

**APROFAM/Guatemala  
Contract No CI94 55A**

**Baseline Study of Reproductive Health  
Beliefs and Attitudes of Males  
in Four Health Districts  
in the Department of El Quiche**

**FINAL REPORT**

May 14, 1994 – January 25, 1995

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THE POPULATION COUNCIL

INOPAL II

SUB-PROJECT REPORT

Baseline Study of Reproductive Health Beliefs and Attitudes of  
Males in Four Health Districts in the Department of El Quiché

*Implemented by*

Asociacion Pro-bienestar de la Familia de Guatemala (APROFAM)

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## TABLE OF CONTENTS

	SUMMARY	IV
I	Background	1
	A    The Department of El Quiche	1
	B    El Proyecto Indígena de El Quiche	1
II	Baseline Study for the Operations Research Project in El Quiche	2
	A    Objectives	2
	B    Methodology	2
	C    Focus Group Data Analysis	3
	1    Profile of the Participants	3
	2    Attitudes of Men Concerning Ideal Age at Marriage	4
	3    Knowledge and Attitudes towards Birth Spacing	4
	4    Knowledge of Reproduction and Family Planning	5
	5    Interest of Men in Talks about Reproductive Health	6
	D    In-Depth Interview Data Analysis	6
	1    Profile of the Study Sample	6
	2    Knowledge and Attitudes Towards Birth Spacing	7
	3    Knowledge, Attitudes and Practices of Family Planning Methods	9
	4    Knowledge and Attitudes of Reproductive Health Care Providers	14
	5    Interest in Information concerning Birth Spacing	16
	E    Discussion	19
III	Follow-on Operations Research Project	20
	A    Description	20
	B    Objectives	21
	C    Strategies to be Tested	22
	D    Monitoring and Evaluation	23
IV	Desired Results and Institutionalization	23
	BIBLIOGRAPHY	25

## LIST OF TABLES

Profile of Focus Group Participants	3
Profile of the In-depth Interview Participants	7
Time A Couple Should Wait between Births	8
Who Should make the Decision About Birth Spacing?	8
Attitude Toward Birth Spacing	8
Knowledge of Family Planning Methods	9
Knowledge of/Attitudes towards Family Planning Methods	10
Knowledge of the Woman's Menstrual Cycle	10
Knowledge Regarding Women's Fertility	10
Current Contraceptive Method Use	11
Reasons for Not Using a Contraceptive Method	11
Best Method According to Men Interviewed	12
Reasons Given for Best Method	13
Interest in More Information on Birth Spacing	14
Knowledge of Where to Obtain Methods	14
Knowledge, Attitude and Use of APROFAM Services	15
Use of Pre-natal Care Providers and Delivery Care	16
Interest in Learning More about Family Planning	17
Preferred Method of Receiving the Information	17
Preferred Setting for Health Talks	18
Preferred Location for the Health Activities	18
Themes Most Solicited for the Health Activities	19
Preferred Schedule for the Health Activities	19

## SUMMARY

The department of El Quiche is largely rural and indigenous. Approximately 48% of the population is under the age of 15 and almost 22% are women of reproductive age. The department is underserved in terms of health care and other social services.

In 1992-93, APROFAM carried out a baseline study in El Quiche to determine the level of interest in birth spacing. Results from the study show a clear unmet need for reproductive health services. The Proyecto Indigena was started to address this unmet need as well as to increase knowledge, acceptance and use of contraceptive methods. While several interventions are underway or are being developed, none of these interventions currently focus on increasing the El Quiche male's knowledge or use of family planning methods.

The Population Council and APROFAM, recognizing the need to address the men who are believed to be the decision makers of the family, completed a baseline study during the last half of 1994 in El Quiche to measure interest in learning more about birth spacing and family planning. The focus group results of the study showed that knowledge of family planning was very low, but men expressed a strong interest in learning about birth spacing. While the contraceptive prevalence rate (CPR) is low, the men also recognized the health and economic benefits of birth spacing, and religion no longer appears to be the barrier it once was. The participants of the in-depth interviews in particular expressed an interest in learning more about birth spacing and family planning. By request of the MOH, other topics such as vaccinations and maternal and child health, were also studied. Based on these results, APROFAM and The Population Council have designed and are implementing an operations research project for four municipalities of El Quiche.

The interventions of the OR project will begin with the recruiting of community leaders and organized groups of men to participate in group discussions and other activities. Audio tapes and comic books for low-literacy populations will be developed to be used in the health talks. The project design is intentionally open in order to give the project staff (APROFAM staff, etc.) opportunities to test innovative strategies and will be based on the acceptance by the participants and the impact of the activities. This flexibility will ensure that interventions that prove less than effective will be revised in accordance with the needs and wishes of the target population. The goals are to increase male involvement in reproductive health especially decision making within the family, increase the acceptability of both natural and modern family planning, and to provide referrals to appropriate and accessible service providers.

Due to the dearth of family planning interventions directed towards men, an operations research approach is useful in determining the most effective strategies for the community. Continued monitoring, including input from the program participants, will guide the project staff in developing, revising and integrating interventions.

The operations research (OR) project will operate in four of the eight municipalities where the Proyecto Indigena is being implemented. The evaluation for both projects will

take place in 1996. The knowledge of family planning and the use of methods are expected to improve in the eight municipalities where the Proyecto Indigena is operating, but it is anticipated that these same indicators will show even greater improvement in the four municipalities where the new OR project is directing activities toward men.

## **I Background**

### **A The Department of El Quiche**

The department of El Quiche currently has an estimated population of 681,371. It is 99% indigenous, with 88% of the population living in rural areas. With almost 22% of the population being women of reproductive age and almost 48% being under the age of 15, the population is clearly growing at a rapid rate.

Historically, the indigenous population of Guatemala has received inadequate health care. This lack of quality health care is mirrored in the health indicators for the department. According to a 1989 study, maternal mortality is 17.2/10,000 live births and possibly as high as 30.6/10,000 live births when an estimated underreporting of 44% is taken into account. Other social services are lacking as demonstrated by the lack of education and low literacy among the rural indigenous populations (Medina 1992).

### **B El Proyecto Indígena de El Quiche**

In 1992-93, APROFAM completed a baseline study in El Quiche to determine the interest in birth spacing in the department. The study found that while the contraceptive prevalence rate (CPR) among the Mayan population was only 4% for modern methods, 43% recognized the benefits of birth spacing and 25% did not know if there were any benefits. Forty-three percent of the study population knew of at least one contraceptive method but only 25% knew where to obtain the methods. Considering this demonstration of unmet need for reproductive health services, APROFAM designed a project to promote birth spacing in El Quiche in order to improve maternal and child health. The project is being carried out in eight municipalities in El Quiche. The planned project interventions included sex education for secondary students, training of personnel (APROFAM, Ministry of Health, indigenous NGO's, community leaders and voluntary promoters), radio broadcasts, publicity using mobile loud-speakers and medicine hucksters (merolicos), community pharmacies, revision of clinic norms to provide extended hours of service, videos with and for community residents, and the development of special strategies to involve men.

Several of these strategies are currently under way. APROFAM is working closely with other NGOs as well as local TBAs. Numerous health talks and promotional presentations have been carried out, both in the communities as well as in the health centers. However, no strategies have been designed to focus on the Quiche male. The project also lacks a management information system with which to monitor the project's impact.

## **II Baseline Study for the Operations Research Project in El Quiche**

### **A Objectives**

The Population Council, together with APROFAM, have decided to implement a project in El Quiche focusing on interventions aimed at the Quiche male. A baseline survey was carried out in 1994 in four municipalities of El Quiche in order to determine existing knowledge, attitudes and practices among the men. The information gathered from this baseline study would then be used to focus interventions to encourage contraceptive use and birth spacing.

### **B Methodology**

The baseline study took place in four municipalities of El Quiche. Two of the municipalities, Chiche and Chinique, have APROFAM volunteer promoters or community based distributors (CBDs), while the other two municipalities of San Bartolome Jocotenango and San Antonio Ilotenango do not.

The baseline study consisted of two phases, beginning with a series of 20 focus groups followed by 192 in-depth interviews. Five focus groups were conducted in each municipality. The four men's groups were divided into three different age groups--31 years and older, 21-30 years of age, and 16-20 years of age. The 16-20 group was further divided into married and single men. The two oldest groups consisted solely of married men. A fifth group, consisting of married women aged 21-30, was also conducted (the analysis of the women's focus groups will not be included in this report).

K'iche-speaking moderators and observers were trained to conduct the focus groups. Participants were chosen by listing the communities of each municipality and randomly selecting one community from each municipality. These four chosen communities were then divided into four geographic regions, and one region was randomly selected to be the recruitment site for participants. The focus groups were conducted in K'iche and later translated into Spanish.

Due to the limitations inherent in focus group data, a second phase of in-depth interviews was included. The guide for these interviews was developed based on the results from the focus groups. Field workers selected a sample of 48 men from each of the four communities. Again, the interviews were conducted in K'iche, this time in the participants' homes. This study was not intended to produce scientifically significant results based on a random sample. Rather, the objective of the study was to gain an understanding of the general attitudes of the Quiche men towards birth spacing and contraception.

## C Focus Group Data Analysis

As mentioned earlier, the groups were divided by municipality, age and civil status. However, there was little variation in the responses from the groups. The data, therefore, is analyzed as a single unit, except where otherwise noted.

### 1 Profile of the Participants

One hundred sixty-four men participated in the focus groups, 74% (122) of whom were married or in union. Forty-four percent (73) of the men were between the ages of 16 and 20, 24% (37) were aged 21 to 30, and 32% (52) were aged 31 or older. Fifty percent of the participants (including the four women's groups) had no formal education, and only 35% claimed some level of primary school. Forty-four percent (including the women) indicated that they had between one and three children, 24% had 4-6 children and 11% had 7 or more children. Twenty-one percent reported that they had no children. (See Table 1)

<b>GENDER</b>	<b>Percent</b>	<b>n = 202</b>
Men	81.1	164
Women	18.9	32
<b>AGE</b>		
16-20	36.1	73
21-30	38.1	77
31+	25.8	52
<b>EDUCATION</b>		
None	50	101
1-3 years	24.2	49
4-6 years	10.9	22
7-9 years	14.9	30
<b>MARITAL STATUS</b>		
Married/In union	79.2	160
Single	20.8	42
<b>NUMBER OF CHILDREN</b>		
None	20.8	42
1-3 children	44	89
4-6 children	23.8	48
7+ children	11.4	23

## 2 Attitudes of Men Concerning Ideal Age at Marriage

When asked which was the ideal age to marry the responses varied. Some felt that the ideal age was somewhere between 14 and 16 years. Some reasons cited for this choice were Mayan tradition, and that it is at this age that a man feels a need for a woman. Others felt this age was too young to marry, saying 'If an indigenous man is educated and better prepared he doesn't marry at this age.

Other participants felt that 16 to 18 years of age is best, explaining, "At this age the man feels the need to share his life with the chosen person. The man is considered responsible enough to maintain his wife. The age range of 18-20 years was also mentioned as a traditional time to marry. For those who felt that 20-22 was ideal, reasons were given such as "Now the man thinks about what to do. Now he works to offer his family a better life." Some men felt that 25 was the ideal age for marriage, saying, "Now the man is responsible. Now he has life experience. He can take better care of his woman and children."

## 3 Knowledge and Attitudes towards Birth Spacing

The men were asked what they thought about the woman who did not become pregnant immediately after she was married. The general consensus was that a woman should become pregnant soon after the wedding. If she does not, the man is likely to think she is sick or does not want the children or her husband. The men added that the woman then runs the risk of being maltreated or abandoned. "The healthy woman," the men responded "is one who gets pregnant immediately after marriage, and has children continually.

Some men did recognize that a woman's fertility varies.

*Although there are women who seem to be like fruit plants that sometimes bear much fruit but at other times no, in other words it depends on the nature of the woman if she is fertile (has a child every year) or not."*

The unanimous message was to quote one man, "What pleases us most is that we already have the first child in that year [the first year of marriage]."

The men were then asked what they thought about couples who have spaced their children. The responses vary. Some men felt that "the woman should have the children that God gives her." Others immediately recognized the health and economic benefits of birth spacing.

*[The families that space their births] have fewer expenses, are better fed, and their money reaches further.*

*The children grow healthy, are better fed, and are cared for better.*

*The woman suffers less and does not become malnourished*

Overall, the men agreed that there were several advantages to birth spacing--for children the mother and the family as a whole. However, traditional opposition still exists

*If you take the ideas of the ladinos you will be people who assassinate. If you space you will be shameless. They are assassins if they kill their children when they are born.*

#### 4 Knowledge of Reproduction and Family Planning

When asked if they knew specifically when a woman's fertile period occurred, the majority of men replied that they did not know. Some men knew that there is a particular period of fertility for the woman, but they admitted that they did not know exactly when. More than half of the participants did know, however, that a man is always fertile.

The majority of the men believed that women could become pregnant while she is breastfeeding. "That's why there are women who have children every year," some added.

The level of knowledge of contraceptive methods varied among the groups. The men in Chiche and Chinique mentioned oral contraceptives the most, followed by "the operation" and the condom. There were, however, misconceptions and negative opinions about these methods. Interestingly, the men in the two communities that do not have APROFAM promoters--San Bartolome and San Antonio--had knowledge of more modern methods including injection, operations for men and women, and oral contraceptives. Again, however, there was much misinformation, demonstrated when these men also included the male pill and vaccinations in their list of modern contraceptive methods.

The participants were then asked what methods could be used to space pregnancies. The most common methods mentioned were the condom, oral contraceptives and the Copper T. Other methods included the rhythm method, prolonged abstinence and natural methods including avocado pits, absinthe and other plants.

The men mentioned several rumors about some of the methods. Many had heard that the pill causes cancer. The men in San Antonio believed, "If a woman takes the pill, she kills not only one child, but all of the other children she carries." There was a clear preference for natural methods, because "There is no harm to one's health and no need to spend money."

When asked if they knew where these different methods could be obtained, the participants in three municipalities closest to the departmental capital mentioned Ministry of Health Centers or Posts, APROFAM, and pharmacies. San Bartolome, the most remote of the municipalities studied, mentioned only the health post and hospital. When prompted about APROFAM, the reactions were unfavorable, due largely to religious beliefs.

## 5 Interest of Men in Talks about Reproductive Health

The response was lukewarm when the men were asked if they would be interested in other talks on birth spacing in the future. They did, however, offer suggestions for other themes to be included, which included birth spacing as well as health of the family, general hygiene, and cholera. They also offered suggestions regarding who should give these talks. While the age and sex of the facilitator did not seem to matter to the men, they did encourage having a Kiche speaker. The most commonly recommended meeting place was a public place such as a school or a public meeting room. The vast majority of the men recommended late afternoon as the best time for these *platicas*.

### D In-Depth Interview Data Analysis

A preliminary analysis of the focus group data indicated areas for further exploration in the in-depth interviews. An interview guide was thus developed with these topics in mind. One hundred ninety-two in-depth interviews (48 men from each municipality) were conducted. The results follow.

#### 1 Profile of the Study Sample

The men who were interviewed were between the ages of 20 and 45. Fifty-seven percent of these men had no formal education and 25% had between one and three years of school. Ninety-six percent were married or in union, while 3% were single, divorced or widowed. The majority of the men (52.6%) had 1-3 living children, and 25% (48) had 4-6 children. (See Table 2)

<b>Table 2</b>		
<b>Profile of the In-depth Interview Participants</b>		
<b>AGE</b>	<b>Percent</b>	<b>n=192</b>
20-24	16.1	31
25-29	21.9	42
30-34	19.3	37
35-39	21.9	42
40-44	13.5	26
45	7.2	14
<b>EDUCATION</b>		
None	56.8	109
1-3 years	24.5	47
4-6 years	16.1	31
7-9 years	2	4
Secondary	0.5	1
<b>MARITAL STATUS</b>		
Married/In union	95.8	184
Divorced	1.6	3
Widowed	1.6	3
Single	1	2
<b>NO OF CHILDREN</b>		
None	6.2	12
1-3 children	52.6	101
4-6 children	25	48
7-8 children	13.6	26
9-10 children	2	4
11 children	0.5	1

## 2 Knowledge and Attitudes Towards Birth Spacing

When asked how long a couple should wait between births, more than 32% (62) of the men said that two years was best while more than 45% (87) said three years was best. Only one man said that God decides when to have children. Almost 92% (176) said two or more years was best (See Table 3)

<b>Table 3</b> <b>Time A Couple Should Wait between Births</b>		
	<b>Percent</b>	<b>n= 192</b>
One year	3.1	6
Two years	32.3	62
Three years	45.3	87
Four years	7.9	15
Five years	6.2	12
Depends on the fertility of the woman	4.7	9
God decides	0.5	1

As seen in Table 4 more than 77% (149) felt that the man should make the decision regarding birth spacing, citing reasons such as, "it is the tradition that the man decides". Less than 19% (36) felt that it should be a joint decision between the couple, in order "to have a good relationship". Three men (1.6%) felt that the woman should decide, saying, "She is the one who bears the children".

<b>Table 4</b> <b>Who Should make the Decision About Birth Spacing?</b>		
<b>Response</b>	<b>Percentage</b>	<b>n = 192</b>
The man	77.6	149
The couple	18.8	36
The woman	1.6	3
Doesn't know	2	4

A vast majority of the men (84%) saw the benefits of birth spacing. Of the 162 men who agreed that birth spacing is beneficial, almost 59% (95) said that it would result in a "better economic situation for the family" and 12% (20) pointed out the health benefits for the mother and child. Of the 30 who said that birth spacing does not provide any benefits, the most common reason given was that birth spacing is a sin. Ten of the men said that "without children, there is no happiness or support" (See Table 5).

<b>Table 5</b> <b>Attitude Toward Birth Spacing</b>		
<b>Are there benefits to birth spacing?</b>	<b>Percentage</b>	<b>n = 192</b>
Yes	84.3	162
No	15.7	30

### 3 Knowledge, Attitudes and Practices of Family Planning Methods

Regarding knowledge of family planning methods, more than 71% (137) had heard of oral contraceptives, while 53% had heard of surgical sterilization for the man or woman. More than 49% had heard of the rhythm method, almost 43% had heard of injections, and almost 41% had heard of prolonged abstinence. The condom was identified by 32%. The Copper T and traditional methods (plants or herbs) were also mentioned in a few cases (See Table 6)

<b>METHOD</b>	<b>Percentage</b>	<b>n=192</b>
Oral Contraceptives	71.4	137
Male/Female Surgical Sterilization	53.1	102
Rhythm Method	49.4	95
Injectable Contraceptives	42.7	82
Prolonged Abstinence	40.6	78
Condoms	32.3	62
Copper T	5.2	10
Plants/Herbs	4.7	9

The men were then asked what information or opinions they had about these different methods. As Table 7 demonstrates, of the 137 men who had heard of oral contraceptives, almost 57% believed that they are damaging to the mother and/or child. Less than 23% had correct information about the pill. Among the 102 men who had heard of the operation, almost 11% believed that the operation was damaging to one's health. More than 33% had correct information, while more than 28% had incorrect information about the operation. Eighty-two men had heard of injectables, out of which, 40% of the men had correct information regarding the injection, but almost 31% had incorrect information. Only 9.8% believed that injections are damaging to a woman's health. Seventy-one percent had correct information about the condom, and 16% made positive comments about the condom. However, only 62 men claimed to have heard of condoms for spacing pregnancies. The breakdown of answers for all methods is contained in Table 7.

<b>Table 7</b>					
<b>Knowledge of/Attitudes towards Family Planning Methods</b>					
Percent of Respondents					
<b>Comments</b>	<b>Oral Contraceptives n = 137</b>	<b>Sterilization n = 102</b>	<b>Rhythm Method n = 95</b>	<b>Injections n = 82</b>	<b>Condoms n = 62</b>
Damaging to health of mother/child	56.9	10.8	0.0	9.8	0.0
Incorrect information	3.6	33.3	49.3	30.5	0.0
Negative comments	1.6	1.0	0.0	0.0	6.5
To use it is a sin	2.2	6.9	0.0	2.4	0.0
Don't know/No response	9.5	9.8	46.7	8.5	6.5
Correct information	22.6	28.4	2.1	40.2	70.9
Positive comments	3.6	9.8	0.0	7.3	16.1
Other answers	0.0	0.0	1.9	1.2	0.0

Concerning the rhythm method, 49% of the 95 men aware of this method had incorrect information, and almost 47% knew nothing about the method. When asked about the woman's menstrual cycle, 85% reported that the cycle was monthly (see Table 8). Seventy-seven percent of the men did not know or had no information concerning whether a woman could become pregnant during her menstrual cycle, 15% said she could become pregnant and almost 8% said she could not. (See Table 9)

<b>Table 8</b>		
<b>Knowledge of the Woman's Menstrual Cycle</b>		
<b>Response</b>	<b>Percent</b>	<b>n = 192</b>
Correct information	84.9	163
Incorrect information	6.3	12
Don't know	8.9	17

<b>Table 9</b>		
<b>Knowledge Regarding Women's Fertility</b>		
<b>Can the woman become pregnant while she is Mestruating?</b>	<b>Percent</b>	<b>n = 192</b>
Yes	15.1	29
No	7.8	15
Don't know/No information	77.1	148

Of the 65 men who reported using a contraceptive method, almost 62% relied on prolonged abstinence. Other methods included the rhythm method, condoms, operation, oral contraceptives and vaginal tablets. (See Table 10)

<b>Table 10</b>		
<b>Current Contraceptive Method Use</b>		
<b>Method Used</b>	<b>Percent</b>	<b>n = 65</b>
Prolonged Abstinence	61.5	40
Rhythm Method	3.1	2
Condom	3.1	2
Sterilization	3.1	2
Oral Contraceptive	1.5	1
Vaginal Tablet	1.5	1
Doesn't know if his wife uses a method	1.5	1
No Answer	24.6	16

The 127 men who were not using a method cited reasons such as lack of information (41%) and religious reasons (18%). Almost 9% said they did not use a method because they wanted to have more children. (Table 11)

<b>Table 11</b>		
<b>Reasons for Not Using a Contraceptive Method</b>		
<b>Reasons Cited</b>	<b>Percent</b>	<b>n = 127</b>
Lack of Information	41	52
Religious Reasons	18.1	23
Currently has no Children	12.6	16
Wants more Children	8.6	11
The Midwife said the Wife Could not have more children	4.7	6
It Causes Cancer	0.8	1
No Answer	14.2	18

The men were also asked which method they felt was the best. As seen in Tables 12 and 13, the rhythm method received almost 25% of the answers, mainly because it did not involve taking medicine. Twenty percent of the men preferred the operation. Of the 39 men who preferred the operation, 14 preferred it because it is final. Almost 40% gave no method as being the best.

<b>Table 12</b>		
<b>Best Method According to Men Interviewed</b>		
<b>Method</b>	<b>Percent</b>	<b>n = 192</b>
Rhythm Method	24.5	47
Sterilization	20.3	39
Oral Contraceptives	6.8	13
Injectables	5.2	10
Condoms	3.1	6
Copper T	0.5	1
None	39.6	76

<b>Table 13</b> <b>Reasons Given for Best Method</b>	
<b>Rhythm Method</b>	<b>n = 47</b>
Doesn't involve taking medicine	45
Doesn't damage the woman	2
<b>Sterilization</b>	<b>n = 39</b>
It's final	14
Don't need a diet	9
The women prefer it, it's only done once	7
It's easier, doesn't damage the health	7
Don't need to worry about taking the pill	2
<b>Oral contraceptives</b>	<b>n = 13</b>
Can have other children	9
Doesn't hurt, it's easier to take	2
More economical	1
Only the woman takes it	1
<b>Injectables</b>	<b>n = 10</b>
Don't have to take it every day/It's more secure	4
Only the woman uses it	2
No information	4
<b>Condoms</b>	<b>n = 6</b>
Doesn't damage the health, it is used externally	6

When asked about their interest in learning more about birth spacing, 83% of the men said they would like to learn more. The most common reason cited for this interest is to have more knowledge. Twenty percent answered that one lives better with fewer children. One man, however, gave his reason as being an interest in knowing how ladinos exploit the indigenous. (Table 14)

<b>Table 14</b>		
<b>Interest in More Information on Birth Spacing</b>		
<b>Wants more Information on Birth Spacing</b>	<b>Percent</b>	<b>n = 192</b>
Yes	82.8	159
No	17.2	33
<b>Reasons for Wanting More Information</b>		<b>n = 159</b>
It's good to have knowledge to teach others	42.1	67
With this knowledge we can make our own decisions	32.1	51
One lives better with fewer children	20.1	32
To have new ideas, because it is not a sin	3.8	6
For the wife's health	1.2	2
To know how they [Ladinos] exploit us [Mayans]	0.6	1

#### 4 Knowledge and Attitudes of Reproductive Health Care Providers

The participants were asked to identify the sources for the contraceptive methods. As demonstrated in Table 15, APROFAM was identified by 67%. These men reported that APROFAM could provide oral contraceptives, condoms, sterilization and less than 1% mentioned information on the rhythm method. The pharmacy was identified by almost 42% of the men as providing condoms and oral contraceptives. Twenty-nine percent said that the health center could provide all four methods. Almost 26% identified friends and family as providers of information on the rhythm method.

<b>Table 15</b>					
<b>Knowledge of Where to Obtain Methods</b>					
<b>Source</b>	<b>n=192</b>	<b>Oral contraceptives</b>	<b>Sterilization</b>	<b>Rhythm</b>	<b>Condoms</b>
APROFAM	67.1	37.7	40.0	0.8	21.5
Pharmacy	41.7	70.0	0.0	0.0	30.0
Health Center	29.1	51.8	12.5	19.6	16.1
Families/Friends	25.5	0.0	0.0	100.0	0.0
Private doctor	17.1	3.0	42.4	54.6	0.0
Hospital	9.3	0.0	100.0	0.0	0.0
Shops	0.5	0.0	0.0	0.0	100.0
Don't know	6.8	15.4	84.6	0.0	0.0

Seventy-eight percent of the men knew of the existence of the APROFAM clinic. Of the 150 men who knew of APROFAM, only 17% had used their services. Four of the 26 men who had used the clinic described the services as very good. 21 described the service as good. (Table 16)

<b>Table 16</b>		
<b>Knowledge, Attitude and Use of APROFAM Services</b>		
<b>Knows of the existence of the APROFAM clinic</b>	<b>Percent</b>	<b>n=192</b>
Yes	78.1	150
No	21.9	42
<b>Use of APROFAM clinic services</b>		<b>n=150</b>
Yes	17.3	26
No	82.7	124
<b>Opinion of the APROFAM clinic services</b>		<b>n=26</b>
Very good	*	4
Good	*	21
Average	*	1
<b>Knowledge of someone in the community that teaches about family planning</b>		<b>n=192</b>
Yes	11.4	22
No	86	165
Don't know	2.6	5

\* Because the sub-group was less than 50, the percentages were not calculated.

Only 11% (22) of the men knew someone in their community who could provide family planning services. Eleven of these men live in Chinique, a community that has an APROFAM promoter. As seen in Table 17, the local midwife is the most commonly used (61.5%) resource in the municipalities for pre-natal care. Twenty-six percent of the respondents relied on the health center. The midwife (83%) and the hospital (10%) were the two most common resources used during delivery.

<b>Table 17</b>		
<b>Use of Pre-natal Care Providers and Delivery Care</b>		
<b>Place where the wife has received pre-natal care</b>	<b>Percent</b>	<b>n = 192</b>
Midwife	61.5	118
Health center	26	50
Did not receive pre-natal care	4.2	8
Doctor	3.1	6
Hospital	2.6	5
Wife has not been pregnant	1.6	3
APROFAM	1	2
<b>Place where the wife went for delivery</b>		
Home/Midwife	82.8	159
Hospital	10.4	20
Health Center	4.2	8
Wife has not been pregnant	1.6	3
Temascal--Mayan steam bath	1	2

#### 5 Interest in Information concerning Birth Spacing

Seventy-five percent of the respondents expressed an interest in receiving more information on family planning. Some of the reasons given were to orient and help the children in the future and to share the knowledge with other people. The two main reasons for disinterest in more information were lack of time and because family planning is a sin. Three men said they had no interest in family planning because they wanted more children (Table 18).

<b>Table 18</b>		
<b>Interest in Learning More about Family Planning</b>		
<b>Interest in Participating</b>	<b>Percent</b>	<b>n = 192</b>
Yes	74.5	143
No	25.5	49
<b>Reasons for interest</b>		<b>n = 143</b>
It is important to have knowledge about birth spacing	60.1	86
To orient and help the children in the future	19.5	28
To share the knowledge with other people	13.3	19
It is good to learn about health	7	10
<b>Reasons for lack of interest</b>		<b>n = 49</b>
Lack of time	*	30
It is a sin	*	16
No interest in family planning Want more children	*	3

\* Because the sub-group is less than 50, the percentages were not calculated

The 143 men who were interested in knowing more about family planning were asked in what form they would like to receive the information. The most common answers were educational talks (53%), films (26%) and home visits (7%). Forty-four percent of the men preferred the educational talks to take place with groups of couples, while almost 31% requested groups in general. Other suggestions were men's groups (almost 13%) and individuals (almost 12%). In general, the men preferred a public meeting place, such as a school or public meeting room, for the talks. Almost 15% suggested home visits. Five of the men requested that the facilitator speak K'iche' (See Tables 19,20 and 21)

<b>Table 19</b>		
<b>Preferred Method of Receiving the Information</b>		
	<b>Percent</b>	<b>n=192</b>
Health talks	53.1	102
Films	26	50
Home visits	7.3	14
In K'iche'	2.6	5
Brochures	0.5	1
Radio	0.5	1
Church (from the pastors)	0.5	1
Educational courses	0.5	1
Don't know	8.9	17

<b>Table 20</b>		
<b>Preferred Setting for Health Talks</b>		
<b>Response</b>	<b>Percentage</b>	<b>n=143</b>
In groups of couples	44	63
In groups	30.8	44
Groups of men only	12.6	18
Individual	11.9	17
With the family	0.7	1

<b>Table 21</b>		
<b>Preferred Location for the Health Activities</b>		
<b>Response</b>	<b>Percent</b>	<b>n=143</b>
School	39.8	57
Municipal Hall	15.4	22
In the home	14.7	21
Health Center	11.9	17
Social Hall	11.2	16
In the field	2.1	3
Parks	2.1	3
Market	1.4	2
Churches	1.4	2

Suggested topics for these talks included birth spacing (41%), family healthcare for the mother and child (22%) and vaccinations and cholera (13%). Other themes mentioned were pre-natal care, family relationships and communication (Table 22). As shown in Table 23, the majority of the men (56%) preferred the late afternoon hours for the talks to take place.

<b>Table 22</b>		
<b>Themes Most Solicited for the Health Activities</b>		
<b>Response</b>	<b>Percent</b>	<b>n = 143</b>
Birth Spacing	41.3	59
Family Health, Maternal-Child Care	22.4	32
Vaccinations Cholera	13.3	19
Pre-natal Care, Delivery Care	8.4	12
Family Relations and Communication	7	10
Other themes Sexual orientation, family nutrition, drug addiction	7.6	11

<b>Table 23</b>		
<b>Preferred Schedule for the Health Activities</b>		
<b>Schedule</b>	<b>Percent</b>	<b>n=143</b>
2 00 - 3 00	23.8	34
4 00 - 6 00	56	80
7 00 - 8 00	12.6	18
9 00	3.5	5
Sundays	2.8	4
Any time	1.3	2

## **E Discussion**

Several interesting issues arose from the data analysis that are important to consider when planning interventions. Judging from the participants of the study, religion is no longer the barrier it once was. While there still exists a tendency to believe "the woman should have the children that God gives her," the more predominant view is the awareness of the health and economic benefits of birth spacing.

Some participants in both phases of the study, when asked about their views of birth spacing, spoke more in terms of their concerns about birth limiting. This indicates that there may still be some confusion as to the difference between the two. In light of this confusion, it would be useful to focus on the differences in some of the interventions and educational materials. Birth limiting is still a very threatening subject to the indigenous, hence the man's comment about APROFAM: "They want to exterminate us, the indigenous people." The interventions could prove more successful if they differentiated between the two.

Several men stated that they were not familiar with or had not used the services of the APROFAM clinic or promoter, and only 1% of the respondents of the in-depth interviews said they relied on APROFAM for pre-natal care. At the same time, when asked for possible topics for the educational talks the men requested more information on caring for the mother and the child as well as pre-natal care. These facts suggest that a key theme in the interventions should deal with the various services of APROFAM. Promoting APROFAM's diverse activities other than family planning can increase the knowledge and use of these services and improve APROFAM's image in the community as well as attitudes toward family planning.

The evidence from the baseline study suggests that injectable contraceptives have the potential to become a popular method. Although not as well known as oral contraceptives, injectables do not have as much misinformation being spread about possible side-effects. Injections already are generally seen as a panacea in Guatemala and enjoy a good reputation, so it is possible to build on the population's positive image of injections in order to promote injectable contraceptives. Training promoters now to teach correct information about this new method can help prevent the spread of false, negative rumors in the future.

### **III Follow-on Operations Research Project**

#### **A Description**

The results of the baseline study have led to the development of an operations research project to be carried out in the department of El Quiché. The project interventions will focus on increasing the acceptability and cultural accessibility of reproductive health services. In order to complement the work of the Proyecto Indígena as well as to have a control group and an experimental group, the OR project will be working in four of the eight Proyecto Indígena municipalities.

The four municipalities that will receive the project interventions are Chiché, Chínique, Chichicastenango, and San Andrés Sajcabaja. Statistical analysis shows that the control group has higher socioeconomic status (SES), is more likely to own a television, and is more likely to know at least one family planning method. While these differences make this division of municipalities less than ideal, other issues must be considered when developing an IEC project with control and experimental groups. It is essential that the division of municipalities be such that contamination--the spread of information from the experimental group to the control group--be minimized if the true impact of the project is to be measured. The current division of municipalities groups together those that have high levels of communication between them. The differences in SES and knowledge of family planning methods, while significant, can be controlled for in the final analysis.

## B Objectives

Based on the results of the baseline study, a series of interventions will be developed that will focus on education and counseling for the Quiche men in order to increase awareness of reproductive health. The final goal is to improve knowledge, acceptance and use of family planning methods and to increase birth spacing. After the OR project is completed, the most successful and cost-effective interventions will be adapted and used by APROFAM to continue reaching the indigenous population.

The specific objectives are

- 1 Develop a reproductive health curriculum appropriate for men of El Quiche, based on the results of the diagnostic study and the experience of APROFAM and the project team. This curriculum will be developed in order to allow sufficient flexibility to respond to men's needs for information and counseling.
- 2 Develop promotional and educational materials appropriate for the selected communities, such as audio recordings or cartoon books, that are easy to manage, accessible, designed for low literacy levels, and permanently available in the community.
- 3 Identify and gain the support of religious leaders, municipal authorities, and other community leaders by soliciting their opinions on reproductive health and requesting their assistance in coordinating and participating in the educational activities in their communities.
- 4 Identify existing men's groups (i.e. agricultural cooperatives, road crews, fire fighters) and solicit their support in coordinating and participating in educational activities with their members.
- 5 Organize and implement sessions on reproductive health with men in the selected communities using the curriculum and promotional materials.
- 6 Develop a network of key informants in each community to provide feedback to project staff on acceptability and impact of project activities on men in the community in order to rapidly adapt or modify the promotional and educational strategies used.
- 7 Design and implement a management information system at the community and referral centers to measure the impact of the project activities.
- 8 Increase knowledge among men of reproductive health, the benefits of birth spacing, and modern and natural contraceptive methods.

- 9 Determine if increased knowledge among men of reproductive health and birth spacing leads to increased demand for family planning services by these men and their spouses in the selected communities
- 10 Increase the use of family planning methods among men and their spouses in the selected communities

### **C Strategies to be Tested**

In both phases of the study, the participants discussed educational talks, and suggested that the talks be given in group meetings. A curriculum and appropriate materials and strategies will be developed with this interest in mind. One strategy is to produce an audio tape containing statements from Quiche men regarding various health topics. Field workers will interview men on tape in K'iche from the selected communities or those nearby. Additional tapes will be added if necessary to complete a series of themes to be discussed. Another possible strategy is the development and use of a comic book based on the themes chosen for the educational talks. These comic books will be geared toward the low-literacy population, consisting largely of pictures with simplified text.

Several of the baseline study participants expressed an interest in having visits to the home by someone trained in family planning methods. Therefore, men who participate in these groups may be offered the option of having home visits. The idea of using movies to educate the men—the second most common answer in the baseline study—was not found to be a cost-effective or appropriate intervention for the project.

Ultimately, the choice of strategies will be determined by the project staff and the participating communities. The plan for this project is to maintain flexibility in order to allow the project staff to make changes when necessary. Because of the experimental nature of this project, the project staff must have the freedom to revise the materials and/or strategies when necessary in order to ensure the interest and participation of the communities. One of the earliest steps in the project is to meet with community leaders, organizations and selected community members to determine interest in the project. The relationships established at this stage are crucial in earning the confidence of the community members in order to gain their input. It is this input from the community that will guide the project staff in their activities.

One aspect of the Proyecto Indígena is increasing access to the reproductive health services. The OR project will be building on this activity both by educating the men as to the available services, as well as creating a management information system with which to monitor any increased use of the services.

## **D Monitoring and Evaluation**

To monitor the OR project in El Quiche, a management information system is being developed that can be used by the service providers. The service providers include APROFAM clinics and voluntary promoters, local pharmacies and MOH services, among others. Monitoring at the service provider level will consist of a checklist that will include the name of the client, their address, their method choice, and their (or their spouse's) participation in the community activities. APROFAM staff and project personnel will monitor the data collection to determine the men's response to the project interventions. These forms will also permit monitoring of the Proyecto Indígena.

Participants in the health talks will also be used in the monitoring and evaluation process. Interviews with some of the men will provide feedback on the acceptability and initial impact of the health talks. In-depth interviews with the participants will also be used towards the end of the study to evaluate the project's impact.

Final evaluation of the project will take place in 1996, in conjunction with the Proyecto Indígena. The evaluation will determine if the interventions directed towards the men lead to a greater impact on the knowledge, attitudes and practices of the four experimental municipalities. The overall results of the monitoring activities, overseen regularly by project staff throughout the duration of the project, will be analyzed at this time, as well to supplement the evaluation.

## **IV Desired Results and Institutionalization**

As mentioned earlier, the OR project will operate in four of the eight municipalities in which the Proyecto Indígena is functioning. While not yet clearly defined, the interventions for the OR project will focus on increasing the El Quiche men's motivation to increase contraceptive use and birth spacing. Past interventions directed towards the women may have had limited success due in part to the fact that they do not address the key decision makers in the family. For this reason, the OR project will complement the Proyecto Indígena activities by emphasizing the husband's involvement in the reproductive health decisions. The expected results are that, while knowledge and use of family planning methods increase in the four municipalities where only the Proyecto Indígena is operating, the increase in these same indicators will be even greater in the four municipalities where both projects' activities are being carried out.

Because interventions directed towards the men are still relatively unexplored, the project must have the flexibility to allow the project staff to revise ineffective interventions when indicated by the monitoring activities (i.e., based on the acceptability and impact of the interventions according to the participants' responses). Only the most successful and cost-effective interventions will be continued.

In the past, APROFAM has had difficulties reaching the more rural, indigenous populations of Guatemala. Due to problems such as poor infrastructure, low literacy levels

and the misappropriation of resources by the Ministry of Health, the Mayans have received few social services, including basic health care. APROFAM has recently begun to address this imbalance by decentralizing its services. In this way, local APROFAM clinics can address the needs of the population they serve. Both the Proyecto Indígena and the OR project for men will aid APROFAM in strengthening its rural strategies. Once the most successful and cost-effective strategies are identified, APROFAM can incorporate them into its on-going program.

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