

Title: Interactive Workshops to Promote Gender Equity and Family Planning in Rural Guatemalan Communities: Results of a Field Test

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Abstract:

This project tested a communication strategy consisting of interactive workshops with themes of gender equity, sexuality and family planning. The study hypothesis is that promotion of gender equity in the context of sexual and reproductive health (SRH) would contribute to gender-equitable attitudes and contraceptive use. Thirty communities were randomized to two groups. Interventions were delayed in one group so they could serve as control sites. Simultaneous recruitment of participants in control sites helped minimize selection bias. Surveys were undertaken to measure changes in gender attitudes and contraceptive knowledge and use. Mixed effect logistic models were used to test intervention effects accounting for community-level randomization and repeated measures per participant. The significant effects of this intervention on gender attitudes and contraceptive knowledge, and suggestive findings on contraceptive use, imply that it is possible to influence both gender norms and SRH behaviors in a short time using appropriately designed communication interventions.

Long Paper:

This paper describes an intervention project to test the hypothesis that the promotion of gender equity in the context of sexual and reproductive health will contribute to gender-equitable attitudes and strengthen the practice of family planning. A short-duration communication intervention by the USAID-funded C-Change project in rural Guatemala was designed to influence inequitable gender norms that constrain the practice of family planning.

In Guatemala, as in many other countries, inegalitarian gender norms contribute to high fertility, short spacing between pregnancies, and non-use of contraceptives. Women's ability to make decisions about their own reproduction is limited by the fact that men have more decision-making power on issues of family planning and use of services (MSPAS et al. 2008; Netzer and Mesh 2008). Contraceptive use is lowest in rural areas inhabited primarily by indigenous, Mayan populations (ENSMI 2009).

The C-Change project sought to document the impact of a series of interactive workshops for couples, that were designed to alter gender attitudes and increase knowledge and use of contraception. The workshop sessions focused on the intersection of gender norms and family planning, gender equality, and healthy sexuality, and used a manual developed by C-Change that incorporated games, role plays, and other exercises.

The interactive, community-based workshops were conducted in 2011–12 in 30 communities in the rural highlands where indigenous people predominate. They were led by educators from the NGO Asociación Pro Bienestar de la Familia de Guatemala (APROFAM), which provides mobile reproductive

health services in these communities and works to overcome barriers and increase access to family planning. Another local partner, the Association for HIV Prevention and Support for People Living with HIV (APAES) conducted the baseline and follow-up surveys. Ethical review was provided by the institutional review board (IRB) of the Guatemala Ministry of Health and the IRB of FHI 360.

Communities were randomly assigned to intervention and control groups, and interventions were delayed for the control group. The simultaneous recruitment of participants in the control communities served to minimize selection bias. A total of about 1,200 individuals were recruited for the workshops sessions—up to 40 participants in each session in the 30 communities. Mobile clinics were held in or near the 30 selected sites after the workshops.

Baseline and follow-up surveys were undertaken to measure changes in gender attitudes and contraceptive use, with contraceptive use defined as currently using one of the following methods: the pill, injectables, implants, condoms, spermicides, IUDs, or male or female sterilization. Changes among participants in the intervention group were compared with those among participants in the control group, where changes might be attributed to the Hawthorne effect or to extraneous factors. Gender attitudes were measured using the Gender and Family Planning (GAFP) Scale, which was developed for this study and a similar one in Tanzania. This scale contains 20 items, three of which are drawn from the Gender Equitable Men (GEM) Scale (Pulerwitz and Barker 2008).

Results

Gender attitudes

In the baseline survey, women in both the intervention and the control groups had considerably higher gender equity scores than men. In the follow-up survey, the scores of both women and men in the intervention group increased. Men's scores registered a more dramatic gain, but remained slightly below the women's scores. In the control group, the men's mean score increased slightly, while the women's dropped by more than one point, to a level slightly below that of the men.

Although the scores of both women and men in the control group started at considerably higher levels than those of the intervention group, the follow-up survey scores of women in the intervention group exceeded those of women in the control group, and the scores of men in the intervention group nearly caught up with those of men in the control group.

The analysis was based on a comparison of odds ratios, estimated with a mixed-effect logistic model, adjusting for community-level randomization and repeated measures per participant. The differences in the levels of change in gender equity scores between the two groups were highly significant, both for men and for women. For the two groups of men, the difference reflects a higher rate of increase in the scores of the intervention group. This clearly suggests that the intervention had a positive effect on men's gender attitudes.

The significance of the differences among the two groups of women, however, are mostly due to the fact that the gender equity scores in the control group dropped between the baseline and follow-up surveys. A possible explanation is that the women thought about gender issues during the interval between the two surveys more than men did, and follow-up survey results are more reflective of their true attitudes. The scores for women in the intervention group might have dropped as well had they not been influenced by the workshops.

Knowledge of modern contraceptives

Results of a similar test, based on a comparison of odds ratios estimated with a mixed effect logistic model, revealed that differences in the levels of change in contraceptive knowledge between the two groups were highly significant, providing strong evidence that the workshops had a substantial effect.

Participants received brochures on family planning methods from workshop facilitators that they appear to have read. They also seem to have become more active in seeking information about family planning. APROFAM reported a surge of interest in learning more about available contraceptive methods in intervention communities during and immediately following the workshops.

Use of modern contraceptives

Baseline levels of modern contraceptive use were moderately high: 54 percent in the intervention group and 56 percent in the control group. In the follow-up survey, these rates increased in both groups, but considerably more in the intervention group—11 percentage points—compared with 4 percentage points in the control group. (The analysis excluded women who were pregnant at baseline or follow-up.)

It should be noted that these increases in modern contraceptive use occurred over an interval of less than two months. This large increase in the intervention group would have been remarkable even if it occurred over a year or more. However, when the increase in modern contraceptive use was compared

between the groups, the test was not statistically significant. The results suggest that the workshops may have influenced modern contraceptive use, but also that contraceptive use is increasing overall. It is possible that the 7 percentage-point difference in the increase in contraceptive prevalence between the two groups would have been significant had the sample sizes been larger.

Conclusion

The potential for this study to yield positive results was limited by its brief duration and the relatively small size of the sample. Nonetheless, overall findings confirm the hypothesis that the promotion of gender equity in the context of reproductive health will contribute to gender-equitable attitudes and the practice of family planning.