

FINAL REPORT

**STRATEGIES TO INVOLVE MEN IN REPRODUCTIVE HEALTH
CARE: FROM FARM MANAGEMENT TO FAMILY MANAGEMENT**
Contract N o CI95 52A

Rebecka Lundgren
Irma Mendoza
Population Council

Dolores Maria Valmaña
CARE

Judy Canahuati
Consultora

May, 1998

I INTRODUCTION

CARE is the largest and oldest private, non-profit development agency in the world. It has provided assistance for 50 years worldwide and for 42 years in Honduras. Reproductive health is a relatively new component of CARE's programs, both globally and nationally.

In 1992, CARE/Honduras began implementing a collaborative project with the Ministry of Natural Resources (MRN) and communities in Yoro, Santa Barbara, Copan and Lempira (PACO Community agroforestry Project) (Appendix 1). The objective of this project was to "increase the capacity of families to ensure their food security and generate an increased household income"¹. The communities were chosen because of "serious problems of sustainable land-use in areas of low soil fertility and in communities with weak organizational infrastructure"².

Studies in the project areas indicated that the population was not reaching its goals either in the number of children desired or in birth spacing. Approximately 50% of women who said that they did not want another child for at least two years were not using any family planning method. Only 42% of women believed their partners would support them in the decision to plan their families³.

Instead of focusing on women, as do most interventions in reproductive health, CARE decided to explore three different strategies for improving men's participation in the process of reproductive health decision-making.

With support from the Population Council INOPAL/III project, CARE developed a proposal to test strategies in order to increase male participation in reproductive health activities" and integrate these activities into the PACO project" (now DIPPAC). The operations research took place between June, 1995 and November 1996.

¹ CARE HONDURAS. Diversification and Privatization of the community Agroforestry Project (DIPPAC) Proposal. Tegucigalpa, May 1996.

² CARE, Harold Northrup, Country Director, INTEGRATING IMPROVED DECISION MAKING FOR BETTER REPRODUCTIVE HEALTH INTO DEVELOPMENT ACTIVITIES CONCEPT PAPER. Sept 1, 1996- June 30, 1997.

³ Lundgren, R et al. Incorporation of Family Planning in CARE programs in Western Honduras. Final Report C192 53A. The Population Council Tegucigalpa. September, 1994.

II METHODOLOGY

A Hypothesis

The hypothesis tested was that exposure to materials and organized discussions about reproductive health would result in 1 greater reproductive health knowledge among men, 2 that couples would practice more family planning use, and, 3 More communication about reproductive health than men/couples not exposed to the interventions

B Interventions

Villages participating in the Community Agroforestry Project (PACO) had been divided into four sectors to facilitate extension activities Accordingly the operations research project was designed to test different strategies in each sector The O R project was conducted in three of the four areas with similar socio-demographic characteristics

In sector A, a reference manual entitled, "La Cartilla", was used to disseminate information on reproductive health PACO extensionists trained community volunteers to provide reproductive health education during ongoing meetings with farmers and cooperative members The manual includes participatory activities and questions to stimulate reflection and discussion The manual focuses on (1) responsible fatherhood, (2) reproductive health, (3) family planning, (4) sexually transmitted diseases (5) safe motherhood and lactation In sector B, the "Family Management Plan" was based on the "Farm Management Plan" used as a strategic tool by PACO to manage natural resources The objective of interactive "Family Management Plan" booklet is to help rural couples meditate on the size of their families, and the timing and spacing of their children in relation to their available resources, goals and desires The booklet was designed to be used by semiliterate individuals No writing is required and responses are indicated by marking an X in the appropriate boxes The booklet touched the following themes (1) household resources, (2) childcare, (3) maternal/paternal health, (4) prenatal care, (5) postnatal care, (6) nutrition, and (7) couple communication No intervention took place in sector C, which was the comparison area

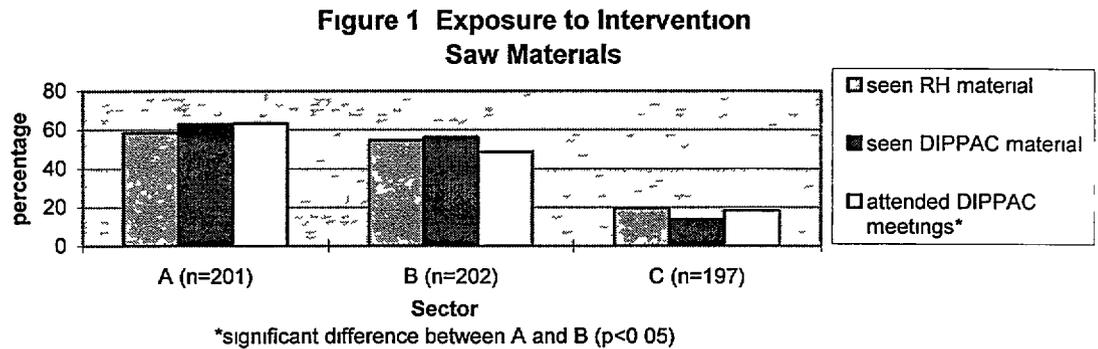
C Dependent Variables

Dependent variables included

- 1 Contraceptive use,
- 2 Use of reproductive health services,
- 3 Male support in the use of reproductive health services,
- 4 Couple communication,
- 5 Knowledge about reproductive health

Design and Measurement

The original called for before and after intervention and control area comparisons, we were forced to modify the design when contamination occurred between all areas



The modified design combined baseline and endline of the two intervention areas, A and B, and compared them Area C was excluded from analysis

The experiment lasted 16 months, from May 1996 to August 1997 Measurement consisted of baseline (march, 1996) and endline (October 1997) surveys in all study areas Survey data was supplemented with focus groups and in-depth interviews These interviews were conducted with project staff

III RESULTS

1 Project Implementation

Information was compiled on how project staff was gathered in the focus groups and in-depth interviews in areas A and B Conclusions from the focus groups included

Promoters

Promoters feel motivated about their work when they see tangible results in their own communities To be valued as people and to receive public recognition for the work that they do for their communities is highly motivating for the promoters

The discussions in the focus groups indicated that the promoters were talking with the people in groups, or individually, through home visits or informal conversations in the community (in the street, stores, public offices, etc)

Nonetheless, they felt that much of the message was lost or even rejected and in some cases the listeners said, "my problems are none of your business"

In many of their replies, the promoters showed that they had tried different methods of conveying messages. They realize they cannot use the same techniques with everyone or in every situation.

The promoters considered the reproductive health intervention important and necessary for the community. They said that it should be continued and expanded.

Extensionists

A focus group was organized with extensionists from the intervention sectors. Discussions focussed on two topics: Sustainability and quality.

How to keep on working and improve the quality of the work?

All the extensionists agreed that the workload that they have does not allow them to give the quality of work and the quantity of time that is necessary for them to be effective. However, by the end of the day, the extension workers still were not able to focus on strategies for sustaining a high quality reproductive health support intervention in the CARE communities.

Based on these findings we modified our analysis to include only pre-and post test comparisons of areas "A" and "B".

Baseline data was gathered in the intervention and comparison areas. To preserve a sufficiently large sample size for analysis, we combined data collected in the three areas. Combining baseline data from the three areas appears justified because there were few differences in the socio-demographic characteristics of men and women interviewed in the two areas (data not shown).

Table 1 presents socio-demographic data combined areas at baseline and endline surveys.

Table 1 Demographic Profile of Study Area at Baseline and Endline

	Percentage	
	Baseline	Endline
Sex		
Women	49.2	50.0
Men	50.7	50.0
<i>N</i>	258	599
Marital status		
Married	61.2	63.3
free union	38.8	36.7
<i>N</i>	258	599
Have children*	93.8	95.5
<i>N</i>	258	599
Number of children		
1 to 3	31.0	34.4
4 to 6	45.5	43.9
7 or more	23.6	21.5
<i>N</i>	242	572
Education *		
0 years completed	8.1	15.9
1-3 years completed	37.2	42.6
4-6 years completed	16.3	37.9
7 or more years completed	18.6	3.8
Missing	19.8	9.3
<i>N</i>	258	599

* $p < 0.05$

Changes in knowledge

Table 2 shows differences in the ability to recall planning methods, for both men and women, before and after the intervention

Table 2 Knowledge of Family Planning Methods

Indicator	Women		Men		Total	
	Before	After	Before	After	Before	After
Knowledge						
IUD	23.6	43.5*	11.5	32.7*	17.4*	38.1*
Condom	53.5	75.9*	74.0	80.3	64.0*	78.1*
Pill	72.4	90.3*	70.2	84.0*	71.3*	87.1*
Female sterile	32.3	53.8*	20.6	40.0*	26.4*	46.9*
Vasectomy	9.4	14.7	6.9	14.3*	8.1*	14.5*
Injection	11.0	13.0	9.2	11.0	10.1	12.0
Ovrette	0.8	1.3	0.8	1.7	0.8	1.5
Billings	1.6	1.7	3.1	3.0	2.3	2.3
Rhythm	26.8	18.7	30.5	33.3	28.7	26.0
Don't Know	19.7	4.7	12.2	4.3	15.9*	4.5*
N	127	299	131	300	258	599

* p < 0.05 † multiple response question

Men were significantly more likely to be able to name modern female methods after the intervention. Women were also significantly more likely to be able to name modern contraceptives after the intervention.

Other Reproductive Health Indicators

There were significant differences between time periods, in the knowledge and practice of preventive reproductive health behaviors. As shown in table 3, significantly more males and females knew what a woman should do to prevent cervical cancer during the post-intervention period (82.5% vs 62.7%). In addition, the proportion of both males and females who responded that they did not know declined significantly by more than 14 percentage points (21.2% to 6.9%). There were also significant increases in the proportion of men and women with knowledge of common warning signs during pregnancy. Higher proportions responded that hemorrhaging and stomach pains were warning signs (44.0% vs 27.5% and 44.0% vs 27.5%, respectively). The percentage that did not know declined significantly by more than 20 percentage points (29.6% to 10.9%).

Table 3. Other Reproductive health indicators.

Indicator	Females		Males		Total	
	Before	After	Before	After	Before	After
What should a woman do to find out if she has cervical cancer?						
pap smear	74.0	84.3*	55.0	81.0*	64.3	82.6

go to a health center	17.3	10.4*	24.4	19.7	20.9	15.0
go to ASHONPLAFA	2.4	0.0	1.5	0.7	1.9	0.3
does not know	18.1	7.4*	22.9	6.7*	20.5	7.0
N	127	299	131	300	258	599
What are the common warning signs of an at-risk pregnancy?						
Hemorrhage	37.0	59.2*	20.6	29.3*	28.7	44.2*
Stomach pains	16.5	51.2*	26.7	68.7*	21.7*	59.9*
Bloating/swelling	13.4	10.0*	9.2	11.0	11.2	10.5
Does not know	9.4	12.4	48.9	9.7*	29.5*	11.0*
N	127	299	131	300	258	599
What should pregnant women with warning signs do?						
go to a health center	25.2	55.9*	60.3	75.7*	43.0*	85.8*
go to a midwife	0.0	18.1*	0.0	30.0*	0.0	24.0
go to the hospital	26.0	35.1	19.1	57.0*	22.5*	46.1*
go to a doctor	42.5	47.5*	28.2	63.3*	35.3*	55.4*
go to a pharmacy	6.3	0.7*	8.4	0.3*	7.4*	0.5*
Does not know	1.6	3.3	4.6	0.0*	3.1	1.7
N	127	299	131	300	258	599
What are the symptoms of an STD?						
Vaginal discharge	9.5	4.3	4.6	15.3	7.0	9.8
Penal discharge/bruises	7.1	8.4	13.7	48.7*	10.5*	28.5*
Pain when urinating	8.7	9.7	17.6	52.7*	13.2*	31.2*
Does not know	59.2	42.8	48.9	21.0*	52.5*	31.9*
N	126	299	131	300	257	599
How do you prevent STDs?						
Use a condom	34.6	42.1*	34.6	82.0*	34.6*	62.1*
Fidelity	66.1	58.2	67.2	69.9	66.7	63.6
Abstinence	8.7	10.4	16.0	19.7	12.4	15.0
Does not know	0.8	16.4	0.0	2.0	0.4	9.2*
N	127	299	131	300	258	599
Have you had a pap smear test?						
	32.3	36.5	18.6	36.0*	25.4*	36.2*
N	127	299	129	300	256	599

* p < 0.05

† multiple response question

In regards to STD prevention, there were also significant differences in knowledge. Among the men interviewed, the proportion who indicated "penile discharge" and "pain when urinating" as STD symptoms increased significantly by an average of 35 percentage points (13.5% to 48.5% and 16.2% to 53.0% respectively). The proportion that responded "vaginal discharge" also increased, but only marginally (5.4% to 11.4%). In addition, the proportion of men who had no knowledge decreased by almost 30 points (50.7% to 20.8%). With regard to the question "How do you prevent STDs?" there was a significant increase in the proportion of men and women who responded "use a condom" at the post-intervention period (62.0% vs 35.7%).

CHANGES IN COMMUNICATION

As our communications indicator, we compared the percent of respondents who reported discussing family planning or STDs with their partner within the last 15 days. According to table 4, there were no large improvements in couples communication overall. However, according to the men interviewed, there was a change ($p < .05$) in the proportion who reported having spoken with their partner about family planning in the last 15 days (41.2% to 54.0%). There was no significant difference according to the women interviewed, (37.7% vs 46.5%). The percentage of women who reported having spoken with their partner about STDs/HIV in the last 15 days increased significantly from 36.6% to 60.7%.

Table 4 Couple communication indicators

	Women		Men		Total	
	Before	After	Before	After	Before	After
Have you spoken with your partner about family planning in the last 15 days?	36.2	45.8	41.2	51.7*	38.8	48.7*
N	127	299	131	300	258	599
Have you spoken with your partner about STDs/HIV in the last 15 days?	35.4	60.2*	55.0	47.7	45.3	53.9
N	127	299	131	300	258	599

* $p < 0.05$

Family Planning Behavior the project's field interventions lasted approximately 16 months from May, 1996 to August, 1997. During that period, contraceptive use increased from 37% to 55% of women interviewed, with most of the increase attributable to an increase in female sterilization. Table 5 presents base line and endline method use as reported by both men and women.

Table 5

	<u>Women</u>		<u>Men</u>		<u>Total</u>	
	Before	After	Before	After	Before	After
Using any method	36.7	55.0*	28.8	58.2*	32.8	56.6
<i>N</i>	139	180	132	177	271	357
Method mix						
Pill	11.8	18.2	10.3	18.4	11.1	13.9
IUD	5.9	3.0	0.0	2.9	3.3	4.6
Female sterile	33.3	41.4	28.2	38.8	31.1	35.3
Vasectomy	0.0	1.0	0.0	1.0	0.0	0.7
Condom	5.9	4.0	12.8	2.9	8.9	2.6
Injection	3.9	1.0	0.0	1.0	2.2	1.0
Ovrette	0.0	1.0	-	-	0.0	2.0
Rhythm	19.6	20.2	35.9	31.1	26.7	24.1
Withdrawal	2.0	2.0	5.1	1.9	3.3	5.3
Breastfeeding	17.6	8.1	7.7	1.0	13.3	10.9
Abstinence	-	-	0.0	1.0	0.0	0.5
(modern only)	(60.8)	(69.7)	(51.3)	(65.0)	(56.7)	(67.3)
<i>N</i>	51	99	39	103	90	202

* $p < 0.05$

† multiple response question

At both endline and baseline surveys there was a close correspondence in method use reported by men and women. These findings suggest a high level of family planning communication within couples both before and after the interventions.

Finally we examined changes in the amount of support in family planning method use given by men to their partners. Table 6 shows the percent of women contraceptive users who reported receiving support from their partners, and the type of support received.

Table 6

Support received/given in contraceptive method selection	88.0	88.6	92.1	96.8	89.8	92.7
<i>N</i>	50	149	38	154	88	303
type of support						
Money	29.5	42.1	17.1	35.6*	24.1	38.7*
go to classes	6.8	17.4	40.0	24.2	21.5	21.0
Accompany during app't	27.3	31.8	28.6	34.2	27.8	33.1
Moral support	36.4	52.3	85.7	57.7*	58.2	55.2
<i>N</i>	44	133	35	149	79	282

* $p < 0.05$

† multiple response question

All indicators show increases, few of which are statistically reliable. However, very high levels of support were received by women from their partners both before and after the study. In the communities studied it appears that once contraceptive use is decided upon, men provide women both material and moral support.

Discussion

Results must be interpreted cautiously. Contamination forced us to drop our original design, leaving us with a less powerful before and after design. Because of this we cannot ascribe causality to our intervention.

However, reliable changes in two of the three hypothesized directions did occur in men's reproductive health knowledge, and in couple family planning use. However, few changes occurred in couple communication or in the support given by men to women in their decision to use contraception.

Evidence suggests that a high level of communication about family planning existed prior to the intervention, and did not improve much as a result of the project. Similarly, high levels of assistance were provided to women contraceptive users by men both before and after the intervention. We conclude that in rural Honduras, the most of men are aware of their partner's contraceptive use status, and provide women with both material and moral support in obtaining a method and that there is little need to improve this aspect of reproductive health communication.

The fact that the project appears to have improved reproductive health care behavior like contraceptive use, pap smears, etc, lead CARE/Honduras to incorporate reproductive health care education into all its development projects. The elements from this O R project selected for scaling up system wide include training of both extension agents and village promoters and use of existing manuals and community wide and individual meeting in order to promote improved reproductive health care behavior. CARE/Honduras decided to continue the intervention in the study areas and has plans to extend it to other areas.

PN-ACF-293

101700

**STRATEGIES TO INVOLVE MEN IN
REPRODUCTIVE HEALTH CARE FROM
FARM MANAGEMENT TO FAMILY
MANAGEMENT**

TEGUCIGALPA, HONDURAS