pay are generally lower for women than for men, hours of work are long, there are restrictions on trade union organisation, and health and safety standards remain very poor.

3.15 For countries with large numbers of females employed in traditional industries, the import liberalisation that often accompanies export promotion can mean that the gains in women's employment in the export-oriented sectors are offset by losses in traditional industries.

For example in 1977 Sri Lanka introduced substantial import liberalisation to accompany its flexible exchange rates and EPZs. The result was that whereas 25,000 female jobs were created in export-oriented garment industries between 1977 and 1984, 37,000 female jobs were lost in textiles alone, mostly in handloom weaving.[9] The handloom weavers were often older women, working at homes spread throughout the country. Displaced weavers were not able to take up the new jobs which were concentrated in the capital city and went predominantly to younger women. Moreover, in some countries longer-term forces are also leading to a contraction of women's employment in manufacturing. For example, in India, technological change has reduced much female employment in the traditional sectors.

3.16 In conditions of general economic contraction and rising unemployment, there is evidence that employers in EPZs prefer to take on women without the burdens of childcare and other domestic responsibilities or men who are prepared to forego the usual premium above female wages. Whereas in Asia women in EPZs have always tended to be young and unmarried, in Latin America they are older and often heads of household, and there is evidence of a shift towards recruiting men in Mexico and the Caribbean.[10]

3.17 Female employees also face a risk of redundancy, especially in established export manufacturing countries, as demand falls because of technological developments, or shifts away as multinational companies change location to take advantage of cheaper or more suitable labour elsewhere. The Philippines and Malaysia provide examples. In both countries, the 1970s saw a rapid rise in the number of women employed in export-oriented industries, especially in electronics and garments. The 1980s have seen retrenchments due to shutdowns, with thousands of young women losing their jobs (see Box 3.1).[11] In the electronics industry in Malaysia, increased automation and competitive pressures to reduce labour costs have led to a trend towards decreasing use of direct labour, with job opportunities only for highly skilled technicians and engineers, hardly any of whom were women. At the same time there were moves to casualise female operators' jobs and reduce wage levels by shortening the periods of contract hiring.[12] This underlines the vulnerability of women, particularly if their skills are not upgraded with economic and technological changes.

Women in Agriculture

3.18 Structural adjustment programmes, particularly in Africa, have sought to improve incentives for farmers, especially to encourage more cash crops to generate higher export earnings and thereby ameliorate the external payments crisis. Where there is a general improvement in

Box 3.1. Cut with a Sword: Retrenchment in an Export-oriented Industry in Malaysia

"The experience of some women workers in Penang left many of them very bitter, and the reaction of the Mostek workers to their retrenchment in September 1985 was so angry that it took most observers, and the government, by surprise.

"As some of the women explained, their angry reaction which led to an immediate picket, sustained for thirty-two days, was borne from a feeling of resentment at their management and the procedures it adopted in the retrenchment. Earlier in the year, in April, the Mostek factory had carried out a 'voluntary resignation' exercise which had cost 500 workers their jobs. A smaller plant elsewhere in Malaysia had closed. Despite repeated questions from the remaining workers about their prospects, the management had consistently stated that there would be no further retrenchments and that their jobs were safe. This reassurance continued right up to the time the management posted a notice at the end of September, requesting workers to clear their lockers and to take a one week holiday, since the factory would be temporarily closed. Some workers believed this; others were not sure. Again, the management reassured them. But the very next day, many of the workers got letters of termination, and within a few days, over a thousand had done likewise.

'It was like I had been cut with a sword. I just sat on the floor and cried', said one woman we interviewed. Others commented as follows:

'All of us had been nervous over the past few months. We knew that factories were facing bad times. But we never expected it to happen like it did.'

'I had been working for seven years. I enjoyed my job. The company had been good to me, I don't mind saying. But I could never describe how I felt that morning I got my letter. It was as if the world had ended for me. I have two children, my husband is dead. I couldn't imagine how I was going to feed them.'

'All the time we had been told, not to worry. Then they sacked us, without being able to tell us straight. I was disgusted. Who did they think we were?'

'Some of us got together and decided that there was no point in keeping quiet. If we were going to be retrenched we wanted to know why. We all felt hurt and angry. I remember telling my friend I felt like rubbish in the dustbin.'

'My husband asked me why I wanted to go and join the picket every day. I told him, every day for the last four years I had

worked hard in the factory. When the management wanted us to do overtime, we would. When they had to make an order, we would help them. We slogged for them, really worked our hearts out. But when we needed their help ..... They didn't even have the decency to tell us to our face."

(Extract from "Retraining for Women Workers in Industry, with Special Reference to those who have been Retrenched"—by James Lochhead & Rohana Ariffin (March 1987).)

the agricultural terms of trade, adjustment policies may also improve conditions for domestic food production. Measures adopted include raising agricultural prices, improving access to credit and inputs (fertilisers, pesticides and technology) and improving marketing arrangements through, for example, reform of parastatal marketing boards. In Asia the emphasis is on spreading the 'green' revolution, especially through providing high-yielding variety (HYV) seeds, fertilisers and irrigation. Some countries have also embarked on land reform, though not usually as part of adjustment programmes.

3.19 However, policy-makers have made no attempt to include women specifically in the adjustment measures. They have often been neglected in terms of access to inputs, pricing policy and land reform. Substantial evidence suggests that because of the failure of policy-makers to take account of the exact nature of women's role in agriculture, the full potential of agricultural incentives has not been realised. Improved incentives often provide little benefit to women who produce food crops for subsistence or local markets. These crops do not typically receive incentives commensurate to those for cash crops. For example, in both Ghana and the Ivory Coast the additional incentives have primarily benefited the producers of export crops (cocoa and cotton), and have hardly affected the production of subsistence crops, which predominate in the poorest part of each country, and in which women are most heavily involved.

3.20 Pricing policies also affect men's and women's decisions about crops differently. There is evidence that women have not been motivated to shift towards cultivating higher priced crops, and away from those for which they control the marketing, because switching could imply a loss of their market transactions and consequent income. For example in Zambia the high price of maize (a man's crop) led many men to increase the size of land planted with maize; but their wives continued to cultivate groundnuts, despite its heavier labour requirements, because they could sell it on the informal market and control the resulting income.

3.21 Evidence also points to women having less access to inputs necessary for stimulating agriculture. For example, in Ghana during the 1970s women, even with large farms, had less access to agricultural credit than men. In Kenya, where women manage two-fifths of the smallholdings, modern facilities were far less accessible to women farmers. Only 4 per cent of the women with income-earning farm enterprises in a western Kenya district received adequate agricultural extension services, compared to five times as many men with similar crops. Extension workers in Kenya are now redirecting their efforts to help women producers, and the government believes that by working through groups, the reach of extension services can be doubled and the cost reduced. The disadvantage that women experience in gaining access to credit and extension services is further illustrated by the case of Malawi during the 1970s, when the prevailing view that female-headed households did not have enough earners to service their debts excluded many of them from being considered creditworthy. The creation of farmers' clubs to provide credit and extension on a group basis continued to exclude women. Malawi has now started pilot schemes involving groups of female farmers.

3.22 There is also evidence that in countries which introduced auctions to allocate scarce foreign exchange on an unstructured basis, large foreign-owned companies acquired most of the currency, with the agricultural sectors and small-scale firms receiving little benefit. The operation of a structured auction in Zambia at least assured some foreign exchange for these sectors, although the extent to which women farmers benefited is unclear. Where export earnings retention schemes have been introduced, the larger producers—especially those who do their own external marketing—have tended to benefit, often at the expense of smaller producers.

3.23 In some countries (for example Bangladesh) prices of inputs rose faster than the price of the main crop (paddy) due to the withdrawal of fertiliser subsidy and increases in import prices.[13] As a result, farmers' incentives to increase output were dampened. Small farmers, who tend to include a disproportionate number of female heads of households, were unable to borrow to purchase the more expensive inputs; their productivity therefore fell and as a result many households were no longer self-sufficient in food. A similar situation existed in Zambia where many women farmers who were heads of household found it difficult, sometimes impossible, to obtain credit to finance the increasing price of inputs and were thus unable to expand their output.[14] The new incentives under adjustment, far from benefiting such farmers, could thus force them out of production altogether.

3.24 Improved incentives for crops controlled by men generally mean increased demand for female family labour. For example, machinery

introduced for swamp rice cultivation in Sierra Leone decreased the work of men but increased that of women who undertook the planting and harvesting. Increases in rice production in Sri Lanka and maize production in Zambia likewise depended significantly on the mobilisation of female family labour, but often at the cost of women switching their labour from producing food for family needs (see Box 3.2).

Box 3.2. Family Tensions over Women's Time and Income

Eva lives in Northern Zambia and is an ex-nurse, married with four young children. One child is in primary school. Since 1982/3, she and her husband have been growing hybrid maize and other food crops, helped by government loans. They also sell beans, groundnuts and caterpillars to traders from the Copperbelt and the husband does casual building work. Since the dramatic increase in the producer price for maize in 1984/5, Eva has expanded the farm. In 1986/7 they had over one hectare and sold over three tonnes of maize to the marketing cooperative.

During the season Eva hired local women to work with her and her husband on the maize crop. She brewed and sold beer to pay the women and buy school books and a uniform and essential food items. In the 1987/8 season Eva was planning to grow more millet to use mainly for beer production. She saw that demand for beer had risen with the increase in cash returns from maize. In her view it was one way in which women could recover some of the income that men claimed from the maize harvest.

With the expansion of the maize crop, Eva found her labour time heavily used. She was able to keep control over part of the income from the maize only after intense struggles with her husband who felt he had prior claim to the income. But she was not able to sustain production of some traditional food crops, such as beans and caterpillars, from which she had kept the proceeds. There was also some conflict, especially in the peak of the season, between time spent on maize production and on household tasks. Although her husband was less than fully employed in crop production, Eva received no assistance from him in household tasks, and she had to rely on her eight year old daughter in the busiest periods. Often she was forced to leave the youngest children in the care of her daughter while she worked in the fields.

(Case history prepared by Alison Evans, Institute of Development Studies, University of Sussex.)

Instances have been noted, however, of women resisting such increased demands on their work time. In a lowland irrigated rice development in The Gambia, women preferred to work in their own fields, which led to the failure of the project.[15] In Tanzania, women on a smallholder tea scheme refused to pick on their husbands' plots until payment was made to individual members and not to the male heads of households.[16] Similarly in the Mumia scheme in Sri Lanka, women chose to work for other men for monetary reward rather than for their husbands.[17] Numerous studies show however that where women lack access to land and other means of earning an income, they have no option but to work on their husbands' farms, typically for remuneration that is not commensurate with their labour.

3.25 Female wage labour is predominant in some of the large export-oriented plantations and agro-businesses. In Sri Lanka, 72 per cent of the female agricultural labour is wage earning; and in India women comprise 52 per cent of tea plantation wage labour. The increased profitability of these export-oriented activities following structural adjustment programmes is likely to generate more demand for wage labour. In Latin America, where the female role in agriculture has been small, the economic crisis of the 1980s, with declining household income and reduced opportunities for employment in the cities, has brought about what has been described as a proletarianisation of women. It has meant the incorporation of young women into paid employment, often at low wages, in those rural areas associated with the agro-export sector (previously a male preserve), and the greater feminisation of agriculture on small farms, mainly involving mothers whose husbands and older children have migrated to areas where they can get paid employment.

Women in the Informal Sector

3.26 Adjustment policies have dual effects on the informal sector, each acting to depress earnings: on the one hand income-earning opportunities lessen with the decline in formal sector incomes; on the other hand the numbers in the sector increase as a result of formal sector retrenchment and more people desperately seeking some sort of livelihood. In Brazil and Zambia, for example, it appears that informal sector incomes and output contracted in line with that of formal sector activity.[18] But there has been a significant increase in the share of the labour force absorbed by the informal sector over recent years,[19] as the reduction or stagnation in formal sector employment has thrown many onto the informal sector labour market to compete for limited business opportunities. As a result average incomes have declined during the period of adjustment. In Latin America, for example, it is estimated that average earnings in the urban informal sector fell by over a quarter during 1980–1985.[20] For women, for whom the informal sector has always offered the main opportunity for income-generating work, albeit

for meagre returns, the effect has been particularly marked. In Sri Lanka, for example, the rate of increase in the numbers of women in self-employment in the informal sector from 1980 to 1985 was twice that of the total numbers of women employed.[21]

3.27 There has been tremendous growth of unregistered casual activities across Africa—as households tried to counter falling incomes from the formal sector. A survey in Tanzania revealed women engaged in staple farming, vegetable gardening, petty trading, beer brewing, poultry keeping and tailoring.[22] While overall demand restraint may have had knock-on effects on informal sector incomes, it may also have encouraged a shift of some purchases away from the formal to the informal sector. Higher food prices are known to have resulted in greater demand for domestically grown products, while in Ghana the non-availability of imported soap encouraged local production—although as soon as imports were liberalised, demand for the domestic product collapsed. In Zambia, the importance of women's informal sector earnings to total family income has increased dramatically in the 1980s.[23]

3.28 A major element of many structural adjustment programmes is deregulation—reducing registration and other formalities—in order to facilitate operating conditions. The spontaneous, competitive, market-driven, labour-intensive activities of the informal sector can not only help meet the immediate needs of the poor but may also contribute to long-term development. For example, economic deregulation is thought to have given increased opportunities to the "higglers" in Jamaica, many of them women, who buy and sell almost anything in an extremely competitive environment.

3.29 Deregulation of credit markets is also an important element of a number of structural adjustment programmes. In many developing countries interest rates for formal sector loans have been below the market clearing level, implying credit rationing, with most of these loans going to the larger firms. Smaller borrowers, including women, have largely had to rely on the informal credit markets, often paying exhorbitant interest rates. But while deregulation may permit greater access for some borrowers, it is unlikely that most small borrowers, including women, have benefited. Apart from the high cost of administering small loans, lack of collateral and socio/cultural barriers continue to inhibit women from easy access to credit.

III. WOMEN AS HOME MANAGERS

3.30 Adjustment programmes usually include the reduction or abolition of subsidies, especially on food; decontrol of prices; devaluation, which raises prices of imports; and the introduction or increase of

charges for public services. Subsidies aimed at maintaining low food prices for consumers form a significant share of government expenditures in a number of developing countries. A ten country study found that in each one the proportion of government expenditure spent on food subsidies declined in the 1980s: while in six of the countries this was fully offset by the decline in international food prices, in the other four—Brazil, Pakistan, Sri Lanka and Zambia*—the savings in food subsidies exceeded the decreases in international prices, and resulted in a large diminution of consumer benefits (see Table 3.3).

3.31 The net effect of the price decontrol, devaluation and reduced subsides—taken simultaneously in many cases—has been to increase prices for basic items, including domestically produced ones, quite dramatically. In Sri Lanka between 1977 and 1984, open market prices rose for rice by 158 per cent, wheat flour by 386 per cent, bread by 339 per cent, milk powder by 345 per cent and kerosene by 733 per cent. For some items a major factor was the sharp depreciation of the value of the rupee. The overall Colombo price index rose by 172 per cent, but that of low-income households increased by 226 per cent despite subsidies on food and kerosene. In 1977 the longstanding universal food ration scheme was converted to one targeted on half the population. This and its subsequent transformation into a food stamp programme, with a constant nominal value despite rapidly increasing prices, greatly reduced the value of the subsidy for poor households. Between 1984 and 1987, however, price increases were much more moderate, in part because of the appreciation of the rupee and the somewhat better fiscal and monetary outturn.

3.32 In Zambia the decontrol of prices meant that for low-income urban dwellers the consumer price index rose by almost three and a half times between 1982 and 1987. In Tanzania the price of maize and rice increased thirteen times between 1977 and 1987. In Ghana, where drought reduced food production, the food price index rose to 2719 in 1985 (1977 = 100) while the general index for urban and rural dwellers increased to 3230 and 3935 respectively.

3.33 While prices of basic items increased rapidly, growth in nominal incomes generally did not keep pace. In fact wage restraint has been a key part of most adjustment programmes. The impact, which was not short-lived, was in many cases severe. In Zambia, which has now faced almost two decades of declining per capita incomes, average nominal monthly earnings in Lusaka rose by only 1 per cent between 1983 and 1985 and those of females fell by 17 per cent, implying a most dramatic decline in real incomes. Nor has Zambia been alone in this respect.

*The share of budgetary expenditures allocated to food subsidies in Zambia fell nearly 50 per cent in the early 1980s.

One study reports estimates of reductions in real income ranging from 5.5 to 9 per cent among the lowest income group as a result of a 10 per cent increase in food prices in Sri Lanka, Thailand, Egypt, India and Nigeria.[24] In some places, minimum wages became grossly inadequate to meet household basic needs. Data from Tanzania in 1987/88 show that the minimum wage in that country could cover only 14 per cent of the most basic food requirement of a six-person Dar-es-Salaam household;[25] it could not even cover half the needs of a one-person household. In Ghana at the peak of the crisis in July 1984, even the upper middle civil service salaries could cover barely 10 per cent of the minimum nutritional diet of a five-person household. Similar evidence for Jamaica was given in Chapter 1 (see para 1.36).

3.34 The effects of the sharply rising prices on household consumption depend partly on how resources are allocated within the household. Given the tendency of husbands to provide a fixed housekeeping allowance to their wives, it is possible that women have faced an even sharper drop in real transfers from their husbands to meet basic household needs than indicated by the declines in real wages.

3.35 Women, as home managers, have played a leading role in family survival strategies. As already pointed out, there has been an intensification of female income-generation activities, especially in the informal sector, to try to contain the fall in household income. Women have also engaged substantially in subsistence production. Recent data from Lusaka show that almost 50 per cent of the food of the lowest income group was being provided through cultivation by women in urban vegetable plots.

3.36 Women have also been purchasing foods which are less processed, as well as spending more time trying to find cheap foods and gathering fuelwood and water (all adding to the pressure on their lives). Many low income households have changed their overall consumption patterns. In Chile one study found that, as would be expected, non-basic items were eliminated first, followed by cuts in more basic expenditures on things like protein-rich food and, lastly, in basic staples and children's education. UNICEF found evidence of substitution of cheap for expensive sources of calories in Sri Lanka and Chile, and a deterioration in diet quality.[26] A reduction of daily meals from three to two has been reported by women working in the informal sector in Dar-es-Salaam, suggesting a decline in calorie intake.[27] Evidence from Chile and Ecuador also suggest changes in the intra-household distribution of food when income falls, with women and young girls suffering disproportionately. Deterioration in nutritional standards has also been observed in a large number of countries, including Sri Lanka and Zambia, with Sri Lanka

being notable for greater increases in malnutrition amongst females than males in certain areas.[28]

3.37 Many rural families in Asia and Africa produce less food than they consume. These families are either landless or have very small and relatively unproductive holdings. In Bangladesh the number of such food-deficit households has increased directly as a result of higher pricing of agricultural inputs. Rising food prices have caused great hardship to these rural food-deficit households—many of which are female-headed.

3.38 For women heads of household—whether urban or rural—the decline in real incomes has had a devastating effect on household expenditure. Unless they take on two or more occupations or have older children working, these women have few opportunities to supplement their incomes. They have been unable to take out credit to moderate the effects; nor have they been able to undertake subsistence activity due to their lack of time and family labour and their generally poor access to cultivable land. Their poverty has become even worse, with an adverse effect on their own and their children's nutrition and health. We look at some of the evidence below.

IV. WOMEN AS MOTHERS

3.39 As mothers (and often also as carers of old or sick relatives), women are affected by the cutbacks in government expenditure on education and health, by the decline in household incomes and by the increasing time they have to devote to income-generating activities.

3.40 Although government expenditure on social services has been cut along with other public expenditure as part of adjustment programmes, social sectors have not been cut on average more than proportionately. Nonetheless, because of the width and depth of the cutbacks in government expenditure, there were falls in per capita real expenditure on education and health in about two-thirds of the countries of sub-Saharan Africa and Latin America/Caribbean in the early 1980s. Table 3.4 shows that education suffered more in Latin America/Caribbean and health more in Africa. In some countries there were very substantial cutbacks. In Jamaica, for example, during 1980–1985, per capita real expenditure on education fell by over 30 per cent, and on health by 20 per cent.[29] In Zambia, from 1982 to 1985, expenditure on health fell by over one-third. The cuts were particularly concentrated on non-wage recurrent expenditure and on capital expenditure.[30]

Education

3.41 The brunt of the cuts in expenditure on education have been evident in poorly maintained school buildings, shortages of teachers, teaching aids and equipment, larger classrooms and a general decline in attainment rates. But in the measured language of an analytical description, it is easy to miss the extent and depth of the crisis in education which exists in so many developing countries today, especially in Africa : schools literally without **any** books; children sitting on mud floors or on a few stones, often without even slates to write upon; teachers paid sporadically and then only a pittance—the result of already low salaries in the 1970s eroded five to ten times by inflation in the 1980s. All these have become commonplace today, in total contrast with the typical situation 10 or 20 years ago during the dynamic aftermath of Independence.

3.42 Evidence during the 1980s points to a continuing overall improvement in primary school enrolment rates in developing countries as a whole, but a number of countries experienced declines. Among these were about 30 countries with some form of Fund/Bank programmes during 1981–1985: 16 low-income countries (which registered falls in both male and female enrolment rates), and 14 middle-income countries (including a number of severely indebted Latin American/Caribbean countries which in the past had achieved almost universal primary education) (see Table 3.5). At the same time there is growing evidence of increasing drop-out rates (proportion of enrolled children not completing primary education). Drop-out rates increased in some states in Nigeria, for example, especially following the introduction of fees.

3.43 The budgetary cutbacks have in fact increasingly shifted the burden of education payment from the state to the family. In Zambia, despite free primary education, parental expenditure in 1985 on basic items necessary for one child to attend primary school was more than one-fifth of average per capita income. With the general rise in prices, greater pressures to provide more of what was previously provided by the state, and in some cases the introduction of school fees, parental burdens have greatly increased in many countries.

3.44 For poor households, especially those headed by women, the economic crisis and the ensuing adjustment measures have further intensified the pressures not to send children to school or to withdraw them early because of the growing parental burden of primary education and the opportunity costs of sending children to school compared with using their time in other ways. In rural Mexico, for example, the decrease in purchasing power of wages has obliged women to send their children to work in agriculture; a survey in a region of sugar cane plantations showed that the importance for the family of a child's

labour was a key factor in explaining why 48 per cent of the wives stated categorically that their children should not study.[31] Older female children have also been increasingly kept out of school to look after younger children while their mother is away at work.[32]

3.45 Secondary school enrolment continued to improve during the first half of the 1980s in most developing countries. But enrolment rates as a proportion of the secondary school age group remain low, especially in low-income countries (see Chapter 2, para 2.9 above). This reflects both the limited availability of places in secondary education, as well as the high cost of such education. Secondary education thus mainly benefits better-off families.

3.46 With resources increasingly constrained, some countries have started restructuring education expenditure away from tertiary and often secondary levels to primary education. Coupled with the increase in fees and other cost-recovery measures in a number of countries, the parental burden of secondary level education has risen very sharply. In Zambia, charges for secondary school boarders have almost doubled in a year. In Indonesia education, especially beyond the first level, is income-related, the proportion of children attending school increasing with the household's per capita expenditures. The lower enrolment of girls than boys is more marked for poorer households. Increased poverty has led to a slowdown in secondary-school enrolment and a deterioration in the sex ratios. There is every possibility of this experience being repeated during the late 1980s in a large number of countries undergoing structural adjustment programmes.

3.47 The tragedy of all this, and its significance for development, is that educational under-development today means human under-development 'tomorrow'; both for men and women. Indeed for women, the long-term repercussions are likely to be even more serious, because with resources severely constrained, preference is likely to be given to boys before girls and long-run setbacks in women's education will in turn have repercussions on family education and upbringing for future generations of children.

Health

3.48 The cutbacks in health expenditure per capita have resulted in sharply reduced standards of healthcare. In certain cases the reduction has severely limited the outreach capabilities of health and nutritional programmes. In African countries in particular, the declines have resulted in a severe deterioration of healthcare provision. In Ghana, where per capita health expenditure fell in 1982 to one-fifth of that in 1975/76, the deterioration was reflected in acute shortages of basic drugs and clinical consumables, and an exodus of health personnel.

The country lost more than half of its doctors between 1981 and April 1984, and about a twelfth of its nurses in 1982 alone. There was also a lack of spare parts and maintenance of health equipment and vehicles. In Zambia the real value of the drugs budget in 1986 was a quarter of that of 1983, while only 10 per cent of the budget was actually spent because of shortages of foreign exchange.[33] A survey of rural health centres showed that most critical drugs had been out of stock for long periods. For example, over the previous year, oral rehydration salts had been out of stock for 17 weeks (in some areas for 31 weeks) and chloroquinine for four weeks (in the worst area for 109 weeks). The lack of chloroquinine has had particularly severe repercussions, since it has coincided with a widespread resurgence of malaria which, in the absence of appropriate medicines, has often had severe effects on mortality, morbidity and productivity.

3.49 Women and children have almost everywhere borne the brunt of these setbacks in healthcare. Maternal and child health services are in the frontline for preventing illness and are critical for curative services at the local level. In most countries health workers are able to serve only those who can reach the nearest clinic or hospital, usually in major towns and cities. For rural women such trips can be costly, in both time and money. Even in urban areas, reduced staffing has meant patients waiting longer for services. Faced with compelling demands on their time, women may have been discouraged from seeking healthcare for themselves or their children. A 1987 survey in Zambia revealed women's concern at the cost of having to spend longer caring for sick children and staying with them in hospital. Their concern was not only with the cost of treatment, but also the cost of time spent away from directly productive tasks. In many cases, therefore, where the illness is not critical, treatment may be foregone, often at the cost of increased morbidity and longer time spent at home caring for the sick.

3.50 In some countries the pruning of health services has been undertaken in the name of efficiency. But in practice it has involved no more than a shifting of costs from the monetary to the non-monetary economy with an increasing burden of care falling on women.

3.51 For some governments the economic crisis and adjustment policies have led to the introduction of user fees, with free services provided only to the most disadvantaged. In Jamaica, a system of charges in public hospitals and health centres, hitherto free, has particularly hit the low paid and unemployed. Several studies show that women often spend a large proportion of household income on medicines and immunisation.[34] User fees, by further raising the proportion of income devoted to healthcare, may discourage the use of professional services, with adverse effects on health.

3.52 The reductions in household incomes, the rises in food prices and the severe cutbacks in health services have been the main causes for the deterioration in children's nutrition and health during the 1980s observed in many countries. Another factor may have been the increasing pressure on women to seek work outside the home, though the evidence is ambiguous on whether this affects children's nutrition negatively. A review of the relationship between women's work, infant feeding practices and children's nutrition found that on balance women's work outside the home did not have a negative net effect on children's nutrition, the negative effect of women's lack of time usually being offset by the positive effect of their increased incomes.[35] But where women worked very long hours outside the home for very low wages, there did seem to be a significant negative net impact on children's nutrition. By putting pressure on non-working women to seek outside income and by compressing the incomes of working women, structural adjustment measures adversely affected children's overall nutrition.

3.53 There is evidence of rising malnutrition during the first half of the 1980s in as many as 25 countries, including eight of the ten studied by UNICEF in "Adjustment with a Human Face" (the exceptions were South Korea and Zimbabwe). In Ghana and Peru the deterioration in nutrition was very pronounced (about 50 per cent) while in the other countries it ranged between 10 and 25 per cent. Further evidence of increased malnutrition is provided by data on Zambia. In the decade up to 1983 the proportion of child hospital admissions attributable to malnutrition was fairly low and stable (5–7 per cent) but by 1987 it had risen to 17 per cent. Similarly, malnutrition-related deaths increased from 17 per cent in 1981 to 37 per cent in 1987. Moreover the true extent of the problem remained largely unrevealed, as only the worst cases were admitted to hospital.[36] This escalation of malnutrition is thought to have been a consequence of dietary changes and falling household consumption associated with diminished real incomes.

3.54 Infant mortality also increased substantially between 1980 and 1985 in a number of countries, including 14 undertaking programmes supported by the IMF/World Bank (see Table 3.6). In some countries the deterioration was related to civil strife; in others it almost certainly reflected diminished nutrition and higher morbidity associated with recession and structural adjustment.

3.55 The long-run consequences of malnutrition and ill-health, particularly among women and young girls, can be very serious. A recent survey showed that it could take up to two generations for a young girl to "wash out" the effects of a period of severe malnutrition, since weaknesses in her own reproductive system could influence those of her children and grandchildren, even if they were well fed and received good healthcare.

V. WOMEN AS COMMUNITY ORGANISERS

3.56 Economic crisis and structural adjustment have increased the need for women to co-operate among themselves in community activities, forming groups of producers; organising consumer cooperatives; and helping extend possibilities for communal consumption and social support for childcare. But at the same time it has made it more difficult for them to do so, as the increased burden of work has intensified demands on women's time. Even so, many examples can be cited of women's role as community organisers.

3.57 In Brazil, women have long taken part in movements of the landless and of resistance to eviction. They have also formed urban groups to combat the difficulties created by the crisis—against rises in prices, in favour of better transport services, etc. Poor women have also participated in grassroots ecclesiastical communities, mothers' clubs and mutual aid groups. There are instances of community action, in which women have played a leading part, to cut the cost of basic foods and provide cheaper and nutritionally more balanced meals. In Sao Paulo, Brazil, UNICEF reports that communities, helped by government, organised themselves to purchase basic food from the central wholesale market where prices are 40 per cent lower than at retail; in some cases groups bought food centrally at controlled prices and transported and resold it on local markets. In Lima, Peru, *commodore populares* have developed; each covers 15–50 households, purchases food in bulk and cooks it in specially equipped premises. Food preparation is undertaken by the women of participating households, who alternate in daily shifts every four or five days.

VI. STRUCTURAL ADJUSTMENT AND WOMEN'S WELL-BEING

Women's Time as a Variable of Adjustment

3.58 Declining household incomes and the requirements of structural adjustment have thus increased demands on women's already overstretched time for each of their four main roles. Women's time has become a crucial variable of adjustment.

3.59 There is little detailed information on the changes in the pattern of time-use during adjustment. One thing however is clear. As poor women's responsibilities increase, they work longer outside the home, while continuing to engage in home activities. Often they forego recreation, with fewer hours for sleep and leisure. In the Philippines it was found that increases in a mother's time on paid work did not result in decreases in time spent on household tasks.[37] In Buenos Aires, housewives without outside employment spent over ten hours a day on

domestic work, whereas those in paid employment still spent eight hours on similar work, making a working day of at least 13 hours.[38]

3.60 To some extent, increasing pressures on women's time have been met by reducing time set aside for leisure or sleeping. But on occasions, such pressures, especially with respect to outside employment, have reduced the time women can devote to children, with the consequence of reduced standards of care and, in extreme cases, the abandonment of children altogether. A study of low-income women in Indo-Guayas, Ecuador, found that only 30 per cent of the women were coping with their changed circumstances. Fifty-five per cent of them were just hanging on, using up future resources in order to survive today, sending their sons out to work or keeping their daughters at home to take over domestic responsibilities. The remaining 15 per cent were no longer coping, with their young children roaming the streets.[39] The great rise in the number of street-children observed in the large cities of the developing world in the 1980s is partly due to these time pressures.

Women's Nutrition and Health

3.61 Women's health has been adversely affected by increased hours of work and by reduced availability of food and healthcare facilities. Less healthy women are less efficient and this reduces their productivity in each of their roles, thereby diminishing national income and national welfare.

3.62 Life expectancy among women has continued to increase in most places, but at a slower rate than previously in a number of countries undertaking adjustment. Reduction in female life expectancy has however occurred in at least six countries facing war, civil strife, or drought, or where there have been sharp reductions in expenditure on the social sectors as part of structural adjustment (see Table 3.7).

3.63 Nutritional standards among women have also worsened in many of the countries for which data are available. Shortfalls in protein and calorie per person have increased markedly in Brazil since 1975 and more than half Brazilian women have nutritional deficiences. During 1980–1985, daily calorie supply per capita declined in 21 countries with programmes supported by the IMF/World Bank, in many cases falling below the recommended daily requirement.

3.64 One indication of the incidence of malnutrition and anaemia in women is the number of maternal deaths. In sub-Saharan Africa, the average maternal mortality rate is nearly one per hundred live births. Part of the problem is related to poor pre- and post-natal care, lack of professional help with delivery (only 48 per cent of births are attended

by health staff), and insufficient family planning services. But poor nutrition has been a contributory factor: in sub-Saharan Africa 10–25 per cent of the babies are stillborn or have low birth-weight—indicative of inadequate nutrition of mothers. For Africa, there are no data showing changes in these indicators over time, but elsewhere rising rates of low birth-weight babies have been observed in several countries, including Brazil and the Philippines (see Chart 3.1).

3.65 Women have also suffered from the general increase in morbidity. According to information gathered by UNICEF, there has been a resurgence of diseases previously eradicated, such as yaws and yellow fever in Ghana, and a higher incidence of communicable diseases (Philippines) and non-immunizable diseases (Chile), typhoid and hepatitis (Chile) and malaria (Madagascar).

3.66 Women's mental health has been adversely affected by their growing workload. Studies in Mexico and Brazil point to the pernicious effect on the mental health of women with small children who have joined the labour force and are under pressure because they are unable either to earn as much as they need or to care properly for their children.[40]

3.67 The struggle for survival in poor families has also led to increased tensions, which in turn have contributed to divorce and marital problems as well as increasing violence against women. These circumstances have led some women to turn to prostitution and other illegal ways of earning incomes, and the neglect of their children.

Women Heads of Household

3.68 Some categories of women are especially vulnerable to economic retrenchment and adjustment policies. Female heads of household are an obvious case. These households face particular discrimination in access to key agricultural inputs as well as to land. Also, when faced with loss of jobs they have had little option but to take on any work, including low status work,suffering considerable declines in their wages. When confronted with substantial increases in basic food prices, in the absence of adequate income earning opportunities, these women and their families have suffered a significant deterioration in food consumption and nutrition. In addition, the increasing shift of the burden of providing basic services—such as education and health—from the state to the household has further undermined the use female-headed households can make of those facilities. Time pressures on these women have increased immensely, which combined with their poor diet, has frequently led to a significant deterioration in their general health.

Women who Live in Exceptionally Difficult Situations

3.69 Another particularly vulnerable group are women who live in exceptionally difficult situations caused by war or civil strife. Events in many countries, particularly in Africa, have severely disrupted normal economic and social activities and family life. Globally there are estimated to be 12–15 million refugees and displaced persons, and in some areas those who are women greatly outnumber the men. Women living in such harsh and sometimes dangerous conditions are specially vulnerable to economic contraction, as welfare programmes, which are often wholly inadequate to meet even the basic food needs of themselves and their families, are further cut back.

VII. ENVIRONMENT, STRUCTURAL ADJUSTMENT AND WOMEN

3.70 Environmental degradation, particularly deforestation and desertification, has become a major problem in many developing countries, greatly affecting women's lives. For example, deforestation, by increasing soil erosion and flooding, has reduced not only agricultural productivity but also the general availability of fuel, fodder, water and forest produce. Also by reducing ground water renewal, deforestation has contributed to falling water tables and drying streams, compounding the difficulties women face in getting drinking water, especially during the dry season.

3.71 Structural adjustment has often aggravated these problems. It has directly encouraged commercial over-exploitation of trees and other natural resources (chiefly for export) as well as intensifying the use of marginal land by the poor for the sheer needs of survival. Moreover, privatisation of some common land (for example in dry areas of India) has resulted in women, especially from landless families, spending much more of their time in search of fuelwood in the reduced tracts of common land. Over-utilisation of ground water for commercial purposes through sinking deep wells has often led to reduced access to safe drinking water. In some countries also water-borne industrial pollutants have led to a deterioration in access to such water. The problems have frequently been aggravated by heightened demand for fuelwood arising from the removal or reduction of kerosene subsidies, as well as the reduced availability of crop and animal waste for fuel following the introduction of new agricultural technologies. For women, therefore, the environmental effects of structural adjustment have made their tasks of collecting fuelwood and water much more difficult.

3.72 Women's fertility plays a crucial role in the balance between population and natural resource base. Cutbacks in expenditure on family

planning and similar social services—associated with some adjustment programmes—can have damaging long-term consequences for this balance, as well as for female health.

VIII. CONCLUSION

3.73 In summary then, structural adjustment programmes, as pursued in practice, have reduced social supports (i.e. the quantum of resources available to women in their non-producer roles), while making additional demands on women in their role as producer. Conditions have become significantly more difficult for women in each of their four roles, and women have needed to spend more time in each role : more time as producers, working outside the home, to contain the falls in household incomes; more time as home managers and mothers to protect family health and nutrition in the face of rising food prices, reduced incomes and reduced social services; and more time as community organisers to help counter some of the adverse effects through community action. Yet even before the crisis women's time was overstretched. Structural adjustment programmes need to be reoriented to help women to escape from these increasing pressures and to improve their overall contribution to national productivity and welfare. These programmes need, on the one hand, to improve women's income-earning capacity and productivity and, on the other, to ease women's role as home managers and as mothers.

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Table 3.1
Policy Content of Programmes[1] Supported by the International Monetary Fund, 1980
(numbers of programmes)

Policy	Stand-By Arrangements	Extended Fund Facility Arrangements	Total
Monetary policies	*17*	*13*	*30*
of which: Credit ceilings	17	12	29
Interest rate policies	11	7	18
Public sector policies	*17*	*13*	*30*
of which: Restraint of: Expenditure	14	12	26
Investment	8	4	12
Subsidies	5	8	13
Transfers	5	7	12
Wages and salaries	10	6	16
Other current expenditure	5	3	8
Reform/improvements	*14*	*13*	*27*
of which: Reform tax structure	5	6	11
Increase in tax rates	9	8	17
Improvement in tax administration	10	9	19
Non-financial public enterprise (NPE)	*12*	*11*	*23*
of which: Curtailment/rationalization of expenditure	6	2	8
Adjustment of tariffs and administration prices	8	10	18
Employment	1	1	2
Wages	2		2
Overall public sector			
Reduction in deficit	12	10	22
Improvement in NPEs			
Reduced bank borrowing (real)	3	3	6
Reduced transfer from government (real)	6	6	12
Formulation of investment plan	6	9	15
External debt policies	*15*	*12*	*27*
Exchange and trade policies	*12*	*12*	*24*
of which: Exchange rate reform	6	6	12
Liberalization/reform of trade and exchange system	9	12	21
Liberalization/reform of trade system	4	5	9
Import substitution measures	–	2	2
Rationalization of import protection	2	1	3
Export promotion or liberalization	5	6	11
Wage and price policies	*15*	*9*	*24*
General wage restraint policies	10	6	16
Wage guidelines in public sector	9	5	14
Producer price adjustments	7	3	10
Retail price adjustments	7	5	12

[1] The total number of programmes in 1980 were 30, of which 17 were standby arrangements and 13 were extended arrangements.

Source: Morris Goldstein, 'The Global Effect of Fund-supported Adjustment Programmes', Occasional Paper No.42, International Monetary Fund, March 1986.

Table 3.2
Types of Policy Measures Adopted in World Bank Structural Adjustment Loans, 1980–October 1986

Measure	Percentage of SALs[1] Subject to Conditions in this area
Trade Policy:	
Remove import quotas	57
Cut tariffs	24
Improve export incentives and institutional support	76
Resource mobilisation:	
Reform budget or taxes	70
Reform interest-rate policy	49
Strengthen management of external borrowing	49
Improve financial performance by public enterprise	73
Efficient use of resources:	
Revise priorities of public investment programme	59
Revise agricultural prices	73
Dissolve or reduce powers of state marketing boards	14
Reduce or eliminate some agricultural input subsidies	27
Revise energy prices	49
Introduce energy-conservation measures	35
Develop indigenous energy sources	24
Revise industry incentive system	68
Institutional reforms:	
Strengthen capacity to formulate and implement public investment programme	86
Increase efficiency of public enterprises	57
Improve support for agriculture [marketing, etc.]	57
Improve support for industry and subsectors [including price controls]	49

[1] Structural Adjustment Loans.

Source: Mosley, Paul, "Conditionality as a Bargaining Process: Structural-Adjustment Lending, 1980-86", *Essays in International Finance, Princeton University*, No. 168, October 1987, p. 5.

Table 3.3
Government Expenditure on Food Subsidies in Selected Countries

	Food subsidies as percentage of total government expenditure			Food subsidies as percentage of GDP		
	1980 per cent	Latest year available	per cent	1980 per cent	Latest year available	per cent
Bangladesh	5.8	1985	3.8	0.6	1985	0.6
Brazil	5.6	1985	1.7	0.5	1985	0.2
Colombia	0.1	1982	0.4	0.0	1982	0.0
Egypt	16.4	1984	15.6	7.2	1985	6.6
India	3.5	1985	2.2	0.5	1985	0.4
Mexico	3.7	1984	2.6	0.7	1984	0.6
Morocco	5.0	1985	7.9	1.8	1985	2.3
Pakistan	7.9	1985	4.1	1.4	1985	0.5
Sri Lanka	7.2	1985	2.8	3.1	1985	1.2
Zambia	2.8	1982	1.2	1.0	1982	0.4

Source: Pinstrup-Andersen, P. (ed.), 'Consumer-Oriented Food Subsidies: Costs, Benefits and Policy Options for Developing Countries', Baltimore, Johns Hopkins University Press, 1987; table reprinted in UNICEF (Cornia, Jolly and Stewart, eds.), 'Adjustment with a Human Face', Vol. 1, Oxford University Press, 1987.

Table 3.4
Countries with the most severe cuts in per capita GDP and Health and Education Expenditures[1]
(cumulative)

	Health	Education	GDP
Africa	1979–83	1979–83	1980–85
Ghana	−40.3[2]	−25.9[2]	−20.1
Sudan	−32.9	−42.4[2]	−12.3
Togo	−26.8	+13.9	−17.2
Malawi	−26.6[2]	+31.1[2]	− 4.9
Liberia	−24.9	− 2.4	−30.8
Mauritius	−23.9	−27.4	n.a.
Tunisia	−18.0[2]	−42.0[2]	+ 7.2
Latin America	1980–84	1979–83	1980–84
Bolivia	−77.7[3]	−45.6	−27.5
Guatemala	−58.3	n.a.	−14.8
Dominican Republic	−46.5	−15.4	+ 1.8
Surinam	−44.2[4]	n.a.	n.a.
El Salvador	−32.4	−28.7	−25.6
Chile	−23.8	+ 2.1[2]	− 6.7
Barbados	−21.3	n.a.	− 5.0
Jamaica	−18.5	−24.1[5]	− 5.6
Costa Rica	−16.5	−41.8[2]	−12.3
Honduras	−15.2	n.a.	−11.5
Argentina	−13.9	−24.4[2]	−13.9
Uruguay	−13.4	−22.3	−12.0
South and East Asia	1979–83	1979–83	1980–83
Sri Lanka	−33.9[2]	+ 4.9[2]	+ 7.7
Philippines	− 3.8[2]	+ 2.4[2]	− 7.9
Middle East			
Israel	−11.0[2]	− 1.2[2]	− 0.3
Jordan	− 9.0[2]	+ 9.5[2]	+ 4.0

[1] Countries for which data were available to UNICEF when preparing the report 'Adjustment with a Human Face'.
[2] 1979–1982
[3] 1980–1982
[4] 1980–1983
[5] 1980–1985

Source: Calculated from data in UNICEF (Cornia, Jolly and Stewart, eds.), 'Adjustment with a Human Face', Vol. 1, Oxford University Press, 1987.

Table 3.5
Countries with Fund/Bank Programmes[1] which have experienced Falling Ratios of Primary School Enrolment,[2] 1980–85
(percentages)

	Total				Female			
	1965	1980	1985	(Change) 1980–85	1965	1980	1985	(Change) 1980–85
Low-income[3]								
Ethiopia	11	43	36	−16.3	6	30	28	− 6.7
Nepal	20	91	79	−13.2	4	53	47	−11.3
Bangladesh	49	62	60	− 3.2	31	47	50	+ 6.4
Mali	24	27	23	−14.8	16	20	17	−15.0
Mozambique	37	93	84	− 9.7	26	79	74	− 6.3
Tanzania	32	104	72	−30.8	25	98	85	−13.3
Togo	55	116	95	−18.1	32	89	73	−18.0
Somalia	10	41	25	−39.0	4	29	18	−37.9
Rwanda	53	70	64	− 8.6	43	67	63	− 6.0
Kenya	54	108	94	−13.0	40	101	91	− 9.9
Sudan	29	51	49	− 3.9	21	43	41	− 4.7
Pakistan	40	57	47	−17.5	20	30	32	+ 6.7
Ghana	69	69	66	− 4.3	57	60	59	− 1.7
Guinea	31	33	30	− 9.1	19	22	19	−13.6
Lao PDR	40	96	91	− 5.2	30	88	79	−10 2
Vietnam	n.a.	116	100	−13.8	n.a.	109	94	−13.8
Middle-income[3]								
Yemen, PDR	23	72	66	− 8.3	10	51	35	−31.4
Philippines	113	110	106	− 3.6	111	108	106	− 1.9
Nigeria	32	98	92	− 6.1	24	n.a.	81	n.a.
El Salvador	82	74	70	− 5.4	79	74	70	−5.4
Colombia	84	128	117	− 8.6	86	130	119	− 8.5
Chile	124	117	109	− 6.8	122	116	106	− 8.6
Costa Rica	106	108	101	− 6.5	105	106	100	− 5.7
Jordan	95	108	99	− 8.3	83	n.a.	99	n.a.
Mexico	92	120	115	− 4.2	90	116	114	− 1.7
Portugal	84	118	112	− 5.1	83	116	119	+ 2.6
Yugoslavia	106	99	96	− 3.0	103	98	96	− 2.0
Panama	102	113	105	− 7.1	99	111	102	− 8.1
Argentina	101	116	108	− 6.9	102	116	108	− 6.9
Korea, Rep.	101	107	96	−10.3	99	96	105	+ 9.4
Romania	101	101	98	− 3.0	100	101	97	− 4.0

[1] Countries which had either IMF or World Bank (structural or sector) adjustment programmes anytime during 1981–1985.

[2] Enrolment ratio is taken as the total number of children enrolled at a primary schooling level (whether or not they belong to the relevant age group for that level) as a percentage of the total number of children in the relevant age group for that level.

[3] Low-income countries are those whose 1986 per capita income was $425 or less, and middle-income countries are those with per capita income above $425. Countries are listed in ascending order of income per capita except where data on income per capita is not available in which they are listed at the end of the relevant list of low-income and middle-income countries.

Source: World Bank, World Development Reports (several issues).

Table 3.6
Countries with Fund/Bank Programmes[1] which have experienced Increasing Rates of Infant or Child Mortality,[2] 1980–85

	Infant Mortality (child under 1)				Child Mortality (child under 5)			
	1965	1980	1985	Per cent change 1980–85	1965	1980	1985	Per cent change 1980–85
Low-income[3]								
Ethiopia	165	146	168	+ 15.1	37	32	38	+18.8
Mali	200	154	174	+ 13.0	47	34	43	+26.5
Madagascar	n.a.	71	109	+ 53.5	18	11	21	+90.9
Uganda	121	97	108	+ 11.3	26	18	21	+16.7
Tanzania	138	103	110	+ 6.8	29	19	22	+15.8
Somalia	165	146	152	+ 4.1	37	32	33	+ 3.1
Kenya	112	87	91	+ 4.6	25	15	16	+ 6.7
Haiti	158	115	123	+ 7.0	37	18	22	+22.2
Middle-income[3]								
Indonesia	138	93	96	+ 3.2	20	11	12	+ 9.1
Philippines	72	14	48	+242.9	11	4	4	-
Zimbabwe	103	74	77	+ 4.1	15	12	7	−41.7
Jamaica	49	16	20	+ 25.0	4	(.)	1	n.a.
Peru	131	88	94	+ 6.8	24	9	11	+22.2
Panama	56	22	25	+ 13.6	4	1	1	-

[1] As in Footnote 1, Table 3.5
[2] Annual number of deaths per thousand live births.
[3] As in Footnote 3, Table 3.5.

Source: World Bank, World Development Reports (several issues).

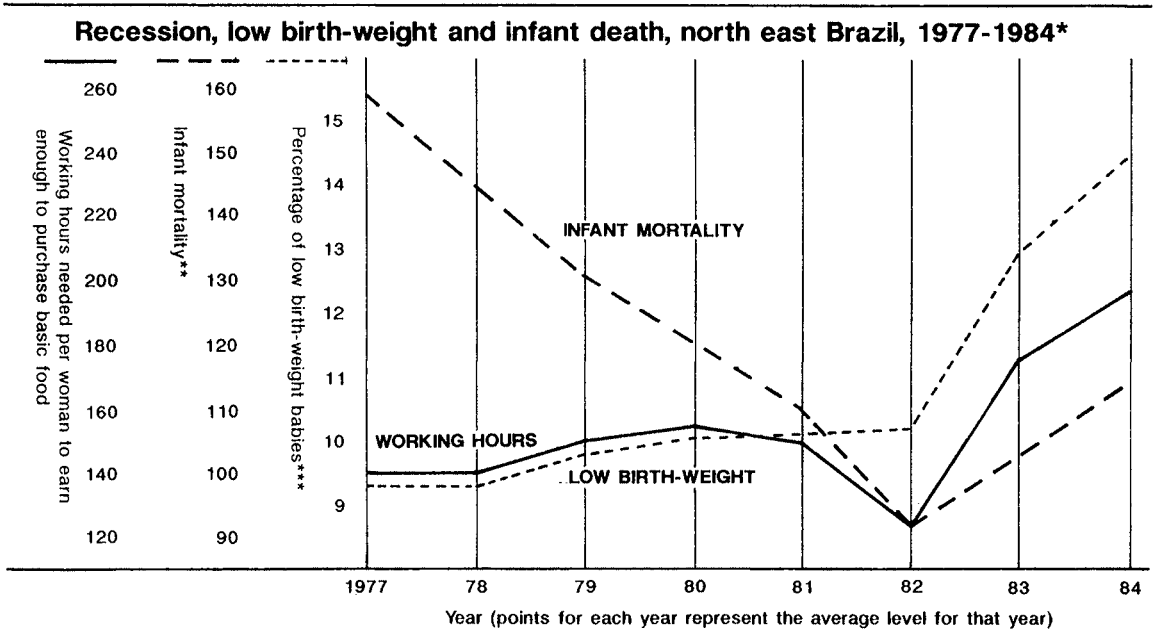
Table 3.7
Countries with Fund/Bank Programmes[1] which have experienced a Deterioration in Female Nutrition or Health

	Female life expectancy[2]				Daily calorie supply per capita[3]				Maternal mortality[4]	% of low-birth-weight babies[5]
	1965	1982	1985	Per cent change 1982–85	1965	1980	1985	Per cent change 1980–85	1980–87	1982–87
Countries experiencing a decline in life expectancy, 1982–1985										
Ethiopia	43	49	47	− 4.1	1,832	1,735	1,704	− 1.8	n.a.	n.a.
Ghana	49	57	55	− 3.5	1,949	1,964	1,785	− 9.1	1,070	17
Kenya	50	59	56	− 5.1	2,287	2,078	2,214	+ 6.5	170	13
Liberia	46	56	52	− 7.1	2,155	2,390	2,373	− 0.7	n.a.	n.a.
Niger	39	47	45	− 4.3	1,996	2,327	2,276	− 2.2	420	20
Philippines	57	66	65	− 1.5	1,936	2,275	2,260	− 0.7	80	18
Countries experiencing a decline in calorie supply only during 1980–1985										
Argentina	69	73	74	+ 1.4	3,209	3,494	3,216	− 8.0	85	6
Bangladesh	44	49	51	+ 4.1	1.964	1,960	1,804	− 8.0	600	31
Chile	63	72	74	+ 2.8	2,591	2,790	2,544	− 8.8	55	7
Cote d'Ivoire	44	49	55	+ 12.2	2,357	2,746	2,308	− 16.0	n.a.	14
Ecuador	57	65	68	+ 4.6	1,942	2,181	2,005	− 8.1	220	10
Guinea	36	38	41	+ 7.9	1,899	2,071	1,731	− 16.4	n.a.	18
Jamaica	67	75	76	+ 1.3	2,232	2,624	2,578	− 1.8	100	8
Korea, Rep. of	58	71	72	+ 1.4	2,255	2,957	2,806	− 5.1	34	9
Madagascar	45	50	54	+ 8.0	2,486	2,466	2,452	− 0.6	300	10
Mali	39	47	48	+ 2.1	1,860	1,871	1,810	− 3.3	n.a.	17
Nigeria	43	52	52	−	2,185	2,595	2,139	− 17.6	1,500	25
Pakistan	44	49	50	+ 2.0	1,747	2,184	2,180	− 0.2	600	25
Rwanda	51	48	49	+ 2.1	1,665	2,364	1,935	− 18.1	210	17
Sierra Leone	34	38	40	+ 5.3	1,836	2,053	1,784	− 13.1	450	14
Sudan	41	49	50	+ 2.0	1,874	2,447	2,168	− 11.4	n.a.	15
Uruguay	72	75	75	−	2,811	2,896	2,791	− 3.6	56	8
Yugoslavia	68	74	75	+ 1.4	3,287	3,565	3,499	− 1.9	27	7
Zaire	45	52	53	+ 1.9	2,188	2,180	2,151	− 1.3	800	n.a.

[1] As in Footnote 1, Table 3.5.
[2] The number of years new born female children would live if subject to the mortality risks prevailing for the cross section of population at the time of their birth.
[3] Daily calorie supply per capita is calculated by dividing the calorie equivalent of the food supplies in the economy (domestic production plus net imports and changes in stocks) by a population as a whole; this therefore provides only an indirect measure of the change in women's nutrition.
[4] Annual number of deaths of women from pregnancy-related causes per 100,000 live births.
[5] 2,500 grammes or less.

Sources: World Bank, World Development Reports (several issues) and UNICEF, The State of the World's Children, 1989.

Chart 3.1



Notes: * Population covered=38 million in 1984.
** Infant mortality=deaths before the age of one per 1,000 live births.
*** Low birth-weight=below 2,500 grammes.

Source: R A Becker, A Lechtig, 'Brazil: Evolucao da Mortalidade Infantil no perido 1977-84', Ministry of Health, Documentation Centre, Brasilia, DF, Brazil, 1986.