development". Programs are set up and facilities provided that attempt to ease women's participating in the work world of men. When successful, these programs may achieve an increased cash income for the family. However, what they also certainly produce is an additional expansion of the workload of rural women, as their household responsibilities are not taken into consideration.

When we concern ourselves with rural women, there might be useful to recognize the differences between rural households as socioeconomic units, and farming as an enterprise. The enterprise attempts to increase its profits, but the household is committed to maintaining its income, be it in cash or kind. The production of income in kind—the house-produced goods and services for family use—are almost exclusively the province of women. It might be important to recognize that the contribution this "income" makes to the health and well-being of family members might be just as crucial as cash income.

It is this fact that points to the need to direct the attention of science and technology towards making the domestic processes involved in this work more efficient, and to alleviate the drudgery of what is commonly considered the unproductive and unessential work of women.

Women's roles centre around concerns that attempt to ensure a better quality of life and to hold the family together in a broader sense than do those of men. In Latin America, rural women earn respect and increase their power if they achieve these aims in effective ways. By far the most respected position for the average rural woman is that of wife and mother. Thus she can gain the respect of the community and the love and support of her children. In this position she is free to enter the work world of men—and is often forced to do so. For many rural women in Latin America "liberation" may mean not to have to take on this additional work load.

**New economic order for homes**

What role do home economics play in rural development and agricultural extension work? How are these programs related to national and regional development objectives? Are the costs of such programs justified? These and other questions were posed by the delegates at an international conference on integrated rural development held in Colombia.

According to Eleonora Cebotarev, who attended this conference, "there was much criticism but few real answers given".

Shortly thereafter, Cebotarev began extensive research on this subject in Latin America. Initially, she found that many countries had eliminated home economics programs, whereas others gave them scant support, and no country really had provided any solid backing for this work, although all of them clearly recognized the need. If there was an awareness of the problem, there was little interest in facing it. This lack of interest was not wholly unjustified, as traditional homemaking programs had achieved little. In the past, many of the programs introduced in Latin America were not necessarily conceived as an instrument for change: their efforts were largely focused on transmitting what were often poorly adapted technologies.

In some cases these programs had already been replaced by others aimed at providing specialized activities or services such as health and education to the community. Although these activities and services promoted the integration of the rural sector, they overlooked the family as a productive unit of goods and services essential to the well-being of its members.

This approach was disturbing, for by overlooking the family, it also overlooked that figure in the family: the woman. This was no surprise, but merely reflected an elitist tradition that viewed household work as women's work. Little attention has been paid to this work because—given the opportunity—women themselves generally delegate it to others who, for economic reasons, have to accept it. The person most affected in this process is the rural woman who has little opportunity to improve home technologies. If she was in some way relieved of her traditional household tasks, it would increase her family's well-being and make it possible for her to participate in other activities.

The whole approach to home economics had to be revised. Eleonora Cebotarev set out to provide a solid conceptual framework for this discipline and to develop an instrument for field work. This would make it possible to determine how present home technologies can be improved or new ones introduced to reduce the amount of time and energy women spend in household work.

It was clear that home economics had to cast off its traditional conservative nature and become a source of social change. In this way it would be linked to the development process that aims at integrating women, raising their position in society, involving them in social and political life, and making it possible for them to fully exercise their rights. To date, home economics have helped women to be better housewives, but nothing more.

The final goal of Eleonora Cebotarev's new approach was to achieve "a satisfactory standard of living". Functional, her approach meshes with overall development objectives. The difference between home economics and development lies perhaps in the fact that the first operates at the base level—the family group or the communities—while general development efforts follow sectoral and then move to broader regional and national levels.

Eleonora Cebotarev proposed the concept of household management, a process that controls the relations between the family or domestic group and its physical, socioeconomic and cultural environment. This process is made up of a series of activities, practices, decisions, organization and tasks that are carried out when resources are converted into products and services necessary to satisfy family needs and desires. In short, home management is the process of "utilizing what one has to achieve what one wants".

Household management can and must influence this entire series of activities. The amount of time rural women spend on household tasks is rarely taken into account by development programs because, among other factors, this time tends to be evaluated in conventional economic terms which attribute it little importance. However, a group of economists is now trying to evaluate what the discipline of economy has neglected up until now, that is, intrafamily tasks specialized for no pay.

New Home Economics (NHE), as it is known, takes into account not only household technology and materials, but also the time employed in the production of goods and services which satisfy needs. It examines the way in which the value assigned to human time spent on these types of activities is determined by practice, education, and changes in the use of technologies. It further analyzes how these activities can be turned into remunerative ones.

This new trend has direct implications for home economics because it has instruments to produce the desired changes in the way a housewife uses her time, and to increase the value of this time in terms of satisfying needs and desires and of achieving economic gains by means of household technologies. By modifying the way time is employed in the home management process, home economics directly facilitates the involvement of the family in other areas.

In addition to designing the conceptual framework for this new approach, it is also necessary to provide an appropriate research instrument to collect the quantitative information and evaluate the program. The instrument, which has been tested many times in several Latin American countries with the cooperation of Cebotarev's colleagues, was revised as often as necessary until it achieved its final form. Its
careful design makes it possible to detect problems related to the use of household technologies, to provide information on the way in which rural housewives' time and energy is employed, and to give an overall view of family activity patterns. It also provides the demographic and economic information needed and a scale to measure changes in the family unit.

The emphasis of Cebotarev's work is not to present a rigid conception of home economics or a static methodology, but rather to create an interest and awareness among home economics workers of the advantages of conceptual clarity and of the use of systematic procedures for guiding and strengthening their specific activities. Its main goal is to clarify particularly important aspects of this area of study and work, to propose an explicit conceptual framework, and to present a research methodology that can be used by field workers in planning and evaluating their work.

Its most important contribution is, no doubt, that it points out the importance of household technologies as an instrument to improve goods and services produced in the home, and also as a means of liberating women from such work. The relationship established between household technologies, time and energy savings, and women's traditional roles could turn home economics into a dynamic and positive development factor in Latin America.

However, the success of this strategy will depend, in the long run, on three factors: the rural family's recognition of the possibility of acting on and influencing the solution of problems; their motivation to act; and the adoption of improved processes or household technologies that make more time available for new activities.

Experience indicates that the emphasis on saving time and energy must also be accompanied by guidelines indicating the different ways in which this new free time and energy can be used. Without this guidance, without stimulation, and without an awareness of the new situation, few women show much desire to explore new opportunities.

Stella de Feferbaum

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Health aides make themselves heard

Michelle Hibler

"I want big, fat, nice babies in my clinic", Mrs L. Levy warns a young mother who has come to the well-baby clinic at the Department of Social and Preventive Medicine, University of the West Indies (UWI), in Kingston, Jamaica. A community health aide, Mrs Levy has been at the clinic for over 10 years. The results of her work show: whereas gastroenteritis and malnutrition are the main health problems in the rest of the country, they are not in the low-income urban area served by the clinic. "They hear me", says Mrs Levy.

Mrs Levy was one of the first CHAs in Jamaica. Pioneered by the Department in 1967, a pilot program trained eight aides to work in the communities neighbouring the university, Hermitage and August Town. Today there are close to 1,200 aides throughout the island and the government plans to double the figure in the coming years.

For many years in Jamaica the "practical nurse" served as an auxiliary nurse, but without legal status. When they were officially recognized in 1966, they became "enrolled assistant nurses", entitled, after training, to work in hospitals, doctors' offices and nursing homes. In community medicine, however, no auxiliary personnel existed.

The Department of Social and Preventive Medicine of the university had been working in Hermitage and August Town providing a health service while using the communities as "laboratories" for teaching community medicine. Some of the residents in the area worked as volunteers in the clinic. Impressed by their assistance, Dr. Kenneth Standard, Head of the Department, wanted to give the volunteers some training that would help them to function more effectively and with greater confidence. Thus the CHA program was born.

Late in 1967, the Department explored the possibility of recruiting suitable persons from the community to become health aides — a public health equivalent to the hospital auxiliary worker. It was emphasized that the intention was not to train another category of nurse, but rather to prepare persons from within the community to involve others in accepting responsibility for improving standards of health, and at the same time, teach them to carry out basic home procedures. The aim was to give these persons basic training and motivate them to the extent that they would be willing to work with families and to identify problems that would then be brought to the attention of trained health personnel. They would serve as links between the community and the health services and perform basic tasks such as following up on broken appointments, assist in clinics as receptionists and by carrying out routine tests and treatments, advise on nutrition, and visit homes to help care for the sick, elderly and infirm, and young children.

Eleven persons were chosen in the Hermitage-August Town area for selection and orientation. Eight of these — including Mrs Levy — were then retained for a further three months of training, both theoretical and practical, in antenatal care, family planning, human relations, nutrition, human growth and development, basic anatomy and physiology, including Mrs Levy — were then retained for a further three months of training, both theoretical and practical, in antenatal care, family planning, human relations, nutrition, human growth and development, basic anatomy and physiology, including Mrs Levy — were then retained for a further three months of training, both theoretical and practical, in antenatal care, family planning, human relations, nutrition, human growth and development, basic anatomy and physiology, including Mrs Levy — were then retained for a further three months of training, both theoretical and practical, in antenatal care, family planning, human relations, nutrition, human growth and development, basic anatomy and physiology,