

INTRODUCING FAMILY PLANNING INTO WATER AND SANITATION COMMUNITY PROJECTS

EXECUTIVE SUMMARY

BACKGROUND

The tiny Republic of El Salvador is the most densely populated country in Latin America. In addition to having a large population packed into a small area, the country is poised for continued accelerated growth, as the majority of Salvadorans are young--more than 55 percent of the population is under 25 years of age. While significant strides have been made in recent years regarding family planning use, there is much that remains to be done. One strategy for addressing unmet need is to expand the number of methods available. Nearly all women between 15 and 44 years know of or have heard of at least one contraceptive method, citing oral contraceptives (92.7%), female sterilization (91.4%), and condoms (90.5%). However, there is less awareness of natural methods, and according to the 1998 National Family Health Survey, fewer than 5 percent of women have heard of them. Additionally, the basic information that couples need to successfully use and determine their fertile days—which is essential for use of a natural method-- is inconsistent, and the health establishments that do offer information have no standard protocol for identifying the fertile days.

Family planning services are available through all health establishments of the Ministry of Public Health (MSPAS), the Salvadoran Institute of Social Security (ISSS), the Salvadoran Demographic Association (ADS), private facilities, and a few NGOs that work on health-related issues. MSPAS is the principal service provider of family planning services. In the past two years, MSPAS has extended coverage of family planning services by working with community promoters. One of the issues that affects the field of reproductive health nationwide is the lack of male participation in health programs, and more specifically in family planning. According to the National Program for Reproductive Health for 1999-2003, women continue to bear the burden and responsibility of contraceptive use and their reproductive health.

Project Concern International of El Salvador (PCI) and the Integration and Reconstruction Committee of El Salvador (CIRES) are two NGOs that work in rural programs, addressing community needs in health, sanitation, education, micro-enterprise, and other areas. These NGOs were searching for ways to integrate family planning into their programs, and to increase male participation in reproductive health when in 1999, they developed a proposal for the Institute for Reproductive Health at Georgetown University to work in family planning education and services specifically by including the Standard Days Method in rural areas where they implemented community projects.

PCI in particular was trying to identify interventions that could make their water and latrine projects more sustainable since many of these efforts ended prematurely

due to limited resources and accelerated population growth in the areas where they were working. Given these circumstances, PCI decided to integrate family planning into their sanitation projects as a strategy to encourage families to be aware of and understand the relationship between accelerated family growth and the lack of sufficient resources (including water and land). PCI felt that increased acceptance of family planning required that men be more involved in the process, something they felt had limited the success of other family planning programs. PCI and CIRES sought to address these issues by designing an intervention that took these various factors into account.

INTERVENTION STRATEGIES

The interventions used during the study were designed to create a positive attitude toward family planning and increase male participation by providing more information and services for all methods through a network of community leaders. The service delivery model integrated SDM as a new alternative within a range of methods, and activated a referral system with Ministry of Public Health and Profamilia establishments for all other methods.

STUDY DESIGN

PCI used a pre- and post-evaluation study design—for which there was an initial survey conducted in September 2001 and a final survey one year later. The survey measured attitudes, practices, and knowledge related to family planning services. To evaluate the SDM's introduction into PCI and CIRES's community programs, a prospective user study was conducted which included admission and follow-up interviews among SDM users. The interviews were then complemented with detailed interviews and focus groups at the community level.

RESULTS

To integrate family planning into the water and sanitation projects, PCI implemented an educational strategy that focused on group education sessions and household visits. To facilitate these activities, PCI developed an activity manual, "Planning Together", which served to help guide community volunteers in leading these discussions. Community volunteers also played an important role in disseminating family planning information. A variety of other educational materials were developed by both organizations for this effort such as flyers and posters, as well as couple-oriented messages.

The results of the study showed that it was possible to introduce family planning information and services into water and sanitation projects. The endline survey revealed that 38 percent of heads of family participated in the group talks and that 27 percent mentioned that their partner had also participated, which means that a larger percentage of couples were integrated into the study than was expected. Home visits also proved to be effective tools in offering information and education

to the couple, and were also well accepted; 29 percent stated having been visited by a volunteer to talk about family planning and other couple related topics.

Community volunteers were effective in spreading information throughout their communities. The endline survey revealed that 73 percent of the interviewed stated that they knew family planning had been included in the water and sanitation programs. Community members considered these interventions to be important; 92 percent of them found them beneficial and another 92 percent found them necessary. The dissemination of family planning information also increased in the community. In the last three months of the study, the discussion of family planning topics among friends, family members, and neighbors increased from 1 percent to 20 percent. Communication among couples related to the risk of STIs, identification of the woman's fertile phase, and male participation also increased by an average of 15 percent. When asked about the partner's attendance at medical consultations, 21 percent of the women replied that their partner had attended the consultation with them. In general, the organizations had to overcome many difficulties in reaching men, but the strategy of approaching them during weekends and evenings provided good results.

There were also important changes in attitudes about male participation in reproductive health. At the end of the study, the majority of men and women interviewed believed that men should be involved, increasing from 40 to 84 percent. In spite of the improvements, there were still some unfavorable attitudes related to partner communication—representing a future challenge for programs. Twenty-five (25%) of women and 37 percent of men continued to think that women who use family planning are unfaithful; 57 percent of women and 67 percent of men believed that women should have the last word on family planning; and, surprisingly, 20 percent of women and 11 percent of men believed that a man is more “macho” if he has more children.

According to the results of the survey, the SDM was widely disseminated in the communities with 64 percent of the women and 48 percent of the men saying that they had heard about this method. Spontaneous recall of the method was related to CycleBeads and the fact that it was a natural method.

The provision of SDM services was offered by community agents who were trained and monitored throughout the study. The providers used support materials for the initial counseling and follow-up of users, including memory aids, a provider calendar, CycleBeads, and the CycleBeads insert and client card.

There were 142 users admitted to the study having a socio-demographic profile similar to other method users in the geographic area. Of all the users admitted, 8 percent had never had a child, 40 percent had one or two children, 32 percent had three or four, and 20 percent had five or more children. In terms of previous use of contraceptive methods, 44 percent had never used a method, 16 percent used a combination of rhythm and withdrawal, 25 percent were using the pill, 19 percent the injection, 10 percent condoms, and 2 percent the IUD. In terms of prior

contraceptive use in the two months before the study, 69 percent were not using any method, 6 percent depended on rhythm, 11 percent withdrawal, 10 percent condoms, and 7 percent used a hormonal method.

Most of the couples (63%) used abstinence during the fertile days, and 20 percent used condoms that were provided by local health units and Ministry of Health promoters. Although most couples knew what to do during the white bead days, 19 out of the 142 users (13%) indicated they had unprotected intercourse knowingly during the fertile days. Couples that used the SDM considered that one important benefit was the favorable change in their relationship due to the fact that they were able to identify their fertile phase with certainty.

The follow up visits showed that 66 percent of users gave spontaneous, correct answers regarding the use of CycleBeads, and 98 percent were able to answer all questions with some probing. Other results showed that 81 percent were aware of the selection criteria, and approximately 80 percent knew what to do about cycle variations. In terms of overall users, 52 percent completed the full 13-cycles of the study, 36 percent had to leave the study due to cycle variations (cycles over or under 26 days), and in 7 percent of the cases one spouse refused to continue in the study, and another 5 percent simply decided to leave the study without any explanation.

STUDY IMPLICATIONS

- It is possible to increase male participation if programs are strategic and seek to actively involve men.
- Reaching men requires institutions to be flexible and innovative.
- It is feasible to introduce family planning in non-health community programs.
- The SDM can be successfully integrated into community models that are offered by trained promoters and supervised by technical personnel.
- Coordination between NGOs and the Ministry of Public Health is effective for improving the service and provision of all family planning methods.
- Local NGOs need systematic technical assistance to develop research studies and to disseminate the results.