

Factors behind women's use and non-use of contraceptive methods in one rural village in Guatemala

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Background

Among health providers in Guatemala there is a generalized belief that even when women would like to use contraceptive methods, they do not use them because of partner opposition to family planning. However, partner opposition does not appear as a prominent reason for not using contraceptive methods in the Guatemala Reproductive Health Survey 2008-2009. In order to address unmet need for family planning in Guatemala — 31.1% in this study area in 2008¹ — it is necessary to better understand the reasons for non use of contraception and the role that men play in order to better tailor behavior change interventions.

Main research questions

1. What role do men (partners) play in women's decisions to use a contraceptive method?
2. Can the "doers/non-doers" methodology uncover this and other factors influencing women's decisions?

Methodology

Qualitative formative research was conducted in a rural village in Guatemala using the "doers/non-doers" rapid assessment methodology,² which had never been tried in Guatemala. Health post registers were used to randomly select 20 women in union who used a contraceptive method (fertility awareness methods users excluded). These women were paired (age, union and socioeconomic level) with 20 other women who did not use a contraceptive method, and all 40 women were interviewed. These women's partners were also interviewed. Interviews posed the same set of 7 to 9 questions (advantages and disadvantages of family planning method use; facilitators and barriers to it; approval or opposition to it; reasons for approval or opposition [men only]; and support for wives' use [men only]) to users and non-users of contraceptive methods and to their partners. Most questions allowed for up to three responses. Researchers coded the open-ended responses and calculated frequencies.

Doer/non-doer analysis calls for examining the biggest differences in percentage points between doers' and non-doers' responses. Radically different responses between doers and non-doers suggest an important determinant of the behavior.³

Key findings

The largest percentage point differences between "doers" (users and their partners) and "non-doers" (non-users and their partners) were in:

- Approval of female partners' contraceptive use (**Figure 1**). Almost all users' partners cited the economic benefits of family planning as their reason for approval. Non-users' partners said harm to women's health, such as "makes her sick," "causes diarrhea," "harms the uterus" and religion were their reasons for opposing contraceptive use (not shown).
- Partners' willingness to help female partners use a family planning method (**Figure 2**). A little more than one half of non-users said "no one" would help them use family planning (not shown).
- Perceived advantages of family planning method use (**Figure 3**).
- Perceptions of the safety of contraceptive methods—between users' partners and non-users' partners, but not between users and non-users (**Figure 4**). In contrast to non-users' partners, users' partners said that the fact that methods did not cause harm or pain to the woman or the couple was a facilitator to method use.
- Identification of "more information" as a facilitator of family planning method use, although the difference was not as large as others (**Figure 5**).



View of Tuil Canabaj, a village in the Western Highlands of Guatemala and site of this study.

Figure 1. Male partners' approval of women's family planning use among users, non-users, and their partners

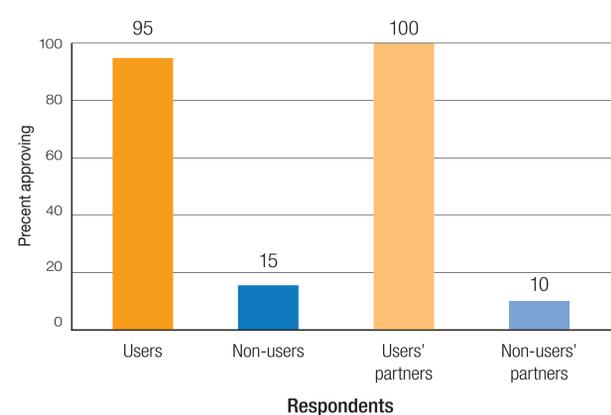


Figure 2. Male partners' willingness to help female partners use family planning

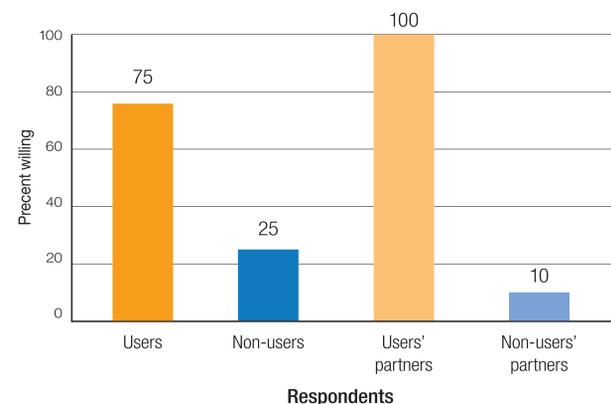


Figure 3. Perceived advantages of family planning method use among users, non-users, and their partners

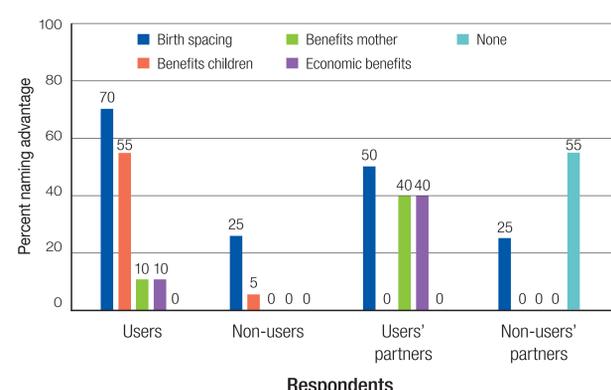


Figure 4. Male partners' perceptions of facilitators and barriers to family planning use

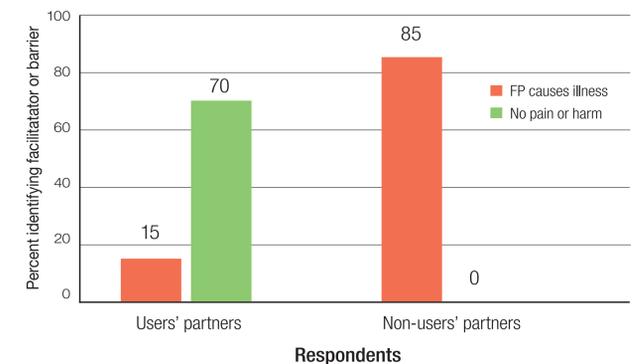
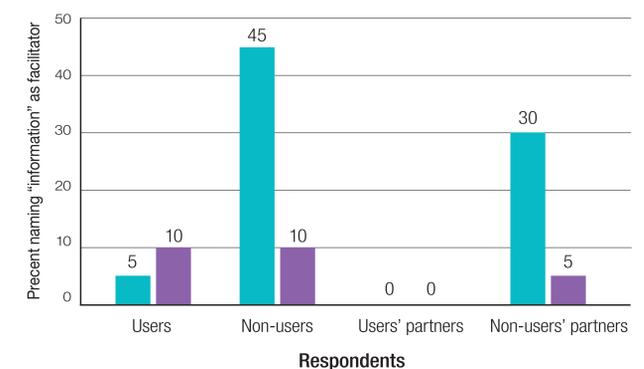


Figure 5. Information as a facilitator to family planning method use



Knowledge contribution

The findings indicate that male partners' approval of or opposition to contraceptive use play an important role in women's use of family planning. However, male opposition was not a deterrent to family planning use among current users. In fact, all users' partners said they would help their female partners to use contraception. In addition, the high degree of agreement between members of a couple on male approval or disapproval suggests that couples may have previously discussed the decision to use or not use contraception. This begs the question, "Why do some partners and/or couples approve of family planning method use and others not?"

Users and their partners see advantages to method use and appear to accept both the safety of contraception and its appropriateness for themselves. The perception that contraception causes illness was a major barrier to its use among non-users' partners. Although a small number of users agreed that family planning causes illness, the perceived advantages apparently outweighed this disadvantage for them.

Since both users and non-users were clients of the same health service, it appears that non-users and their partners do not receive adequate information on family planning at the health facility, as they were more likely to name information as a facilitator of family planning use. Further exploration of sources of information would be useful. For example, do health workers routinely ask all women of reproductive age about their reproductive intents and offer information on contraception? Do users and non-users get their information from sources other than health services?

As a source of formative data to better tailor behavior change communication strategies directed to potential family planning users, this "doers/non-doers" rapid assessment points to several possible behavior change interventions:

- Male peer-to-peer outreach: partners of contraceptive users as educators on the advantages of/reason to use family planning.
- Couples educators/ambassadors: satisfied users and their partners inform other couples.
- Upgrading health care workers' capacity in family planning counseling: ensure that all women and their partners receive clear and accurate information that addresses concerns about contraception.

Doers/non-doers analysis proved to be a fast way of obtaining information about different factors contributing to a behavior and could be applied to uncover factors influencing many other important public health behaviors.

¹ Encuesta Nacional de Salud Materno-Infantil (ENSMI) 2008/09.

² "Doer/non-doer" methodology is a part of the BEHAVE framework, which is a methodology to strengthen the strategic thinking that goes into project design, research, monitoring and evaluation. See: Jimerson, A. et al. (2004) Applying the BEHAVE Framework: A Workshop on Strategic Planning for Behavior Change. <http://www.globalhealthcommunication.org/tools/54>

³ Davis Jr., Thomas P., (2004). *Barrier Analysis Facilitator's Guide: A Tool for Improving Behavior Change Communication in Child Survival and Community Development Programs*, Washington, D.C.: Food for the Hungry.