ABSTRACT

The authors of this paper examine Amartya Sen’s contributions to the concept of human well-being from a gender perspective and argue that this concept is particularly useful for explaining women’s decisions on contraceptive use. The study draws on data collected in six rural communities of Chiapas, Mexico. It emphasizes the ways in which public discourse articulates the apparent benefits of having small families; the context of the household and community in which rural women make reproductive decisions; and the impact of family planning programs on women’s sense of subjective well-being. In particular, it questions the assumption that reduced fertility through contraception necessarily enhances women’s well-being and points to the importance that women attach to being a party to reproductive decisions. The authors also explore the links between women’s assessment of these decisions and of paid work, and their actual education levels and real possibilities of employment.

KEYWORDS

Amartya Sen, well-being, population policies, rural women, Mexico

INTRODUCTION

Women’s sexual and reproductive rights were central issues at the 1994 World Conference on Population and Development held in Cairo. Women’s groups succeeded in placing the issue of population growth within the context of sustainable development, highlighting the importance of women’s empowerment and of an improvement in their living conditions for attaining such development (Lori Ashford 1995). Similarly, at the 1995 World Conference on Women, held in Beijing, feminists stressed the “explicit recognition and reaffirmation of the right of all women to control all aspects of their health, particularly regarding their own fertility” (Carmen Martínez and María José Montero 1997: 27), as well
as the need to integrate gender analysis into all policies, programs, and projects.¹

From a gender perspective, population policies need to be defined within a framework of individual freedoms and social justice. Feminists emphasize the importance of women’s rights both as a means for development and as a goal of development.² These views resonate with some of the assertions by Amartya Sen (1985, 1996, 2000), particularly those regarding agency and well-being. Our goal in this paper is to apply Sen’s concept of well-being to analyze population policies from a gender perspective. We focus on the impact of such policies on rural women in the Mexican state of Chiapas.

Sen’s concept of well-being is useful especially in two ways. First, it helps us understand the context in which rural women make decisions about their own fertility, as well as the elements intervening in such decisions, such as women’s educational levels, their assessment of paid work, and their real possibilities of employment. Second, it allows us to problematize the apparent benefits that population policies (operating through family planning programs) offer to rural women.

For our analysis, we draw on data gathered in six rural communities in Chiapas, and in particular on our interviews with 300 women in the 30 – 49 age group. We examine (a) whether there is a significant relationship between women’s educational levels and their assessment of paid work; and (b) how women assess paid work, and whether having such work influences the number of children they have and their participation in the decision to use contraception.

As detailed in the paper, our analysis shows that there need be no straightforward relationship between the adoption of contraceptive methods promoted by a state, and an increase in women’s well-being as defined by Sen. Rather, a number of factors can affect women’s contraceptive choices, such as their educational levels, how they assess paid work, and their actual employment prospects. In turn, these factors can increase the possibility of contraception improving women’s well-being. However, in the absence of certain enabling factors, contraception may be imposed on women and render them less (rather than more) satisfied with their lives.

In the discussion below we first outline Sen’s concept of well-being and its usefulness for analyzing population policies from a gender perspective. Subsequently, we draw on this concept to analyze the context in which rural women in Chiapas make decisions regarding their own fertility, and to problematize the apparent benefits of family planning programs for women. We highlight the factors that shape women’s decisions around contraception in rural Chiapas, and conclude by stressing the importance of considering women’s agency and well-being when designing population policies.
I. WELL-BEING, GENDER, AND PUBLIC POLICY

Sen (1985, 1996) suggests that well-being is a combination of doings and beings, that is, functionings that may range from being well-nourished and healthy to having self-respect, human dignity, and the ability to participate in community life. He assigns paramount importance to the freedom to choose between alternative functionings, which he terms as the “capability to function” (Amartya Sen 1988), that is, the freedom a person has for leading the life s/he values and achieving valuable functionings. Sen further stresses that we must pay attention to both the achievement of well-being (achieved functionings) and well-being freedom.

Capabilities express the real opportunities available to people for achieving well-being. According to Sen (1985), in evaluating people’s well-being it is important to consider individual assessments of both the functionings achieved and the set of opportunities available to them for achieving well-being. Sen thus pays considerable attention to context. The articulation of these elements constitutes the key for analysis in real-life situations. However, to evaluate women’s well-being two issues must be considered. First, as Martha Nussbaum and Amartya Sen (1996) point out, applying the concept of well-being to women’s lives raises the dilemma of cultural differences. On what bases can we compare different groups of women? Second, the concept of well-being rests on an information-pluralistic structure. Below, we address each issue and offer some ways of dealing with them.

Sen typically does not explicitly deal with gender issues in his concept of well-being. However, by considering agency and freedom as central elements thereof, he makes space for examining the subjective and normative dimensions of gender inequality. Moreover, Sen’s concept leaves room to discuss an issue that is crucial from a gender perspective: women’s right to pursue alternatives and gain access to opportunities for enhancing personal well-being. As we know, a primary demand of the women’s movement has been for women to have the freedom to make decisions about their own lives (Claudia García-Moreno and Amparo Claro 1994). Thus, a gender perspective on well-being will allow us to understand women’s assessments (mediated by identities, norms, and institutions) and their implications for women’s well-being, by considering the different ways in which gender differences construct social reality (Joan Scott 1996).

Amartya Sen (1990) argues that for women, self-interest and agency are socially molded by notions of obligation and legitimacy, which affect their behavior and the choices they make. In this respect, Sen acknowledges that agency itself is not enough to achieve well-being, since it is mediated by what society considers “good” and as such is based on moral judgments. In fact, he recognizes that agency is broader than well-being, since not all
choices are aimed at achieving valuable functionings for oneself (Sen 1996). Furthermore, agency and well-being are two separate aspects that may or may not have the same relationship with personal well-being and, therefore, need to be assessed in independent or complementary terms (Sen 1985). Thus, when analyzing women’s reproductive choices, we need to consider not only the choices themselves, but also the underlying values that lead to a certain choice, and whether that choice translates into well-being for women.

As Sen (1985) and Julia Annas (1996) point out, women’s perceptions of themselves, and of what they want to be or do, are largely constituted by the circumstances and options they see before them. Hence, in societies in which women have fewer options than men, women might be prone to settle for less. In other words, people’s well-being cannot be based only on their perception of needs and their satisfaction, but on what they can actually be and do in life, that is, on their capabilities. We acknowledge the importance of taking into account individual assessments underlying the choices made, not as an evaluative criterion of well-being, but for clarifying the role played by gender identities and norms in determining women’s well-being.

To sum up, the key elements in women’s well-being derive from both subjective and objective dimensions. These elements are: individual assessments mediated by gender identities and norms that give legitimacy to what is chosen, and the possibility of choosing functionings that enhance personal well-being (where gender conflict may arise). In this sense, the context in which women make decisions is fundamental to understanding their well-being cross-culturally.

Sen (1988) highlights the central role of the state in promoting human well-being through policies such as distributing food, and providing education and medical care among certain groups of people. Public policies are established in order to modify the circumstances, assessments, or activities of certain groups for the sake of the “common good,” namely, the promotion of certain personal functionings that the state considers important for the collectivity.

Analyzing state policy is one way of dealing with the plural views outlined above. The state’s actions provide a basis for assessing people’s well-being by looking at the apparent benefits offered by certain policies and programs. For instance, we are particularly interested in the functionings that are affected by a specific program, namely that aimed at reducing family size. These functionings are implicitly or explicitly contained in the discourse and practice of the programs, and they enable us to disclose their scope and limitations for promoting human well-being.

From this perspective, the critical issue is not the acceptance or rejection of the program by a certain group of people, or its overall impact (for example on aggregate fertility rates), but rather how the program is viewed
by its potential beneficiaries. Do these programs really translate into women’s personal well-being? Women’s agency, as reflected in the autonomy women have to make decisions regarding contraception, for instance, can affect the personal well-being outcomes of the programs. We need to identify the individual and social elements that enable people to benefit from a particular program.

Interpersonal evaluations can be conducted within the same context, or by comparing different contexts. In examining Mexico’s family planning program in rural Chiapas, we undertake three levels of analysis. First, we take into account the structure of well-being options available to people, particularly the options relevant to the functionings promoted by a certain program. Second, we examine individual assessments and life expectations by looking at the options people have and those that they consider possible, as well as their perceptions of the program’s likely impact on the achievement of their life objectives. Third, we assess achieved functionings, namely, achievements measured in terms of the personal well-being that people derive from accepting the program, the circumstances in which they accept it (whether or not through the exercise of agency), and the apparent benefits of such a program.

We will now analyze Mexico’s family planning program in rural Chiapas. Our purpose is to examine the validity of the presumed positive relationship between contraception use and women’s well-being, and the factors that intervene in women’s contraceptive choices, such as their educational levels, their assessment of paid work, and their job prospects.

II. FAMILY PLANNING IN MEXICO AND WOMEN’S OPTIONS IN RURAL CHIAPAS

Family planning in Mexico is a legal right that has been coupled with an extended institutional coverage of health services and dissemination campaigns. The use of contraceptives was first promoted by the State in the 1970s with the slogan “a small family lives better,” using the argument that it would improve living standards. The 1980s, however, were dominated by the slogan “have few children to give them more,” when the country was in economic crisis, public expenditure was being cut, and unemployment was rising. The Cairo Conference of 1994 influenced the Mexican government to restructure its family planning program by including some safeguards for women’s autonomy and reproductive rights. The slogan during the 1990s was “family planning . . . it’s a matter of choice,” which emphasized individual life projects and decision-making (Consejo Nacional de Población 1998).

According to the Mexican government, family planning, by promoting the spacing of pregnancies and limiting the number of children, offers all women the option of improved well-being. Moreover, by participating in
such a program, women can access other aspects of well-being, regardless of the socio-economic and cultural contexts within which they make decisions. Women can be healthier and wealthier; they can live longer and enjoy better sex since they need not worry about unwanted pregnancies; and they can work outside their homes and have better educated children (Secretaría de Salud 1996).

In recent years, the official discourse has been accompanied by an intensification of family planning programs among the rural and marginal urban populations of Mexico, viewed as a strategy to “fight poverty” (Secretaría de Hacienda y Crédito Público 1995). Since the mid-1990s, the state of Chiapas has been especially targeted by such programs. In the early 1990s, Chiapas had the highest poverty levels and fertility rates in Mexico (Consejo Nacional de Población 1993; Miguel Cervera 1994), as well as the lowest contraception rates (Yolanda Palma and Jesús Suárez 1994). The implementation of family planning programs increased the state’s contraception prevalence rate for all women in the age group 15–49 from 49.9 percent in 1992 to 53.5 percent in 1997. The most commonly used method was the surgical sterilization of women, and Chiapas with 55.7 percent sterilized women, presently ranks first in all Mexico in the percentage of sterilized women among contraceptive users (Consejo Nacional de Población 2000).

A recent study conducted by Benito Salvatierra (2000) in Chiapas shows that the sharpest decline in fertility took place among rural mestizo populations (from 4.4 children per woman to 2.8 between 1976 and 1996), followed by marginal urban populations (4.7 to 3.7), native rural populations (4.6 to 3.8), and middle urban settlements (2.2 to 2.0). Salvatierra attributes the decline to an increase in the use of contraceptives: in 1996, 72.6 percent of the women aged 15–49 years in rural mestizo communities used contraceptives, compared to 46.8 percent in 1976. These figures illustrate the intensity of the family planning programs implemented in Chiapas, and can be seen as an indicator of program success. However, we believe it is important to assess to what extent limiting the number of children has actually contributed to women’s well-being in Chiapas.

For our analysis, we drew on data gathered in six rural communities of Chiapas, located along the border between Chiapas and Guatemala, each community having less than 2,500 mestizo inhabitants. We focused on the female population aged 30–49 years, since Salvatierra’s study had shown that 85 to 90 percent of the women who limited their number of children, did so when they were between 30 and 34 years of age. The estimated sample size for the six communities was 288 and we interviewed a total of 300 women. Using a structured questionnaire and some open-ended questions, we asked these 300 women about their pregnancy histories, their use of contraceptives, and their opinions of traditional gender roles and life
expectations. We also conducted participant observation in the six communities. Fictitious names are used throughout the paper to keep the respondents’ personal information confidential.

Below, we first discuss the characteristics of the six Chiapas communities and then analyze the relationship between contraception use and women’s well-being. We examine the structure of well-being options available to women, particularly those that provide educational or employment alternatives to women’s traditional roles of wives and mothers. We also examine women’s assessment of such options, followed by an analysis of the apparent improvement in women’s personal well-being resulting from their acceptance of the family planning program (as an agency achievement or otherwise). In our analysis, we explore two hypotheses: one, that women’s views of paid work are conditioned by their educational levels; and two, that women’s views of paid work, and whether or not they have such work, influences the number of children they have and the decision-making process around contraception methods. A novel feature of our approach is that it puts the assessment of paid work, and whether or not women do such work, on center stage, as aspects that can critically impinge on demographic decision-making.

Community characteristics and women’s categories

We have used two criteria to classify the six communities under study: the dominant production system and the sexual division of labor. Both define the options available to women in each community in terms of education and work opportunities. We found that the activities that women performed were largely determined by the specific production structure and associated life options in their communities, as well as by gender identities and norms. Tables 1 and 2 outline some of the characteristics of the communities and of women’s activities within them.

Agriculture is the main economic activity in all six communities, but the land ownership patterns and prospects for paid employment differ. In Piedra Labrada and Emiliano Zapata, production is mostly for self-consumption. In these communities, 75.1 percent of the families own land (they are *ejidatarios* and sons of *ejidatarios*), the amounts ranging from 2 to 30 hectares, with an average of 13.5 hectares per family. Much of this is low productivity, unirrigated land, located in mountainous terrain. Farming is done mainly through family labor with little use of wage labor. However, there is a sexual division of labor, whereby men do most of the agricultural work and women most of the domestic work. Occasionally women participate in agriculture alongside their husbands and/or children. Only 1.7 percent of the women are employed as seasonal agriculture workers for some four weeks or less during the year, while 49.2 percent are exclusively home based. Almost all women rear animals (pigs) and poultry in their...
Table 1 Production systems and the sexual division of labor in the six communities under study

<table>
<thead>
<tr>
<th>Production system</th>
<th>Community</th>
<th>Region/municipality</th>
<th>Main productive activity</th>
<th>Number of households (total/with land)</th>
<th>Average hectares per landowning household</th>
<th>Number of inhabitants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subsistence production with male and female unpaid labor</td>
<td>PIEDRA LABRADA</td>
<td>Border (Chicomusclo/Bella Vista)</td>
<td>Cultivation of corn, beans, and coffee (2,850 hectares of mountain rain-fed agriculture, all cultivated area)</td>
<td>214/171 (79.9%)</td>
<td>16.7</td>
<td>1,088</td>
</tr>
<tr>
<td></td>
<td>EMILIANO ZAPATA</td>
<td>Mountain (Bella Vista)</td>
<td>Cultivation of corn, beans, and coffee (2,050 hectares of mountain rain-fed agriculture, all cultivated area)</td>
<td>269/192 (71.4%)</td>
<td>10.7</td>
<td>1,225</td>
</tr>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Subtotal</td>
<td></td>
<td></td>
<td>4,900 cultivated hectares</td>
<td>75.2%</td>
<td>13.5</td>
<td>2,313</td>
</tr>
<tr>
<td>Subsistence production of corn; market production of other products, with the remunerated participation of women</td>
<td>CONQUISTA CAMPESINA</td>
<td>Soconusco (Tapachula)</td>
<td>Cultivation of corn; fishing as a secondary activity (2,050 hectares of mangrove swamp, ocean and rain-fed agriculture/231 cultivated hectares)</td>
<td>66/66 (100.0%)</td>
<td>3.5</td>
<td>381</td>
</tr>
</tbody>
</table>

(continued overleaf)
<table>
<thead>
<tr>
<th>Production system</th>
<th>Community</th>
<th>Region/municipality</th>
<th>Main productive activity</th>
<th>Number of households (total/with land)</th>
<th>Average hectares per landowning household</th>
<th>Number of inhabitants</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 DE NOVIEMBRE</td>
<td>Soconusco</td>
<td>Suchiate</td>
<td>Cultivation of corn, beans, sesame seeds, soy beans, nuts, cotton, banana, and mango (588 hectares of rain-fed agriculture/288 cultivated hectares)</td>
<td>124/116 (93.5%)</td>
<td>2.5</td>
<td>748</td>
</tr>
<tr>
<td>Subtotal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JOAQUÍN MIGUEL GUTIÉRREZ</td>
<td></td>
<td>Soconusco</td>
<td>Cultivation of soy beans, sorghum, sesame seeds, and corn (795 hectares of irrigated agriculture, all cultivated area)</td>
<td>109/60 (55.5%)</td>
<td>13.3</td>
<td>438</td>
</tr>
<tr>
<td>CONGREGACIÓN REFORMA</td>
<td></td>
<td>Soconusco</td>
<td>Cultivation of soy beans, sorghum, banana, cotton, and nuts (917 hectares of irrigated agriculture, all cultivated area)</td>
<td>211/92 (43.6%)</td>
<td>10.0</td>
<td>874</td>
</tr>
<tr>
<td>Subtotal</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Source: Own fieldwork, Chiapas (1998).
Table 2 Women’s educational and employment opportunities by community location

<table>
<thead>
<tr>
<th>Community/sample size (n = 300)</th>
<th>Women: 30 to 49 years, without schooling % (n)</th>
<th>Daughters: 13 to 19 years, without schooling % (n/N)</th>
<th>Housewives % (n)</th>
<th>Self-employed % (n)</th>
<th>Agricultural laborers % (n)</th>
<th>Other remunerated workers % (n)</th>
<th>Employment opportunities for women</th>
<th>Maximum level of formal education offered at the community</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIEDRA LABRADA (n = 60)</td>
<td>8.3 (5)</td>
<td>4.8 (4/83)</td>
<td>40.0 (24)</td>
<td>46.7 (28)</td>
<td>3.3 (2)</td>
<td>10.0 (6)</td>
<td>Negligible</td>
<td>Telesecondary</td>
</tr>
<tr>
<td>EMILIANO ZAPATA (n = 60)</td>
<td>5.0 (3)</td>
<td>1.6 (2/122)</td>
<td>58.3 (35)</td>
<td>31.7 (19)</td>
<td>0.0 (0)</td>
<td>10.0 (6)</td>
<td>Negligible</td>
<td>Telesecondary</td>
</tr>
<tr>
<td>Subtotal (n = 120)</td>
<td>6.7 (8)</td>
<td>2.9 (6/205)</td>
<td>49.2 (59)</td>
<td>39.2 (47)</td>
<td>1.7 (2)</td>
<td>10.0 (12)</td>
<td>Negligible</td>
<td>Telesecondary</td>
</tr>
<tr>
<td>CONQUISTA CAMPESINA (n = 22)</td>
<td></td>
<td></td>
<td>59.1 (13)</td>
<td>13.5 (7/52)</td>
<td>72.7 (16)</td>
<td>13.6 (3)</td>
<td>9.2 (2)</td>
<td>Primary school</td>
</tr>
<tr>
<td>20 DE NOVIEMBRE (n = 45)</td>
<td>42.2 (19)</td>
<td>9.1 (5/55)</td>
<td>68.9 (31)</td>
<td>11.1 (5)</td>
<td>17.7 (8)</td>
<td>2.3 (1)</td>
<td>No (inside the community)</td>
<td>Telesecondary</td>
</tr>
<tr>
<td>Subtotal (n = 67)</td>
<td>47.8 (32)</td>
<td>11.2 (12/107)</td>
<td>70.1 (47)</td>
<td>11.9 (8)</td>
<td>13.4 (9)</td>
<td>4.6 (3)</td>
<td>Yes (outside the community)</td>
<td>Telesecondary</td>
</tr>
<tr>
<td>JOAQUÍN MIGUEL GTZ. (n = 44)</td>
<td>23.2 (10)</td>
<td>9.0 (6/67)</td>
<td>43.2 (19)</td>
<td>27.3 (12)</td>
<td>6.8 (3)</td>
<td>22.7 (10)</td>
<td>Yes (inside the community)</td>
<td>Telesecondary</td>
</tr>
<tr>
<td>CONGREGACIÓN REFORMA (n = 69)</td>
<td>31.8 (22)</td>
<td>2.6 (3/114)</td>
<td>40.6 (28)</td>
<td>26.0 (18)</td>
<td>23.2 (16)</td>
<td>10.2 (7)</td>
<td>Yes (inside the community)</td>
<td>High school</td>
</tr>
<tr>
<td>Subtotal (n = 113)</td>
<td>28.3 (32)</td>
<td>5.0 (9/181)</td>
<td>41.6 (47)</td>
<td>26.5 (30)</td>
<td>16.8 (19)</td>
<td>15.1 (17)</td>
<td>Yes (inside the community)</td>
<td>High school</td>
</tr>
</tbody>
</table>

Notes: (a) This refers to illiterate women who did not attend school.  
(b) The first three years of high school offered through television programs.  
(c) This includes women working as midwives, seamstresses, artisans, housemaids, store employees, and professional workers.  
Source: Own fieldwork, Chiapas (1998).
backyards. Of the rest, 39.2 percent have other forms of self-employment, such as preparing and selling food, running retail outlets for groceries, and selling clothes, cosmetics, and home products. Most undertake such self-employment at home, and some few outside it. It is notable that many women prefer informal commercial activities because they are compatible with childcare and household chores and also generate an income. Finally, 10 percent of the women in these communities have paid jobs such as those of midwives or seamstresses, working from the home, and a few (8) work as housemaids in the nearby city of Frontera Comalapa, to which they commute daily.

In contrast, the communities of Joaquín Miguel Gutiérrez and Congregación Reforma produce for the market. In these two communities taken together, only 47.5 percent of the families own land, with an average of 11.3 hectares per family. These are the best lands of the region. The farmers have irrigation, use machinery (tractors and threshers), and hire labor from within the community. Women agricultural laborers represent 16.8 percent of the total sample in these two communities and come from the landless families. Women of land-owning households rarely participate in agricultural work. Some 41.6 percent work exclusively at home; another 26.5 percent are self-employed in small commercial ventures within and outside their homes; and 15.1 percent do paid work as housemaids, teachers in public schools, nurses, and other professionals.

In between are the communities of Conquista Campesina and 20 de Noviembre which produce for self-consumption but also have opportunities for women to secure paid employment in nearby farms. In these two communities families own an average of 2.8 hectares each. In Conquista Campesina, all households own some land, but much of it is rainfed land of poor quality, close to the ocean, where only corn is grown for self-consumption. The average farm size is 3.5 hectares per family. In 20 de Noviembre, 93.5 percent of the households own land, and although they, too, depend only on rainfall, their land is more fertile than that in Conquista Campesina. In 20 de Noviembre, 70.1 percent of the women work at home and rear backyard animals. They also occasionally undertake agricultural work on the family farms, along with their husbands and sons. In this community, 13.4 percent of the women work as agricultural day laborers, while 11.9 percent have small commercial ventures within or outside their homes, and only 4.6 percent have paid jobs as housemaids or artisans.

According to Sen (1985), the evaluation of women’s well-being must take into account the activities that women perform or may be able to perform. Thus our analysis includes both women’s own assessment of potentially valuable functionings, such as paid work outside the home, and whether they actually perform such work. Moreover, Sen gives particular importance to the “visibility” of women’s work in enhancing their agency. Paid
employment outside the home is visible in both physical and monetary terms. We have thus placed particular emphasis on women’s paid work outside the home.

For our analysis, we have divided women of the six Chiapas communities into four categories, using a modified version of the schema provided by Joan Manuel Batista-Foguet, Joseph María Blanch, and Maité Artés (1994). In accordance with this schema, we identify the four categories of women, constituted from a combination of the activities they undertake and their perceptions of these activities. Category 1 includes the “willingly home based”: these women do not perform paid work and also assess such work negatively (that is, they would not like to do it). They are engaged either exclusively in domestic work or at best in some form of self-employment along with domestic work. In Category 2 are the “unwillingly home based,” namely, women who again do not perform paid work (because of their husbands’ opposition or the lack of local opportunities), but who consider such work desirable. Category 3 consists of the “unwillingly employed” – women who perform paid work but assess it negatively; that is, as undesirable. In other words, these women participate in activities other than only housework and childcare, but do so unwillingly. Finally, Category 4 consists of the “willingly employed.” These women perform paid work and also assess such work positively.

We use cross-tabulations and the chi-square statistic to examine interrelationships between these four classifications of women and their distribution according to other variables such as women’s assessment of paid work outside the home, the communities in which they live, their educational levels, their use of contraception, and so on. The chi-square statistic tests whether an observed joint frequency distribution could have occurred by chance. It involves the comparison of observed frequencies with those that would be expected if there were no relationship between the variables. We have used three types of chi-square tests: the standard chi-square ($\chi^2$); the log-likelihood chi-square ($\chi^2_{LR}$), which helps deal with the problem of small sample size and small frequencies in individual cells (Jerrold H. Zar 1984); and the Mantel Haenszel chi-square ($\chi^2_{M}$), which helps compare two variables, one of which is ordinal (e.g., schooling levels) (Steve Selvin 1996).

**Options for paid work and education**

Most of the women we interviewed think that paid work outside the home conflicts with their traditional roles as mothers and wives. This translates into a negative assessment of such work. As seen from Table 3, only 24.8 percent of the women interviewed consider paid employment to be a valuable activity. Of these, only 6.6 percent are actually employed. As expected, in the communities that offer job opportunities for women, more women evaluate female employment positively (44.7 percent) than in
other communities (12.3 percent). Because of the existence of opportunities for paid work women perceive such work as possible and valuable; and the work enhances their possibilities for achieving agency and well-being. Table 4 shows that there are important differences in the distribution of the women across the categories within each community. Of the 14 (out of 214) women in the willingly employed category, 12 (that is, 85.7 percent) are found in the two communities (Joaquín Miguel Gutiérrez and Congregación Reforma) in which paid employment is available for women within the community, while of the 140 women in the

Table 3 Classification of women by their assessment of paid work and actual employment status

<table>
<thead>
<tr>
<th>ACTIVITY (Objective)</th>
<th>No paid work outside the home</th>
<th>Paid work outside the home</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASSESSMENT (subjects: norms and identities)</td>
<td>Assessment of paid work negative</td>
<td>Willingly homebased 140 (65.4%)</td>
</tr>
<tr>
<td></td>
<td>Assessment of paid work positive</td>
<td>Unwillingly homebased 39 (18.2%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>179 (83.6%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>214 (100.0%)</td>
</tr>
</tbody>
</table>

Notes: The answers of 86 women could not be classified in any of the four boxes. The proportion of women with unclassified assessments is not different among women who have paid employment (29.0%) and those who do not (28.4%). Accordingly, there were no differences in the proportion of women who have paid employment outside their homes among the women with classified assessments (45.8%) and those whose assessments could not be classified (46.5%). We will thus base our discussion on the 214 women whose answers could be classified without the risk of bias.

Table 4 Women’s fourfold classification by their community location

<table>
<thead>
<tr>
<th>Communities</th>
<th>Willingly employed</th>
<th>Unwillingly employed</th>
<th>Unwillingly homebased</th>
<th>Willingly homebased</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Piedra Labrada and Emiliano Zapata (n = 85)</td>
<td>1.2 (1)</td>
<td>2.3 (2)</td>
<td>9.4 (8)</td>
<td>87.1 (74)</td>
<td>100.0</td>
</tr>
<tr>
<td>Conquista Campesina and 20 de Noviembre (n = 53)</td>
<td>1.9 (1)</td>
<td>13.2 (7)</td>
<td>13.2 (7)</td>
<td>71.7 (38)</td>
<td>100.0</td>
</tr>
<tr>
<td>Joaquín Miguel Gutiérrez and Congregación Reforma (n = 76)</td>
<td>15.8 (12)</td>
<td>15.8 (12)</td>
<td>31.6 (24)</td>
<td>36.8 (28)</td>
<td>100.0</td>
</tr>
<tr>
<td>Total (n = 214)</td>
<td>6.6 (14)</td>
<td>9.8 (21)</td>
<td>18.2 (39)</td>
<td>65.4 (140)</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Notes: Figures in parentheses give the absolute numbers; $\chi^2 = 53.496; df = 6, p = 0.000.$
category of “willingly home based” 112 (or 80 percent) are from the four
communities (Piedra Labrada, Emiliano Zapata, Conquista Campesina, and
20 de Noviembre).

It is also notable, and perhaps not surprising, that the communities with
the highest percentage of landless families (Joaquín Miguel Gutiérrez and
Congregación Reforma) are those where we also find the smallest
percentage of the “willingly home based” and the largest percentage of
the “willingly employed.” Clearly, both demand and supply factors are at
work here. On the one hand, women of the landless families are
economically compelled to find wage employment, and on the other hand
there is a greater local demand for wage labor in these communities. The
chi-square results also show a significant relationship between localities and
women’s fourfold classification ($\chi^2 = 53.496; \text{df} = 6; p = 0.000$).

Regarding the effect of education, as Figure 1 shows, the women with
more years of schooling are more prone to consider paid work outside the
home as a valuable activity. In terms of the positive assessment of paid work,
the percentages range from 14.6 among the uneducated women to 66.7
among those who have completed secondary studies or higher. In other
words, the higher the women’s educational levels the more likely are they to
assess paid work outside the home positively ($\chi^2_{\text{MH}} = 20.329; \text{df} = 1; p = 0.000$).
This is particularly true among women with nine or more years of
schooling.

However, as Table 5 shows, only 9.8 percent of women have studied for
nine years or more, and only 2 percent have professional degrees (there are
two teachers, two nurses, and two biochemists); 17.8 percent have
completed primary school (six years of schooling); 50.0 percent have had
one to five years of schooling; and 22.4 percent are illiterate. Women

![Figure 1](image-url)

*Figure 1* Women’s educational levels and their assessment of paid work outside the
home ($n = 214$) *Note:* $\chi^2_{\text{MH}} = 20.329; \text{df} = 1; p = 0.000$. 226
withdraw from school for various reasons: a lack of support from their parents (59.5 percent), a dearth of economic resources (35.5 percent), and the remoteness of schools (5 percent).

Table 5 also shows a strong relationship between the level of education, paid employment, and assessment of paid work ($\chi^2_{LR}=33.974$; $df=9; p=0.000$). The willingly employed group has the highest proportion of women with nine or more years of schooling, while the willingly home-based group has the lowest proportion of women with this educational level. It is notable that in the unwillingly home-based group, 17.9 percent of the women have nine or more years of schooling, which could explain their positive assessment of paid work, even if they do not perform it. In rural Chiapas, women’s schooling and local job opportunities play an important

### Table 5 Women’s educational levels by their fourfold classification

<table>
<thead>
<tr>
<th>Women’s schooling levels</th>
<th>Willingly employed % (n)</th>
<th>Unwillingly employed % (n)</th>
<th>Unwillingly homebased % (n)</th>
<th>Willingly homebased % (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than nine years of schooling (21)</td>
<td>50.0 (7)</td>
<td>9.5 (2)</td>
<td>17.9 (7)</td>
<td>3.6 (5)</td>
</tr>
<tr>
<td>Six to eight years of schooling (38)</td>
<td>21.4 (3)</td>
<td>14.3 (3)</td>
<td>23.1 (9)</td>
<td>16.4 (23)</td>
</tr>
<tr>
<td>One to five years of schooling (107)</td>
<td>21.4 (3)</td>
<td>33.3 (7)</td>
<td>43.6 (17)</td>
<td>57.1 (80)</td>
</tr>
<tr>
<td>Without schooling (48)</td>
<td>7.1 (1)</td>
<td>42.9 (9)</td>
<td>15.4 (6)</td>
<td>22.9 (32)</td>
</tr>
<tr>
<td>Total (n=214)</td>
<td>100.0 (14)</td>
<td>100.0 (21)</td>
<td>100.0 (39)</td>
<td>100.0 (140)</td>
</tr>
</tbody>
</table>

**Notes:** Figures in parentheses give the absolute numbers; $\chi^2_{LR}=33.974$; $df=9, p=0.000$.

### Table 6 Women’s marital status by their fourfold classification

<table>
<thead>
<tr>
<th>Women’s marital status</th>
<th>Willingly employed % (n)</th>
<th>Unwillingly employed % (n)</th>
<th>Unwillingly homebased % (n)</th>
<th>Willingly homebased % (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married or consensual union (n=185)</td>
<td>78.6 (11)</td>
<td>66.7 (14)</td>
<td>74.4 (29)</td>
<td>93.6 (131)</td>
</tr>
<tr>
<td>Unmarried (n=3)</td>
<td>14.3 (2)</td>
<td>0.0 (0)</td>
<td>2.6 (1)</td>
<td>0.0 (0)</td>
</tr>
<tr>
<td>Separated, divorced or widowed (n=26)</td>
<td>7.1 (1)</td>
<td>33.3 (7)</td>
<td>23.0 (9)</td>
<td>6.4 (9)</td>
</tr>
<tr>
<td>Total (n=214)</td>
<td>100.0 (14)</td>
<td>100.0 (21)</td>
<td>100.0 (39)</td>
<td>100.0 (140)</td>
</tr>
</tbody>
</table>

**Notes:** Figures in parentheses give the absolute numbers; $\chi^2_{LR}=26.28$; $df=6, p=0.000$. 
role in their assessment of paid work outside the home. Despite dominant gender norms that center women’s life expectations on marriage and maternity, women’s formal education (mainly when they have been at school for nine years or more) positively affects their assessment of paid work outside the home, as well as their prospects for employment.

In addition, as seen from Table 6, the category to which women belong is related to their marital status ($\chi^2_{LR}=26.28; df=6; p=0.000$). Among the 140 women in the category of willingly home based nearly 93.6 percent are married, while among the 21 women in the unwillingly employed category only 66.7 percent are married. The percentages for married women in the categories of unwillingly home based and the willingly employed are 74.4 and 78.6 respectively.

As can be seen, the fourfold classification of women shows important links between women’s educational levels, employment situations, and marital status. These patterns influence women’s contraceptive choices, as well as the possibility that contraception use really leads to an improvement in women’s personal well-being.

III. AGENCY, CONTRACEPTIVE CHOICE, AND WOMEN’S WELL-BEING

In the six communities we studied, the rate of contraceptive adoption among women is very high. As Table 7 indicates, some 85 percent out of 214 women have adopted contraception, with the percentage varying from 75.6 to 95.0 across the different locations. The most prevalent method is surgical sterilization, used by 61.7 percent of the women, with the range

<table>
<thead>
<tr>
<th>Categories of women</th>
<th>Salpingectomy</th>
<th>Other methods (hormones, IUD, rhythm, withdrawal, condom)</th>
<th>Never users</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Willingly employed (n=14)</td>
<td>50.0 (7)</td>
<td>28.6 (4)</td>
<td>21.4 (3)</td>
<td>100.0</td>
</tr>
<tr>
<td>Unwillingly employed (n=21)</td>
<td>66.7 (14)</td>
<td>19.0 (4)</td>
<td>14.3 (3)</td>
<td>100.0</td>
</tr>
<tr>
<td>Unwillingly homebased (n=39)</td>
<td>59.0 (23)</td>
<td>17.9 (7)</td>
<td>23.1 (9)</td>
<td>100.0</td>
</tr>
<tr>
<td>Willingly homebased (n=140)</td>
<td>62.9 (88)</td>
<td>25.0 (35)</td>
<td>12.1 (17)</td>
<td>100.0</td>
</tr>
<tr>
<td>Total (n=214)</td>
<td>61.7 (132)</td>
<td>23.3 (50)</td>
<td>15.0 (32)</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Notes: Figures in parentheses give the absolute numbers; $\chi^2_{LR}=4.12; df=6, p=0.659$. 

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being 40.0 to 81.2 across the locations. The percentage of women using other contraceptive methods was 23.3 percent ($n=50$), ranging between 5.8 and 43.3 percent. Approximately seven out of ten women who had undergone salpingectomies had previously used another contraceptive method. These figures confirm our earlier point that rural Chiapas has been subjected to a particularly intensive family planning program.

However, as Table 7 also shows, there are no significant differences in the overall use of contraception or in the type of contraceptive method used among the four categories of women ($\chi^2_{LR}=4.12; df=6; p=0.659$). At the same time, despite this commonality, we do find important differences in the number of children borne by women in the four different categories ($\chi^2_{LR}=16.4; df=6; p=0.012$) (Table 8). Women in the willingly employed category have significantly fewer children than women in the other categories. Of these, 35.7 percent have only one to two children. In the unwillingly home-based category we again find a notable percentage (20.5) of women with only one or two children. This is probably because some women have higher levels of schooling than others in the sample, and consider paid work outside the home to be a valuable activity, even if they do not perform it.

Our analysis demonstrates that women who positively assess paid work outside the home and actually perform such work (the willingly employed category), generally have fewer children than those who greatly value their roles as mothers and wives (the willingly home-based category). This is true even to women who must work outside their homes without wanting to do so (the unwillingly employed). However, limiting the number of children does not necessarily translate into broader opportunities for paid work outside the home or improved personal well-being for the women. Rather,

<table>
<thead>
<tr>
<th>Categories of women</th>
<th>Mean (SE)</th>
<th>1 to 2 % (n)</th>
<th>3 to 4 % (n)</th>
<th>5 or more % (n)</th>
<th>Total % (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Willingly employed (n=14)</td>
<td>3.28 (0.47)</td>
<td>35.7 (5)</td>
<td>42.9 (6)</td>
<td>21.4 (3)</td>
<td>100.0</td>
</tr>
<tr>
<td>Unwillingly employed (n=21)</td>
<td>4.81 (0.45)</td>
<td>14.3 (3)</td>
<td>33.3 (7)</td>
<td>52.4 (11)</td>
<td>100.0</td>
</tr>
<tr>
<td>Unwillingly homebased (n=39)</td>
<td>3.77 (0.28)</td>
<td>20.5 (8)</td>
<td>51.3 (20)</td>
<td>28.2 (11)</td>
<td>100.0</td>
</tr>
<tr>
<td>Willingly homebased (n=140)</td>
<td>5.04 (0.19)</td>
<td>8.6 (12)</td>
<td>37.9 (53)</td>
<td>53.6 (75)</td>
<td>100.0</td>
</tr>
<tr>
<td>Total (n=214)</td>
<td>4.67 (0.13)</td>
<td>13.1 (28)</td>
<td>40.2 (86)</td>
<td>46.7 (100)</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Notes: Figures in parentheses give the absolute numbers; $\chi^2_{LR}=16.4; df=6; p=0.012$. 229
women’s socio-economic situations and life conditions translate into different life expectations and prospects for paid work, which in turn shape their reproductive options.

Choosing a contraceptive option is central to women’s well-being. On the one hand, there can be conflict in the decision-making process between women’s personal interests and those of the household, as well as in the distribution of benefits derived from such decisions. As Sen (1990) notes, this distribution can be influenced by gender differences in the evaluation of women’s contribution to the household’s well-being. On the other hand, we also have to contend with the state’s interest in reducing fertility rates, a goal which may be achieved by using coercive methods among the most deprived countries and most populated sectors (Christine Korsgaard 1996; Amartya Sen 1995). Sen (1995) strongly criticizes the use of coercion to reduce fertility rates. He argues that such coercion reflects a lack of social freedom, which is a major loss in itself. Moreover, coercive mechanisms may have an insignificant impact on fertility rates, since the most effective method for reducing fertility is to promote women’s access to formal education and employment, thereby increasing their well-being and agency.

The family planning program in Chiapas has succeeded in achieving its goal of lowering fertility rates by either convincing or forcing women and their husbands to accept methods such as salpingectomy. Of the 186 women who have undergone salpingectomy in the total sample, we could classify only 132 in terms of our four categories of women, so in Table 9 we discuss the results only for those 132 women. We found that 64.4 percent participated in the decision. Of these, 41.7 percent said they had made the decision jointly with their husbands and 22.7 percent said they had made it

<table>
<thead>
<tr>
<th>Categories of women</th>
<th>Women and their husbands</th>
<th>Women</th>
<th>Other people</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Willingly employed</td>
<td>57.1 (4)</td>
<td>28.6 (2)</td>
<td>14.3 (1)</td>
<td>100.0</td>
</tr>
<tr>
<td>Unwillingly employed</td>
<td>57.1 (8)</td>
<td>28.6 (4)</td>
<td>14.3 (2)</td>
<td>100.0</td>
</tr>
<tr>
<td>Unwillingly homebased</td>
<td>34.8 (8)</td>
<td>34.8 (8)</td>
<td>30.4 (7)</td>
<td>100.0</td>
</tr>
<tr>
<td>Willingly homebased</td>
<td>39.8 (35)</td>
<td>18.2 (16)</td>
<td>42.0 (37)</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>41.7 (55)</td>
<td>22.7 (30)</td>
<td>35.6 (47)</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Notes: (a) Of the 186 surgically sterilized women, 54 could not be classified in any one of the four categories.
Figures in parentheses give the absolute numbers; $\chi^2_{LR} = 8.474; \text{df} = 6, p = 0.205.$
on their own; 35.6 percent had no say in the decision. We also found that although all the four categories contain some women who were denied autonomy in decision-making, among the employed women (whether willingly or unwillingly employed), the percentage of decisions made by other people was lower than among the home-based women (again whether willingly or unwillingly home based). However, overall, the relationship between the category to which women belonged and who made the decision regarding salpingectomy was not found to be significant ($\chi^2_{LR}=8.474; \text{df}=6; p=0.205$).

Women said they had undergone a salpingectomy for either economic reasons (70.2 percent) or health-related reasons (29.8 percent), and there were no significant differences in these percentages among the four categories of women. Rodolfo Tuirán (1990) argues that women’s post-surgery discontent can be attributed not only to the cumbersome bureaucratic procedures followed by health institutions, but also to the attitudes of women’s husbands, who either impose or forbid surgery. In a nation-wide study, Juan Guillermo Figueroa (1989) found that 26 percent of the women who had been sterilized did not have any prior information about other contraceptive methods and the irrevocable aspect of the surgery. Forty percent of the women were never asked to sign a consent form permitting the procedure, and those who were asked did not read it. Most of the women of rural Chiapas whom we studied were similarly unaware of the exact nature of the procedure.

The 47 women (35.6 percent of the cases) who were not involved in the decision believed that their husbands and/or the medical personnel had ignored their feelings: “In the clinic, we were forced. The female doctor told me to have the operation because I already had too many children. He [her husband] consented, but I did not want to” (Lilia, 36 years old, six children born alive, six surviving). “I did not want to, but when my husband was told that he had just had a baby-boy, he gave his consent ...” (Margarita, 38 years old, three children born alive, three surviving). “My husband had already signed. I did not want to. Forty days after the birth of my son, he left me for another woman” (Guillermina, 35 years old, three children born alive, two surviving). “My husband forced me because of the [economic] situation. Sometimes we are doing well and sometimes we are not doing so well” (Antonia, 41 years old, eight children born alive, six surviving). “He made the decision because he comes from a family of fourteen or sixteen children and has worked a lot to support them. He did not want the same to happen to him again” (Martha, 35 years old, three children born alive, three surviving).

Seventy-nine percent of these 47 women were in the willingly home-based category, and 14.9 percent in the unwillingly home-based category. There were hardly any between the two categories of employed women. Not surprisingly, of these 47 women who did not participate in the contra-
ceptive decision (and who gave classified answers), 68.1 percent felt frustrated because they could not fulfill their desire to have more children after sterilization. This was in contrast to 35.3 percent of the 85 women who did participate in the decision. In fact, 80.6 percent of all women who expressed their desire to have more children after the operation saw children as an important source of affection: “Children are very cute. We are sorry [for having had the salpingectomy] because our children are leaving us and we are left here alone” (Esperanza, 35 years old, five children born, four living). “My children are going to leave me soon, so if I had one who was 7 or 8 years old, he [or she] would stay with me a little longer” (Debustina, 49 years old, four children born, four living).

Eighty-seven percent of women in the willingly employed and unwillingly employed categories decided on their own to have a surgical sterilization. However, the impact on women’s sense of well-being was different for each group. The willingly employed did feel that the operation has given them the opportunity to undertake new activities, and reduced their risks and concerns about unwanted pregnancies. Similarly, by deciding to have a salpingectomy, women in the unwillingly employed category demonstrated their agency, thanks to the family planning programs in their communities. However, most of these women decided to undergo surgical sterilization in order to stem a further deterioration in their economic situations. Thus the operation was not a means for improving their personal well-being, as claimed by the family planning program, because women have few alternatives for following a different life trajectory: “I made the decision because the money is not enough . . . and then men drink and that makes it even more difficult” (Eustalina, 46 years old, four children born alive, four surviving). “I decided it because my husband was an alcoholic. He hardly got involved” (Alma Delia 35 years old, four children born alive, three surviving). “Five children are a sufficient source of suffering, since their father is not with us. Sometimes there is poverty and . . . without a husband . . .” (María del Socorro, 40 years old, five children born alive, five surviving).

Did the operation bring women any additional benefits in terms of reducing their work burden and increasing their opportunities for undertaking new activities outside the home? Did it enable them to have a more enjoyable sex life, as the family planning discourse promised? Only 7 percent of the 186 women who had been sterilized, most of whom belonged to the willingly employed group, said that surgical sterilization had reduced their domestic chores, given them more freedom to carry out activities outside the home, and/or had enhanced their sex lives: “[I feel] well. Because I am not worried about having any more babies, I can go on with the older ones” (Carolina, 32 years old, five children born, four living); “[I feel] happy and safe about not having to get pregnant” (Amanda, 43 years old, five children born, five living); “[I can take care of my children . . . I have time to go to church (Mercedes, 41 years old, ten children born, seven living).
These comments indicate increased personal well-being from women’s viewpoint, but the numbers of such women were very small.

IV. CONCLUSIONS

Amartya Sen’s work provides a number of concepts for understanding the complexity of factors underlying contraceptive choice and its implications on women’s personal well-being. His nonutilitarian approach to well-being points to the intrinsic value women place on personal well-being and on the underlying freedoms that support the notion that women as human beings should be able to make their own choices for promoting their personal well-being. This becomes a compelling guideline for reorienting programs that claim to increase the well-being of the population in general, and of women in particular.

In our paper, we applied Sen’s concept of well-being to the family planning program operating in rural Mexico. We did not evaluate the program’s achievements in terms of contraceptive acceptance or the decrease in fertility. Rather, we assessed the actual possibilities that women had of making choices and gaining access to valuable functionings.

We find Sen’s distinction between agency and well-being essential in evaluating women’s well-being, since it enables us to compare the options offered by various policies and programs, with achieved functionings, in different cultural contexts. From a gender perspective, these elements allow us to evaluate women’s well-being in both its subjective and objective forms. These elements are both individual (mediated by gender identity) and socio-economic (such as educational background, marital status, and employment opportunities).

Our results show that although family planning programs in the mestizo rural settlements of Chiapas have led to extensive use of contraception and a significant reduction in fertility, the assumption that this would necessarily improve the well-being of all women is incorrect. The availability of the family planning program is a positive option for some women, especially those in the willingly employed and unwillingly employed categories, who recorded the highest percentages of participation in contraceptive decisions, and the smallest (albeit still high) percentages of cases in which the decisions were made by other people. In both instances, surgical sterilization was an agency achievement. However, personal well-being varied greatly between women of different socio-economic backgrounds. While for some the operation led to a reduction of domestic chores, satisfactory paid work, and greater sexual enjoyment, for others it was a survival strategy to prevent a further deterioration in their quality of life. Overall, the program’s benefits were reaped only by a small number of women, since several factors intervened in women’s contraception decisions.
The largest percentage of contraceptive decisions made by other people occurred among women in the willingly home-based category, namely women who accept and perform traditional gender roles. This category of women constitutes the largest percentage of women in these six communities (65.4), and is the main target of family planning programs, since 93.6 percent among them have partners, and 53.6 percent have five or more children. Yet it is in this group of women that the impact of surgical sterilization is assessed to be the most negative, since the decision was often imposed by their husbands and/or by health personnel and because of the loneliness these women feel in the absence of young children living with them.

Our analysis demonstrates that there is no straightforward positive relationship between the adoption of contraceptive methods promoted by state family planning programs, and an increase in women’s well-being as defined by Sen. Several factors intervene in women’s contraceptive choices, such as their educational levels, their assessment of paid work and their actual chances of getting such work. The combination of these factors enhances the possibility of contraceptive use increasing women’s well-being. In this sense, an examination of the life options that rural communities offer to women is a key element in understanding women’s well-being. Our analysis shows that local opportunities for education and paid work outside the home translate into stronger possibilities of women achieving well-being. Women with higher educational levels are likely to assess paid work outside their homes in a positive way. And this positive assessment plus their actually having such work are likely to increase their power to decide whether or not to use contraception, which method to use, and the number of children to have.

This paper also shows the importance of promoting women’s reproductive rights in public health institutions. In rural Chiapas, a fair number of women do not participate in the decisions that directly concern their bodies and health. Therefore, in agreement with Sen, we can say that regardless of what is locally considered a “good life,” for facilitating women’s agency achievements and for enhancing their positive freedoms, the state should offer the means to achieve these goals (such as education, health, land, well-paid jobs, and so on). Without such efforts, even with a major decline in fertility, it will be difficult to claim that the quality of women’s lives has really improved.

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NOTES

1. See also The Beijing Declaration and the Platform for Action on Women and Health (1995).


3. Article 4 of the Mexican Constitution reads: “Men and women are equal vis-à-vis the law. . . . Everybody is entitled to decide freely, responsibly and in an informed manner on the number and spacing of their children” (Constitución Política de los Estados Unidos Mexicanos 1995). By law, all women who are 18 years old and older must have access to contraceptive methods, regardless of their marital status. The National Human Rights Commission establishes that the contraceptive decision depends on women and that “women’s lack of power to convince their partners” must be taken into account when analyzing the exercise of reproductive rights in Mexico (Laura Salinas 2001: 230, our translation).

4. The word mestizo originally referred to those with mixed Indian and Spanish blood. Today mestizos are characterized as people who do not speak any native language and do not identify themselves as Indians. The family planning program in Chiapas makes no distinction between Indian and non-Indian populations.

5. We designed a stratified sample. Each stratum consists of two communities with similar production systems and sexual division of labor, totaling three strata (see Table 1). For estimating the sample size the following parameters were taken into account: a 95 percent ($z=1.96$) level of confidence; a 10 percent ($d=0.1$) sampling error; and an unknown prevalence or variance ($p=0.5$). The estimators were replaced in the following formula: (William Cochran 1985: 106–7). The result was $n=96$ for each strata, giving a total minimal sample size of 288. In each community, data were collected from women in the 30–49 age group. In total, 300 women were interviewed.
After the Mexican revolution of 1910, large private holdings were expropriated and ejidos were created. An ejido is a group of individual parcels of land which are collectively managed. Ejido land was expected to be used for subsistence purpose. Until 1991 this land could not be sold because it was granted by the State. With the Agrarian Counter Reform, ejido land can now be sold and used for private investment.

The evaluation of women’s attitudes to socially prescribed gender roles, and to paid work outside the home, is based on answers classified only into two: “positive” and “negative” (Batista-Foguet, Blanch, and Artés 1994). In this study, answers which could not clearly be classified as positive or negative were excluded from the analysis. However, as detailed in the note to Table 3, this does not lead to a bias in the sample.

Women in the self-employed category had the same negative assessment of paid employment outside the home ($n=71$; 71.8 percent) as did women dedicated exclusively to their homes ($n=128$; 69.5 percent) ($\chi^2=2.81; \text{df}=1; p=0.094$).

REFERENCES


CONTRACEPTION POLICIES IN RURAL MEXICO


