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FAMILY PLANNING STRATEGY SEMINAR  
GUATEMALA CITY, GUATEMALA

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## I. BACKGROUND

For the last several years USAID/Guatemala has been contemplating integrating its currently separate family planning and child survival projects into an integrated family health project with a projected start-up in 1992. One element of that project will address the problem of high risk births.

The problem of high risk births is laid out in the high risk birth strategy framework of November, 1989 and includes two overall risk categories: high reproductive risk (risk of unfavorable outcome if the woman becomes pregnant) and high obstetrical risk (pregnancy which carries a high risk of unfavorable outcome). Examples of high reproductive risk are women over the age of 40 years or under the age of 18 to 20 years, women who already have many children and women who have children less than two years apart. In a more general way this is also true for women with little or no formal education and women who are poorly nourished. High obstetrical risk is associated with conditions such as malpresentation of the fetus, hemorrhage, prolonged labor, premature rupture of the amniotic membranes and prematurity.

Following the USAID-sponsored "Advances in Maternal and Child Health" seminar in September, 1989, the Mission gathered a group of its own staff and outside experts and developed a three-pronged strategy for addressing the high risk birth problem. The three strategy elements are 1) working with Traditional Birth Attendants (TBAs), 2) expanding family planning programs and 3) health education. The first of these strategies addresses the problem of high obstetrical risk, the second addresses the problem of high reproductive risk and the last addresses the knowledge, attitude and practice gap among the end users.

In order to develop the sub-strategies, the Population Office decided to establish expert commissions for each of the sub-strategy areas and provide those commissions with support and creative leeway. The TBA commission has been functioning since early March and has already established its own internal inertia. The Family Planning Strategy Seminar was designed as the first step in a similar process for the family planning sub-strategy.

## II. FAMILY PLANNING STRATEGY SEMINAR

The Family Planning Strategy Seminar was held on March 29, 1990, at the Camino Real Hotel from 8 AM to 4 PM. The seminar had the stated goals of reviewing data from the 1987 Demographic and Health Survey (DHS), strengthening interagency cooperation through management exercises, and, finally, conceptualizing the desirable family planning strategy for the coming decade. This seminar was attended by representatives of the Asociacion Pro Familia (APROFAM), Asociacion Gutemalteca para Educacion Sexual (AGES), Importadora de Productos Farmaceuticos, SA (IPROFASA), the Ministry of Health (MOH), DataPro, USAID/Guatemala and PRITECH. (See Annex A for a list of participants).

### A. Discussion of DHS Statistics

#### 1. Actual Users (Tables 5.6 and 5.7 of DHS)

Currently 23.2% of Guatemalan women of fertile age in union use contraception. This level has remained virtually unchanged for the last ten years. About one-half of the women using contraception (10.4%) have been sterilized. One-sixth (3.9%) use oral contraceptives and one-eighth use the rhythm method.

The highest levels of use are among women with secondary education or higher (60%). The lowest levels of use are among Mayan women - 5.5%. There are also marked urban/rural differences 43.0% vs. 13.8% and geographical differences where the north and northwest regions have the lowest levels of use.

Among both Mayan and ladino women sterilization accounts for approximately one-half of all users.

#### 2. Knowledge about Methods (Table 5.2)

Only 43.4% of Mayan women know of a modern form of contraception, compared to almost 90% of ladino women. At the beginning of their reproductive life only 26.4% of Mayan women know of some modern contraceptive method. The same marked urban/rural, educational and geographical differences exist in terms of knowledge about methods that exist in terms of actual use as discussed previously.

#### 3. Knowledge about Sources (Tables 5.3 and 5.8)

Public hospitals and APROFAM clinics are equally recognized as being sources for obtaining voluntary surgical female contraception (VSC) - the most widely used contraceptive method. APROFAM is clearly the most widely recognized provider of all other methods except condoms where pharmacies predominate. A total of 26.7% of Mayan and 55.6% of ladino women have heard some radio or television message about family planning. Once again the same urban/rural, geographical and educational differentials are present.

4. Reasons for Abandoning Contraceptive Use (Table 5.11)

Table 5.11 is not terribly useful because "side effects", one of the principal reasons for abandoning use, is not well defined. Nevertheless, it reveals that side effects, desire to become pregnant and method failure are the principal reasons for abandoning contraceptive use. Failure of method is particularly high among users of the rhythm methods and disapproval of the husband is a notable reason for abandoning the use of condoms.

5. Knowledge about Fertile Period (Table 5.12)

Only 11.8% of all women could properly identify the fertile period of the menstrual cycle and only 54.1% of those women who have used the rhythm method - explaining, in part, the high failure rate of that method.

6. Potential Unmet Demand (Table and Graph Attached)

The potential unmet demand for contraception among all women of fertile age in union is 64.1%. This is broken down as follows:

Want no More Children but Not Using	28.6%
Want More After 2 Years but Not Using	23.4%
Undecided or Want but Not Sure When and Not Using	<u>12.1%</u>
TOTAL UNMET DEMAND	64.1%
Met Demand	<u>23.2%</u>
TOTAL POTENTIAL DEMAND	86.3%

In all, then, about one-fourth of the actual potential demand is actually being met.

7. Median Age at First Union (Table 3.3)

The median age at first union for women in Guatemala is 18.6 years. It is about one year younger among Mayan women (18.1 years) than among ladinos (19.0). The significant impact of education on age at first union is apparent with women who have some secondary education getting married on the average five years later than those with no education.

8. Infant Mortality (Table 2.3)

The concept of reproductive risk as it applies to infant mortality is apparent in this table. The most significant risk factors are mother's age over 40 years (IMR of 165.6) and birth interval of less than two years (IMR of 120.0). Other important factors are high birth order (seventh or greater) and maternal age less than 20 years.

## B. Observations on Statistics

### 1. The Mayan Population

All participants recognized that the Mayan population in Guatemala creates a unique situation. The effect of the lack of education is especially apparent among the Mayan population where 80% of rural Mayan women are illiterate. Mayan women have a unique cultural context including extreme modesty which makes talking about sex, family planning and pregnancy very difficult. The agricultural livelihood of rural people puts a higher value on children as a potential source of inexpensive and reliable labor. Whereas anecdotal evidence suggests that Mayan women view preventing pregnancy as being harmful, they do appreciate that frequent pregnancies are harmful to their own health. Mayan leaders often see family planning as an attempt at genocide by non-Mayan authorities. Finally, Mayan and non-Mayan women sometimes prefer sterilization over other forms of contraception because they see themselves as "sinning" only once instead of repeatedly with other forms of contraception.

### 2. Health Education Gaps

The education problem can be summed up as follows:

- Large numbers of women don't know about family planning methods.
- Large numbers don't know where to get family planning services.
- Family planning messages are not reaching large numbers of women.

These problems are especially acute among the Mayan and rural populations.

### 3. Impact of Formal Education

One of the most powerful determinants of increased contraceptive use is formal education. One area of needed research is to discover how much education is needed to make a difference. In some countries it is shown that three years is sufficient. This is particularly important to know for Guatemala where fourth grade shows the greatest desertion rates. Education also permits Mayan women to speak Spanish, another important determinate of contraceptive use.

### 4. Need for a Population Policy

Participants felt that the politicians are the ones that stop family planning. The problem, they stated, is not just among the uneducated, but also among government authorities, politicians and the university community. Some plan is needed to work with leaders in each region in order to achieve significant change.

### 5. An Integral Approach

The problem is not just the delivery of family planning services, but all kinds of basic human services. We must look for solutions within an integral system.

### C. Comments on the Next National Survey

The DHS is basically a study designed to permit international comparisons. There is a basic set of questions which are fixed although others may be added to a limited extent. This makes adaptations to each country difficult. In order, for example, to obtain truly useful data on the Mayan population a much larger sample would have to be obtained given the variability of the Mayan population. That population also poses a language and cross-cultural communication problem. There is a distrust towards investigators who are not from the same culture as the persons who are being interviewed. In order to have a reliable study it is necessary to have interviewers who not only speak the language of the people they are interviewing but who are also of the same culture.

Another problem is that the population interviewed is all women. There is not sufficient information about what role the man plays in family planning decisions. It is known that men do play a direct role in decisions affecting the health of children.

Another area which should be addressed in a future DHS is what role family economics plays in the utilization of family planning. Given the direct relation between education and economic well-being, it is hard to say what part of the impact of education is its effect on family income. Future studies need to enable us to disentangle poverty, educational level, Spanish language ability and other socio-economic factors.

Given the fact that it is another three years until the next study, we need to do something to confront the Mayan problem more immediately.

Suggestions given to keep in mind for the next study are:

- Try to have data as soon after the survey as possible and not two years later as happened in the last survey. This may mean devising ways of entering data in the field.
- Better identify the characteristics of the women that do not want more children or who want them but after a wait of two years and the reasons behind those decisions.
- Better specify side effects of the various methods, what aspect of that side effect causes them to abandon its use and why it is that some persons have never used contraception.
- How many years does a child need to go to school in order to learn the concept of family planning.
- Try to study the Mayan and ladino population separately, so that statistical inferences can be made with greater reliability.
- Try to regionalize infant mortality rates.

#### D. Management Exercises

Two sets of management exercises were carried out. They were designed to highlight the negative impact of competition and the benefit of intergroup communication. In the first exercise both groups chose the path of maximum cooperation. A discussion was generated after the exercise analysing the elements of trust and group self-respect that generated the decision to choose a cooperative policy. Both groups admitted that they would have launched into destructive competition if the other group had wavered from the path of cooperation. Also they noted that the first round of negotiation was the most difficult, since the basis of trust had not yet been established.

In the second exercise both groups suffered from a lack of the full sharing of information required to finish the exercise successfully. The exercise demonstrated the point that one person or group will often have information that to them appears inconsequential but which when made available allows the group as a whole to make better decisions.

#### E. Suggested Family Planning Strategy

After two hours of broad-ranging discussion, the group arrived at a consensus concerning the overall strategy. Interestingly, everyone agreed that the strategy should not be family planning specific, but rather family planning within the context of human rights and maternal and child health.

##### General Objectives

1. Facilitate the exercise of an institutional human right (the right to control one's fertility)
2. Improve the health of the Guatemalan family

##### Specific Objectives

1. Improve the status of women
2. Improve maternal and child health
3. Improve the status of adolescents

##### Strategies

1. In order to improve the status of women it is proposed that the family planning agencies:
  - a. provide information and training to women regarding human reproduction
  - b. facilitate women's ability to make decisions, and
  - c. facilitate access to family planning services as part of maternal and child health services

2. In order to improve maternal and child health services it is proposed that the family planning agencies:

- a. use education to justify birth spacing to parents and policy makers
- b. identify and appropriately manage women with high reproductive risk, and
- c. identify and adequately manage pregnancies with high obstetrical risk

3. In order to improve the status of adolescents it is proposed that the family planning agencies:

- a. provide sex education in both the formal and informal sectors and
- b. offer sexual orientation services to the adolescent

Specific target populations for which the overall strategy will have to be sharpened and shaped are:

- Mayan couples
- rural couples
- adolescent women
- women with little formal education
- men
- urban marginal barrio population
- Northern and North Western regions of the country

As a first step in sharpening and shaping a Mayan policy it was decided to commission Dr. Victoria Ward of DataPro to prepare a basic discussion document. Dr. Ward will do a literature review to discover what is known about Mayan attitudes towards sex, reproduction and family planning. In addition, Dr. Ward will inventory and analyze the different family planning programs which have been or are being carried on among Mayan population. This should be done as quickly as AID can provide the funding.

### III. COMMENTS AND OBSERVATIONS

A. The 1987 DHS was only partially helpful in providing information to guide family planning activities. The DHS researchers did not include many of the questions requested by host country and USAID professionals. The upcoming survey will have to be complemented by qualitative data and/or carried out using a format more appropriate for Guatemala.

B. A positive and constructive process has been set in motion putting the initiative for developing a harmonious, complementary and effective strategy in the hands of the family planning agencies themselves.

C. The initial, global strategy, as outline above, while useful for establishing the framework in which family planning programs will develop, is still too general and vague to be very useful for programming purposes. Future sessions will have to dwell on defining what programs each institution will develop to implement the strategy.

D. A willingness to cooperate exists among the various family planning institutions and this should be fostered.

E. A special, innovative, sensitive and creative effort needs to be made to reach the Mayan population where contraceptive use in only 5.5%.

F. The need for a program designed to shape the opinions of Guatemalan leaders is urgently needed.

G. The relative importance of sterilization as a family planning method merits analysis of how access to it can be gradually and steadily expanded.

H. The AGES program of "bolsas de estudio" address the kind of fundamantal problems which will provide for permanent changes in reproductive behavior.

#### IV. RECOMMENDATIONS

A. The process initiated on March 29 in the Family Planning Strategy Seminar should continue. Future meetings should focus on each of the strategy areas and be chaired by one of the participating institutions. Additional sessions should be devoted to the application of the strategy to specific sub-populations at particularly high risk, to opinion leaders and to expanding access to sterilization services.

B. The Mission and the family planning organizations should assure that the next national survey provides the information they truly need for decision making. They should, if possible, fund the qualitative research recommended by Ward and Newman. They should insist on approving the IRD questionnaire prior to the beginning of field work or, alternately, consider doing the research through some other firm such as the Center for Disease Control or Family Health International.

C. Whatever the mechanism for the next survey, an attempt should be made to have data ready much earlier. The possibility of data entry in the field should be considered.

D. Any Mayan program should involve Mayan people in its development. Among alternatives to consider would be the funding of a totally new organization for the Mayan population or an APROFAM subsidiary that is managed and operated by Mayan peoples.

E. Efforts should be made to identify the barriers to sterilization services and overcome them.