



## Memorandum

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From Leo Morris, Ph.D., M.P.H., Chief, and Mark W. Oberle, M.D., M.P.H., Medical Epidemiologist, Program Evaluation Branch (PEB), Division of Reproductive Health (DRH), Center for Health Promotion and Education (CHPE)

Subject Foreign Trip Report (AID/RSSA): Panama, July 25 and August 8-9, 1983; Review of Proposed Young Adult Reproductive Health Survey.

To William H. Foege, M.D.  
Director, Centers for Disease Control  
Through: Dennis D. Tolsma  
Acting Director, CHPE DOT

## SUMMARY

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## SUMMARY

CDC provided technical assistance to the Government of Panama Sex Education Commission in the design of a sampling plan, budget, and questionnaire for a young adult survey. However, AID and the Government of Panama need to resolve a number of questions before the Panamanians can profitably utilize further CDC assistance:

- (1) What kind of survey do USAID and the Panamanians want to conduct?
- (2) Which Panamanian agencies will be involved?
- (3) Is there actually a counterpart commitment for salaries, vehicles, and gasoline for a survey (or should gasoline and/or vehicles be included in the budget)?
- (4) Can the Commission, MOH, and USAID agree on which questions in the current questionnaire are to be excluded?

## I. PLACES, DATES, AND PURPOSE OF TRAVEL

Panama, July 25, 1983, at the request of AID/S&T/POP/FPSD, and the USAID Mission/Panama, Leo Morris, Ph.D., M.P.H., and Mark W. Oberle, M.D., M.P.H., traveled to Panama to discuss with the Ministry of Health and the National Commission on Sex Education a proposed Young Adult Reproductive Health Survey. Dr. Oberle returned to Panama on August 8-9, 1983, to review progress on questionnaire revision. This consultation was performed in conjunction with assignments in Guatemala and Costa Rica in accordance with the Resource Support

Services Agreement (RSSA) between the Office of Population, AID/W, and CDC/CHPE/DRH.

## II. PRINCIPAL CONTACTS

### A. USAID/Panama

1. John Coury, Population Officer (until July 29, 1983)
2. Marvin Cernik, Population Officer (beginning August 1, 1983)
3. Angela de Mata, Health and Population Office
4. Stephen Ryner, Chief, Entrepreneurial Resources Development
5. Michael Hacker, Chief, Development Resources

### B. Ministry of Health

1. Dr. Egberto Stanziola, Director, Maternal and Child Health (MCH)
2. Raul Batista, Chief, Statistics Office
3. Federico Guerra, Demographer, Statistics Office
4. Dr. Aida M. de Rivera, Psychiatrist
5. Ermila I. Munoz, Health Educator
6. Omayra Aguirre, Health Educator
7. Flor V. de Vasquez, Health Educator

### C. Ministry of Education

1. Nisla G. de Viggiano, Health Educator
2. Egberto Blanco, Health Educator
3. Fabio Bethancourt, Health Educator

### D. Ministry of Labor (DINFA)

1. Maria de Rivera, Health Educator
2. Maria de los R. Vaquez, Health Educator

## III. BACKGROUND

The population bilateral agreement between the Panamanian Ministry of Health (MOH) and USAID calls for six evaluation surveys in three population groups: women of reproductive age, men of reproductive age, and young adults as a separate category. The MOH would conduct a baseline and a followup survey in each of these three populations for a total of six surveys. So far, the MOH--with CDC assistance--has conducted only one survey, the 1979 Family Planning/Maternal-Child Health Survey (CPS) concerning women of reproductive age.

The 1979 survey showed a relatively high prevalence of contraceptive use with sterilization as the most prevalent method.\* Sixty-one percent of married women aged 15-44 were using contraceptive methods at the time of the survey. This level of use approaches levels found in the United States. Among married teenagers 15-19, 29 percent were using contraception, with orals accounting for two-thirds of usage. The MOH is concerned about teenage pregnancy for a

\*Monteith RS, Anderson JE, Mascarin F, Morris L. 1981. Contraceptive use and fertility in the Republic of Panama. *Studies in Family Planning* 12:331-340.

number of reasons. One out of five births are currently to women 15-19. As sterilization has increased for all women, but principally women in the older age groups, this percentage will probably increase. In addition, there is some evidence from the survey that premarital conceptions represent a problem. For example, of women who married for the first time at age 15-19 during the period 1975-1979 and had a birth, about one-fourth of their first births occurred prior to marriage or in the first 7 months of marriage. Finally, there is some evidence from hospital-based studies that illegal abortions occur to teenagers. In one study of hospital discharges, 17 percent of women being treated for abortion complications were under age 20.

#### IV. PROPOSED YOUNG ADULT REPRODUCTIVE HEALTH SURVEY

During a brief consultation in November 1982, CDC recommended that the young adult survey planned by the Panamanians be national in scope and focused on women 15-24 years of age (see CDC/RSSA report, Panama, dated January 7, 1983). It was also recommended that the draft questionnaire be modified. During this consultation, we met with the National Commission on Sex Education, an informal working group composed of representatives from the MOH, the Ministry of Education, and the Ministry of Labor. The Commission had accepted the earlier CDC recommendation to reduce the study population from an earlier proposed 15-29 years of age to 15-24 years of age. However, the Commission had not clearly defined the geographical coverage of the survey and had not consulted with the MOH demographer and statisticians on questionnaire design and sampling. In addition, the questionnaire differed little from the draft reviewed by CDC last year.

During this consultation, the Commission agreed to conduct a national survey with urban and rural strata. In addition, they decided to interview both males and females 15-24 years of age. With this general objective in mind, we established a sampling plan, calculated a preliminary budget, and made recommendations on questionnaire format and content. In order to select 2,000 males and 2,000 females for interview, it would be necessary to visit approximately 10,000 households. Since it would be necessary to utilize male interviewers for male respondents and female interviewers for female respondents, we suggested that male and female interviewer teams visit the same cluster of households, with male respondents to be selected from even numbered households and female respondents from odd numbered households. With a cluster size of 64 households, the urban stratum would have 72 clusters and the rural stratum 90 clusters for a total of 162 clusters. With three interview teams for each sex, training, interviewing, and revisits would require approximately 14 weeks.

The budget for field work is somewhat higher than for similar surveys because of the unusual expense of separate male and female interview teams. However, the budget assumes that salary, vehicle, and gasoline costs would be borne by

\*Monteith RS, Anderson JE, Mascarin F, Morris L, 1981. Contraceptive use and fertility in the Republic of Panama. *Studies in Family Planning* 12:331-340.

the Commission's component institutions (see Appendix A). In January, that seemed a tenuous proposition since the MOH told Mr. Coury of USAID that the MOH could not finance any surveys. This seems even more tenuous now, since most of the Commission's activity seems to have focused on the MOH, and the other Commission members may never be willing to provide counterpart funding.

The questionnaire needed a major overhaul to improve flow, focus questions, and precode information. More importantly, there were major problems in content. Adequate information on fertility and contraceptive use were lacking. A key question on what time of the month the respondents believe a woman is most likely to be fertile was also missing. Although the questionnaire had improved when Dr. Oberle returned to Panama 2 weeks after the initial visit, it still contained a series of questions on detailed sexual practices, which the Commission refers to as "niveles de Petting." Although we agreed that CPS's already contain sensitive questions about contraceptive use, abortion, and whether or not a woman has coitus, we objected to these sexual practice questions on several grounds:

- (1) They are irrelevant to sex education programs because these programs do not teach details of sexual technique. Even in the U.S., only 5 percent of sex education curricula in public schools includes topics on sexual techniques, and 74 percent of instructors do not support the teaching of this topic.\*
- (2) They may increase the chance of interview refusals.
- (3) They may increase the number of complaints to authorities.
- (4) These questions may be of relevance to a clinical situation, but only academically. In a Panamanian sexual dysfunction case, we doubt that the patient would be reassured that X percent of Panamanians, in fact, engage in certain sexual practices.

We could not persuade the Commission to eliminate the detailed sexual practices questions, but we did tell them that we hoped they would reconsider based on results of the survey pretest. We also suggested that the detailed sexual behavior questions might better be asked in a separate survey in a clinical rather than a household setting. We felt that if the Panamanians were willing to take responsibility, we would leave it up to them to include a few questions of special interest to them. However, USAID/Panama felt that even a pretest, including these questions, would be inappropriate.

On August 8, Angela de Mata and Dr. Oberle then met with the MOH members of the Commission and related USAID's concern. Dra. Rivera, the psychiatrist who has been the most insistent proponent of these questions, suggested that we prepare a list of objectionable questions, and the Commission would either agree to delete them or would drop the survey entirely. They also objected

\*Orr MT, 1982. Sex education and contraceptive education in U.S. public high schools. Family Planning Perspectives 14:304-313.

strongly to our wanting to include questions on knowledge and use of contraception while downplaying their special area of interest. (It seems that information on knowledge of contraception would be basic to a sex education program.)

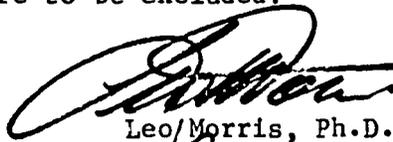
#### V. FUTURE DIRECTIONS

There is probably a less confrontational approach. The MCH directors at the MOH have relegated this project to the Commission and expressed no interest in insisting on program-relevant questions. This may be the time for a frank discussion at a higher level. If a higher Panamanian official would intercede, it may avoid the necessity of USAID dictating on details of questionnaire content.

When Mr. Cernik arrived in Panama to assume his new post, Dr. Oberle briefed him on the problem and provided him with a list of sensitive questions. Cernik and Oberle also discussed several survey options in descending order of CDC's recommendation: (1) a young adult female survey, (2) a standard CPS with oversampling of teenagers and a sex education module, and (3) a male attitude survey.

Before CDC invests time and USAID money in further improvement of the current questionnaire, we would like to resolve the following questions:

- (1) What kind of survey do USAID and the Panamanians want to conduct?
- (2) Which Panamanian agencies will be involved?
- (3) Is there actually a counterpart commitment for salaries, vehicles, and gasoline for a survey (or should gasoline and/or vehicles be included in the budget)?
- (4) Can the Commission, MOH, and USAID agree on which questions in the current questionnaire are to be excluded?



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APPENDIX A

Young Adult Survey Budget\*  
Panama 1983

1. PER DIEM

<u>Personnel</u>	<u>No. of Persons x No. of Days x Amount</u>	<u>Total Amount</u>	<u>Total</u>
6 Supervisors	6 x 42 days x \$10 = 6 x 42 days x \$30 =	\$2,520 7,560	
18 Interviewers	18 x 42 days x \$10 = 18 x 42 days x \$30 =	7,560 22,680	
3 Drivers	3 x 42 days x \$10 = 3 x 42 days x \$30 =	1,260 3,780	
2 Field directors	2 x 5 days x \$10 = 2 x 10 days x \$30 =	100 600	
Guides	90 segments x \$ 5 =	450	\$46,510
2. Sampling contract			4,000
3. Supplies			
Paper			1,000
Material			2,000
4. Printing			4,000
5. Pretest			500
6. Data Processing			
Coding		2,250	
Keypunching		2,250	<u>4,500</u>
Subtotal			\$62,510
Contingencies, Miscellaneous			<u>6,250</u>
TOTAL			\$68,760

\*This budget only includes charges to AID population project.  
Salaries, vehicles, and gasoline would be provided by the  
Government of Panama.