FAMILY PLANNING COMMUNICATIONS IN GUATEMALA: A NATIONWIDE SURVEY

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Résumé — Dans un effort pour évaluer le programme continu de communications pour le planning familial au Guatemala, des données furent obtenues d'une enquête nationale de prévalence de la contraception pour femmes d'âge fertile. Bien qu'une enquête à un point spécifique dans le temps ne permette pas de mesurer l'impact en soi, un feedback utile fut obtenu sur la portée des messages de planning familial via différents médias, sur les sous-groupes dans la population qui avaient été moins exposés aux messages de P.F., sur les obstacles existants à l'emploi plus répandu de P.F., et sur les manières potentiellement effectives de programmer des messages pour la radio. L'exposition aux messages de P.F. et l'emploi de contraceptifs sont démontrés être relatés.

Abstract — In an effort to evaluate the ongoing communications programme for family planning (FP) in Guatemala, data were obtained from a nationwide contraceptive prevalence survey of women of reproductive age. Although a one-shot survey does not permit a measure of impact *per se*, useful feedback was obtained on the reach of FP messages via the different media, subgroups within the population who had received less exposure to FP messages, existing obstacles to the more widespread use of FP, and potentially effective ways of programming messages for radio. Exposure to FP messages and use of contraceptives are shown to be related.

Key Words — IEC (information-education-communication), contraceptive prevalence surveys, Guatemala

The Rationale Behind Communications Research for Family Planning

There are few developing countries in the world today that do not have some type of organized family planning (FP) programme. Of these, almost all carry out information-education-communication (IEC) activities designed to inform and educate the target population, as well as to promote the use of contraceptives. Indeed, it is now recognized that IEC is an essential element of a successful FP programme, along with effective contraceptive methods and an adequate delivery system (Rogers, 1973a:34).

Many developing countries now have from 10 to 15 years of experience with IEC for family planning, and considerable strides have been made during this period. The concept of family planning is now well known throughout most of the developing world, and levels of contraceptive usage are rising, albeit at a slower rate than initially expected (Bogue, 1975:1, 5).

Nonetheless, in recent years there has been increased effort to make IEC programmes more effective. The "KAP gap" — the differences in the percentage of couples who know about and are favourable toward family planning in comparison to those who have adopted contraceptive methods — persists in many countries of the world and has been attributed in part to ineffective communication programmes.

As a result, some FP organizations have experimented with a research-based approach to FP communication in an effort to promote greater effectiveness. This concept was successfully applied to an IEC programme for family planning in Isfahan, Iran, as early as 1970 (Lieberman *et al.*, 1973:73). However, most IEC programmes continue to function without benefit of communication research. Basic to this approach are:

1. Audience research to evaluate the current situation of a given population vis-à-vis family planning, which provides the basis for designing effective communications (Rogers, 1973a:31),
2. Pre-testing of communications before final production and diffusion to determine their potential effectiveness among the target population (Bertrand, 1978:3), and
3. Evaluation of the IEC programme once it is in motion (Johnson *et al.*, 1973:82).

There are several reasons why communications research for family planning is not widely used. First, funds are often limited in the area of IEC research and evaluation. Second, personnel must be made available to carry out this activity. And third, it is unclear to some programme directors or administrators how this research will directly benefit their IEC programmes.

The results reported in the current article illustrate a strategy for obtaining high-quality communications data from a representative sample of the target population for a national FP programme at relatively low cost. This can be achieved by including a section of communication questions on the standard *contraceptive prevalence survey* (CPS), now being carried out in many developing countries around the world to determine current patterns of reproduction behaviour and the prevalence of contraceptive use (Morris, 1980).

The data reported herein were collected in Guatemala as part of the 1978 CPS conducted by the Asociación Pro-Bienestar de la Familia (APROFAM) of Guatemala. The communications section of the questionnaire was designed to yield feedback on past and current IEC activities, as well as to provide guidance in the planning of future IEC activities. Specifically, the data indicate:

1. Past and current activities:
 - a. The reach of IEC programmes to date, via the mass media and interpersonal channels
 - b. The sociodemographic characteristics of those who have had relatively less exposure to FP messages via mass or interpersonal channels
 - c. The relationship between levels of exposure to FP messages and current use of contraceptives
2. Future IEC efforts:
 - a. The most important obstacles to FP which should be dealt with in the media or through interpersonal channels
 - b. The most effective scheduling of messages and programmes on the mass media.

The findings reported below indicate the nature of the data obtained from this type of research and their potential use in designing effective IEC programmes for family planning.

Methodology

As mentioned above, the data herein were collected as part of a nationwide CPS. Full details of the sampling procedure have been published elsewhere (APROFAM, 1980). To summarize briefly, multi-stage sampling was used. The country was first divided into two strata: (1) the Department (similar to a state) of Guatemala and (2) all the other departments of the country, referred to herein as the "Interior." Subsequently, there was a random selection of census sectors and, within the selected sectors, a random selection of households. Given that the probability of selection varied by stratum and by number of women in the household, weighing factors were subsequently applied to the data to account for these unequal probabilities. The Interior stratum was further subdivided by *ethnic group*, an important variable in any research done in Guatemala.¹

The total population of Guatemala (nearly eight million) is divided almost evenly between the Spanish-speaking *Ladinos* and the *Indigenas*, or Indians. The Indian population is further subdivided into five major language groups: Quiche, Kekchi, Mam, Cakchiquel and Pocomchi, as well as numerous smaller groups. Thus, for the purposes of this survey, the questionnaire was translated into the five different dialects such that all respondents were interviewed in their native dialect. The interviewers for the Indian areas were bilingual women who also dressed in *traje* (native dress).

In summary, the two strata for this survey were the Department of Guatemala and the Interior. In the Department of Guatemala, almost all respondents were *Ladinos* and all interviewing was conducted in Spanish. The Interior was subdivided according to ethnic group into *Ladinos* (Spanish-speaking) and Indians. The data in this article are presented according to the three area/ethnic groups: the Department of Guatemala, Interior-*Ladinos* and Interior-Indian. The number of households and percentage of interviews completed for each area/ethnic group are presented in Table 1.

The Nature of IEC Efforts in Guatemala to Date

To give some perspective to the results presented in the next section, it is important to mention the type of IEC activities carried out to date. Since the early 1970s, APROFAM (the private FP organization of Guatemala) has used both the mass media and interpersonal channels to promote the use of family planning. Before 1976, these IEC activities focused on the capital city of Guatemala. Since then, increased efforts have been made to reach rural populations as well.

At the time of this survey and for at least a year before it was taken, the primary medium used for the communications programme was radio. An average of four 60-second spots were broadcast daily in Spanish on approximately 40 different radio stations throughout the country, many of them local. Each spot was played for a month before another replaced it. In addition, messages were also translated into two Indian dialects — Kekchi and Quiche — and broadcast over two local stations in Indian areas.

Television was also used to broadcast FP messages, but to a much lesser degree. In the 12-month period before the survey, three different 30- and 60-second spots were shown intermittently. However, none was shown more frequently than six times a week (in total, over three different channels) for a period of three months maximum.

The IEC programme also printed posters and folders, which were distributed through various outlets: Ministry of Health clinics, APROFAM clinics, community-based distribution (CBD) posts, pharmacies and others. Also, advertisements were periodically placed in the newspaper, announcing the hours of APROFAM clinics in the capital city.

TABLE 1. INTERVIEW STATUS BY REGION/ETHNIC GROUP, GUATEMALA, 1978 CONTRACEPTIVE PREVALENCE SURVEY

	Total	Dept. of Guatemala	Interior	
			Ladino	Indigena
<u>Household Selection:</u>				
Total Households				
Number	3,607	1,061	1,425	1,121
Percent	100.0	100.0	100.0	100.0
Eligible respondent identified	79.4	77.5	79.1	81.7
No eligible respondent identified	12.3	14.4	13.0	9.5
Vacant household	3.9	4.1	4.8	2.7
Refusal	0.9	1.7	0.5	0.6
No contact after three visits	1.6	1.7	2.1	0.7
Other	1.9	0.6	0.5	4.8
<u>Individual Selection:</u>				
Total Possible Respondents*				
Number	2,953	858	1,164	931
Percent	100.0	100.0	100.0	100.0
Complete interview	90.9	86.7	92.3	93.0
No contact after three visits	1.9	2.1	2.6	0.9
Total refusal	1.1	2.1	0.6	0.7
Respondent refusal	2.1	3.4	0.8	2.4
Respondent not at home	4.0	5.7	3.7	3.0

*Includes households with identified eligible respondent plus households with total refusal or no contact which may have had an eligible respondent.

To complement the mass media campaign, there was a series of planned interpersonal activities designed to promote family planning. In a number of APROFAM programmes, especially those that were community-based, community meetings were organized to inform the public about FP and discuss questions they may have had. Also, APROFAM personnel or distributors in the CBD programme occasionally visited potential users in their homes to discuss FP.

Finally, an important source of FP information, especially in rural areas, has been the Ministry of Health Centre or post. Although not all members of the staff are equally interested in promoting family planning, this nonetheless represents one of the main outlets for obtaining contraceptives in rural areas.

In summary, the IEC efforts for family planning in Guatemala are similar to those found in many other developing countries in which the government has taken a tolerant attitude toward family planning without aggressively supporting it. At the same time, the private organization, APROFAM, has been allowed to promote the use of FP through various mass and interpersonal channels.

Results

As mentioned above, the findings fall into two categories: those which reflect past and current IEC activities (The Reach of IEC for Family Planning to Date, Sociodemographic Characteristics of the Women Least Exposed to FP messages, Exposure to FP Messages and the Use of Contraceptives, see below) and those which serve to orient future IEC programmes (see Obstacles to more Widespread Use of Family Planning and Effective Scheduling of Messages in Future Campaigns).

The Reach of IEC for Family Planning to Date

To determine the reach of FP messages via different channels, all respondents were asked if they had seen or heard an FP message through any of six mass media (radio, television, newspapers, movie theatres, posters or pamphlets) and through any three interpersonal channels (discussions with health personnel, home visits or public meetings on FP). Those who answered affirmatively were classified as having received or been exposed to FP messages via that channel.

The data show that the great majority of reproductive age women in the Department of Guatemala (87.9 per cent) have seen or heard FP messages through mass or interpersonal channels. This percentage drops to 77 per cent for *Ladino* women in the Interior of the country. In contrast, less than half of the Indian women in the Interior reported having seen or heard of FP via any of these channels, suggesting that relatively little FP information is reaching this population through formal channels (see Table 2).

It is also evident from Table 2 that the reach of the mass media has been from two to four times greater than that of interpersonal activities to date. This is not to say that the mass media are more effective; rather, it simply reflects the widely accepted fact that the mass media can be useful in "getting the message out."

TABLE 2. EXPOSURE TO FAMILY PLANNING MESSAGES VIA THE MASS MEDIA AND INTERPERSONAL CHANNELS

Percentage of Respondents Who Have Seen or Heard a FP Message Via:	Total	Area/Ethnic Group		
		Dept. of Guatemala	Interior- Ladino	Interior- Indian
At least one of the mass media	65.1	87.0	74.5	39.0
At least one of the inter- personal channels	23.3	40.9	25.8	9.3
At least one mass or inter- personal channel	67.4	87.9	77.0	41.9

Mass media. Of the six media examined, radio has been by far the most effective in reaching women with messages about family planning. As Table 3 indicates, the percentage that have heard FP messages via radio is higher in all three ethnic/geographic areas than for any other medium. And in the Interior, the reach of radio has been two to five times greater than for any other channel.

With radio, as with the other media (described below), exposure to FP messages varies substantially among the three geographic/ethnic groups. In comparison to 72.7 per cent of the respondents in the Department of Guatemala that had received FP messages via radio, the percentage drops to 64.2 per cent among *Ladino* women in the Interior and more markedly to 36.5 per cent of Indian women in the Interior. In short, women in the Department of Guatemala are twice as likely to have heard a FP spot on the radio than Indian women in the Interior; and for the other mass media, the differences are even greater.

This difference can be explained in part by differences in *access to radio*. As shown in Table 4, radio ownership is highest in the Department of Guatemala (85.4 per cent) and lowest among Indian women in the Interior (58.1 per cent).

TABLE 3. THE REACH OF FAMILY PLANNING (FP) MESSAGES VIA THE MASS MEDIA AND INTERPERSONAL CHANNELS

		Area/Ethnic Group		
	<u>Total</u>	<u>Dept. of Guatemala</u>	<u>Interior- Ladino</u>	<u>Interior- Indian</u>
A. <u>MASS MEDIA</u>				
Percentage that have seen or heard a FP message via:				
Radio	56.6	72.7	64.2	36.5
Poster	27.3	52.6	30.9	7.0
Pamphlet	19.5	41.8	21.4	3.0
Newspaper	10.9	27.4	10.3	1.6
Television	9.4	29.7	7.0	0.3
Movie theater	3.0	6.2	2.7	1.4
B. <u>INTERPERSONAL CHANNELS</u>				
Percentage that have:				
Discussed FP with health personnel (doctor, nurse, or other)	20.2	35.6	23.2	6.7
Attended a public meeting on FP	8.1	16.9	7.9	2.9
Received a home visit from a FP worker	2.6	4.1	2.6	1.7

However, this is not the *only* explanation for differences in exposure to FP messages by area. If one calculates the percentage that have heard a FP spot on radio *among those persons with access to radio*, the result is approximately 80 per cent of the women in the Department of Guatemala and of the *Ladinos* in the Interior in comparison with 61 per cent of the Indians

TABLE 4. ACCESS TO RADIO AND TELEVISION BY AREA/ETHNIC GROUP
AND EXPOSURE TO FP MESSAGES

		Area/Ethnic Group		
	<u>Total</u>	<u>Dept. of Guatemala</u>	<u>Interior- Ladino</u>	<u>Interior- Indian</u>
A. RADIO				
<u>Access to radio</u>				
Percentage who:				
Own a radio	71.6	85.4	75.3	58.1
Does not own but can listen	3.6	3.0	5.2	1.8
Does not own or listen	24.8	11.5	19.5	40.1
<u>Among those that own or can listen :</u>				
Percentage that have heard a FP message on radio	75.1	81.6	79.7	60.9
B. TELEVISION				
<u>Access to TV</u>				
Percentage who:				
Own a TV	21.5	61.1	18.5	1.2
Does not own but can watch	3.9	4.8	5.5	1.1
Does not own or watch	74.6	34.1	76.0	97.7
<u>Among those that own or can watch:</u>				
Percentage that have seen a TV spot on FP	37.4	45.7	29.1	*

*Less than 25 cases.

of the Interior. Even owning a radio, Indian women are less likely to have heard the FP messages on radio.

After radio, the medium of greatest reach has been the FP poster seen by 52.6 per cent, 30.9 percent and 7.0 per cent of the women in the three areas, respectively. In the Department of Guatemala, women reported having seen these posters in the Ministry of Health (MOH) clinics, APROFAM, the Social Security facilities, private doctors' offices and other places. In comparison, women from the Interior generally mentioned the MOH clinics.

Third in terms of reach is the FP folder or pamphlet, which 41.8 per cent of the women in the Department of Guatemala reported having seen, in comparison to a much lower percentage in the Interior. The MOH clinics were most often mentioned as the source of these folders, followed by APROFAM and the Social Security Institute.

The mass media with relatively less effectiveness in terms of FP communication have been the newspapers and television (Table 3). The great majority of people in the Interior do not own or have access to a television set, and even among those with access, the tendency to have heard a FP spot is greater in the Department of Guatemala than elsewhere.

Finally, the respondents were asked whether they had seen any FP messages in movie theatres, even though this channel has not been used in the past three years for promoting FP. A small percentage (3.0) responded that they had seen these messages. To a certain extent, this serves as an indicator of the degree to which respondents may arbitrarily have answered "yes" to having received FP messages via each of the different media.

Interpersonal Channels. A relatively small percentage of the women interviewed have received FP information via formal interpersonal channels. "Formal" refers to activities programmed by APROFAM or other organizations working in FP or related areas. The most frequently reported type of interpersonal communication is having discussed FP with health personnel (doctor, nurse, social worker, etc.). However, only 35.6 per cent of the women in the Department of Guatemala had had this opportunity, and the percentages were much lower for the Interior. Even fewer had attended a public meeting on family planning, and very few had received an FP home visit (Table 3).

These figures do not mean that interpersonal communication is less effective than that of the mass media. On the contrary, most communicators would argue that it is the most important factor in bringing about behavioural change. However, "programmed" interpersonal communication (group presentations, interviews, home visits, etc.) tends to be costly on a per capita basis and is logistically difficult, which explains why it is often not fully exploited.

Sociodemographic Characteristics of the Women Least Exposed to FP Messages

It is important for the communicator to be able to identify those segments or subgroups within the total population that have not been reached as effectively by the IEC program. For example, it is evident from the above findings that women in the Department of Guatemala have had more exposure to FP messages than the *Ladino* women in the Interior, who in turn have had greater exposure than the Indian women of the Interior. Other factors also influence the extent of exposure to FP messages.

The following analysis is based on an "exposure score" to FP messages, which represents the number of channels through which the respondents have received FP messages. One point is given for each mass media or interpersonal channel listed in Table 3, such that the possible range is 0 to 9. For the total sample, the average number of channels (or "mean exposure score") is 1.58.

Eight sociodemographic variables have been examined in relation to exposure to FP messages, with the following results. As has emerged consistently in this report, geographic area/ethnic group is a key determinant of the degree to which women have been exposed to FP messages. (The variables are examined separately and in combined form in Table 5.)

In part, differences by area/ethnic group reflect differences in educational achievement as well. Women with no formal education had an average exposure score of 0.76 in comparison to 1.75 for those who completed one to three years of primary, 2.48 for those with four to six years of primary, and 3.66 for those with greater than a primary education. In short, exposure to FP messages increases with education.

Another factor associated with exposure to FP messages is working status (having a job which brings in money). Women who had a job outside the home are more apt to have received FP messages than women who worked within their homes or did not have paid work.

The last sociodemographic factor related to exposure is age. As shown in Table 5, there is a curvilinear relationship between age and exposure to FP messages. That is, exposure is relatively low among 15- to 19-year-olds but increases with age until 35-39 years, at which point it drops off again and continues to decrease. Although the differences are not as great as with education, age is a factor which influences exposure.

Two of the sociodemographic factors were not found to influence exposure to FP messages: marital status and number of living children. As seen in Table 5, for the different categories of these variables there is little deviation from the average score of 1.58 for the sample as a whole. The status of being married or living in consensual union does not result in greater attention to FP messages. It is noteworthy that the number of living children is not related to exposure. The data suggest that the FP messages are reaching women of all parity levels to the same degree.

Exposure to FP Messages and the Use of Contraceptives

It is the working assumption of most IEC programmes that the more extensive the communication effort, the greater the number of contraceptive users. Unfortunately, a one-shot survey does not permit one to test whether greater communication efforts *cause* increased contraceptive usage.²

The results of the CPS show that 18.2 per cent of Guatemalan women, married or in union, age 15 to 44, are currently using contraceptives. The percentage of users is much higher in the Department of Guatemala (40.4 per cent) than for *Ladino* women of the Interior (21.6 per cent) or Indian women of the Interior (4.0 per cent). The full results of this part of the survey have been published elsewhere (APROFAM, 1980).

For purposes of this report, it is of interest to test the relationship between levels of exposure to FP messages and contraceptive use. To this end, "use of contraceptive" has been defined in terms of the classical model of the diffusion of innovations with its distinct stages, as defined by Rogers (1973b:295). In this analysis, these stages have been operationally defined in the following manner (categories are mutually exclusive):

1. Yet to begin the adoption process — Knows no contraceptive method; is not interested in using contraceptives; has never used contraceptives.
2. Awareness-knowledge of the innovation — Knows at least one method; is not yet interested in using contraceptives; has never used contraceptives.
3. Persuasion of a favourable attitude — Knows at least one method; expresses interest in using contraceptives; has never used contraceptives.

TABLE 5. LEVEL OF EXPOSURE TO FP MESSAGES IN RELATION TO THE SOCIODEMOGRAPHIC CHARACTERISTICS OF THE POPULATION

<u>Sociodemographic Characteristics</u>	<u>Exposure Score (Mean number of channels of exposure to FP messages*)</u>
<u>Area of Residence (Geographic Area):</u>	
Department of Guatemala	2.9
Interior	1.2
<u>Ethnic Group</u>	
Ladino (non-Indian)	2.1
Indian	0.6
<u>Area/Ethnic Group (combination of the two preceding variables):</u>	
Department of Guatemala	2.9
Interior-Ladino	1.7
Interior-Indian	0.6
<u>Education (years of schooling completed):</u>	
None	0.8
Primary, grades 1-3	1.8
Primary, grades 4-6	2.5
More than primary school	3.7
<u>Literacy:</u>	
Can read and write	2.4
Cannot read and write	0.7
<u>Work Status:</u>	
Work outside the home	2.1
Works but at home	1.5
Does not work (for pay)	1.5
<u>Marital status:</u>	
Married or in consensual union	1.5
Separated, Divorced, or Widowed	1.6
Single (never married)	1.7
<u>Age:</u>	
15-19	1.4
20-24	1.6
25-29	1.7
30-34	1.8
35-39	1.8
40-44	1.3
45-49	1.2
<u>Number of living children:</u>	
0	1.6
1-2	1.6
3-5	1.6
6 or more	1.5

*Possible range: 0 to 9; average for the sample as a whole: 1.6

4. Decision to adopt the innovation — Has used a contraceptive method in the past (but is not currently using).
5. Confirmation of this decision — Is currently using a contraceptive method.

Since education was shown to be influential in terms of level of exposure to FP messages, this factor has been statistically controlled for in the current analysis, such that the results in Table 6 give a clearer picture of the actual relationship between exposure and the adoption of contraceptive use.

The data in Table 6 provide two types of information regarding the adoption process for family planning. First, in line with the other findings presented above, these data show that the women in the Department of Guatemala are considerably further along in the adoption process than their rural counterparts; indeed, 40 per cent have already reached the final stage, i.e., are currently using a method. In turn, among this latter group, over one-third (37 per cent) fall in the category of "yet to begin the adoption process."

Second, Figure 1 shows a strong linear relationship between exposure to FP messages and the adoption of family planning. Those who have yet to begin the FP adoption process have the lowest average exposure score to FP messages (via either the mass media or interpersonal channels). The exposure score increases for those at the awareness-knowledge stage and continues to increase monotonically for each subsequent stage in the adoption process. Although one cannot determine cause and effect from a one-shot survey, these data provide suggestive evidence that FP communications are related to the adoption of a contraceptive method.

TABLE 6. STAGES IN THE ADOPTION PROCESS, BY AREA/ETHNIC GROUP

Stages in the Adoption Process	Percent Distribution for Each Area/Ethnic Group of the Dif- ferent Stages in the Adoption Process			
	Total	Dept. of Guatemala	Interior- Ladino	Interior- Indian
Yet to begin the process: Does not know even one FP method.	16.6	2.8	6.1	36.6
Awareness-knowledge: Has heard of at least one method.	37.7	26.0	42.3	37.0
Favorable attitude: Interested in using a FP method.	17.0	8.8	19.2	18.2
Decision to adopt: Has tried a FP method.	10.4	21.9	10.8	4.2
Confirmation of the decision: Is currently using a FP method.	18.1	40.4	21.6	4.0

Obstacles to More Widespread Use of Family Planning

In contrast the sections above, which involve past and current communication activities, the following sections focus on data which will be useful in orienting future IEC activities for family planning.

One of the most important considerations in this respect involves obstacles or barriers to the more widespread use of contraceptives in Guatemala. It is of key importance to identify these obstacles, such that they can be dealt with in future campaigns and/or interpersonal communication activities. In fact, this information should be an important determinant of *content* of future communications.

To obtain this information, respondents were questioned in terms of 13 possible reasons for which couples in their community did *not* use family planning. The respondent rates each item as an "important" or "not an important" reason for the non-use of contraceptives. The results in Table 7 show the percentage of respondents (in rank order) that considered each item as "important."

The principal reason for the non-use of contraceptives is the *rumours or negative things which the people have heard about contraceptives*. For the women in the Department of

FIGURE 1. EXPOSURE TO FP MESSAGES IN RELATION TO STAGES IN THE FP ADOPTION PROCESS

*CONTROLLING FOR EDUCATION

Guatemala and the *Ladino* women of the Interior, this reason was more important than any of the others. While these data were obtained in response to a general question posed in terms of "couples in this community," they are consistent with the answers given by women not using contraceptives (from the first part of the CPS, published elsewhere). Among the *Ladino* women from either the Department of Guatemala or the Interior, fear of side effects was the most commonly mentioned reason for the non-use of contraceptives (apart from reasons related to pregnancy, such as being pregnant, desiring pregnancy, or being post-partum breastfeeding) (APROFAM, 1980).

TABLE 7. OBSTACLES TO FAMILY PLANNING (IN PERCEIVED ORDER OF IMPORTANCE): PERCENTAGE THAT CLASSIFY EACH REASON AS "IMPORTANT" IN THE NON-USE OF CONTRACEPTIVES

Reason	Total	Area/Ethnic Group		
		Dept. of Guatemala	Interior- Ladino	Interior- Indian
1. People have heard rumors or bad things about the methods and are afraid to use them.	71.1	74.9	77.0	60.7
2. The husband and wife do not talk it over to agree on using a contraceptive method.	60.4	65.3	61.6	55.7
3. People believe that FP is against God's will.	58.5	50.8	59.5	61.8
4. People do not have sufficient knowledge about the different contraceptive methods.	58.0	54.3	60.7	56.6
5. People do not worry enough about the future of their children.	52.7	59.2	54.0	48.1
6. People prefer sons and they want to keep having children until they get sons.	52.7	52.1	56.3	48.1
7. People need to have more children in case some of theirs die.	51.7	42.0	56.2	51.7
8. People need to have more children to support them in their old age.	51.5	36.6	55.4	55.5
9. People need to have more children to help them with the work.	50.7	33.5	55.6	54.6
10. People don't know where to obtain contraceptive methods.	48.8	36.7	49.4	55.5
11. People tend to passively accept pregnancy without being concerned over it.	42.0	38.7	43.6	42.1
12. People fear what their friends and neighbors will think of them.	41.8	31.7	45.8	42.7
13. People want to have more children.	39.6	34.6	40.3	41.7

Among the Indian population of the Interior, rumours also represent a problem. However, a factor of equal importance among the Indians is the belief that family planning goes against the will of God, an opinion expressed by some of the *Ladino* women as well. However, the Indian women ranked this factor of religion in first place whereas it was fourth place among *Ladino* women of the Interior and in sixth place among the women of the Department of Guatemala. In short, the religious barrier is strongest among the Indian population.

After rumours, the most important obstacle for the *Ladino* population (from the Department of Guatemala and the Interior) is the *lack of husband-wife communication*. This problem also exists among the Indians, who ranked it in fourth place. It is possible that the Indian population does not give this obstacle the same degree of importance, given that the topic of human reproduction is not openly discussed even among spouses.

Another reason for the non-use of family planning identified by all three groups was the *lack of knowledge about the different contraceptive methods*. In contrast, lack of knowledge as to where to obtain FP methods was given relatively little importance. This "perceived" reason corresponds closely to the reality of the situation as reflected by other data in the survey, especially among the Indian population. The results of the survey indicate that one-third of the Indian women not using contraceptives explained their non-use as "no knowledge of contraception" (APROFAM, 1980). The data in Table 6 (herein) on stages in the adoption process also reflect this lack of knowledge among the Indian respondents. Other factors which represent obstacles, though to a lesser degree, are listed in Table 5.

Effective Scheduling of Messages in Future Campaigns

As described in the section entitled "The Reach of IEC for Family Planning to Date," radio has reached a larger segment of the population with messages on FP than any other medium or channel. If future campaigns are to take full advantage of the potential of radio, it is important to identify peak listening hours, favourite stations and preferred types of programming.

According to the data from this study, the peak listening hours for women from all three areas are from 8 a.m. to 12 noon. This is followed by the periods 2 to 6 p.m., 6 to 8 a.m. and 12 to 2 p.m. In general, there is less radio listening after 6 p.m. in all three groups. The data on preferred radio stations represents an important guide for the selection of radio stations for future FP programming. Since a listing of such stations is somewhat less meaningful outside Guatemala, these data are not reported herein.³

As for favourite types of programming, music was preferred by a three-to-one margin over other programmes; this was followed by news, religious programming (especially among the Indians) and soap operas. Sports and educational programmes were less popular among the women interviewed.

Implications of These Findings for IEC in Guatemala

The findings from this study provide clearcut direction to future IEC efforts for FP in Guatemala in terms of unmet need, specific target groups, content and programming.

Unmet Need

The findings show the need to further inform and educate the general public about FP. Approximately one-quarter of the *Ladino* women of the Interior and over half the Indian women of the Interior have not seen or heard anything on FP via the mass media or (formal) interpersonal channels. While it is often argued that "everyone knows about family planning," the results of this study suggest there is still considerable work to be done in this area.

Specific Target Groups

Intensified efforts must be made to reach the somewhat "isolated" members of the target population: women in rural areas, especially the Indian population; people with little schooling; and those who do not have a paying job (which would presumably increase their contact with the outside world). In addition, future efforts should also focus on younger women (15 to 19 years old), who will play a key role in Guatemala's demographic future and who have received relatively less exposure to FP messages to date.

Content

Future IEC activities must focus specifically on existing barriers to the more widespread use of contraceptives, namely, rumours about contraceptives, lack of husband-wife communication, religious beliefs (especially among the Indian population) and lack of specific knowledge regarding the different contraceptive methods.

Programming

To the extent that radio continues to be used as a primary vehicle for communicating FP to the general public, audience preference in terms of listening times, radio stations and types of programming should be taken into account to achieve the most effective use of this medium.

From a one-shot survey, it is not possible to confirm that increased exposure to FP messages will increase contraceptive usage. However, the two variables are shown to be related in this survey, and other research from Latin America has linked media exposure (for radio, in particular) to increased contraceptive use (Sweeney, 1977:290).

Discussion

Results obtained in the IEC component of the Guatemala Contraceptive Prevalence Survey concur with other surveys which have focused on the effects which exposure to FP messages has on awareness, motivation and adoption of contraceptive use. A number of examples are cited by Sweeney in his review article on mass communications for family planning (1977). In Isfahan, Iran, a six-month mass media campaign showed a 54 per cent increase in the overall acceptance of all methods of contraception. A two-month campaign in Pakistan, which included group meetings, home visits, film showings, posters and pamphlets, resulted in a 49 per cent increase in knowledge about contraception among target women and a 15 per cent increase in the use of contraceptives. After a year-long media campaign, Jamaica reported a 15 per cent increase in contraceptive acceptors.

Radio in Guatemala has reached a large segment of the population with messages on family planning. In his review article, Sweeney cites evidence attesting to the effectiveness of radio as a source of family planning information — it is superior to all other media. Radio has been shown to increase contraceptive use in Colombia, Costa Rica and the Dominican Republic. It served as the first source of information according to studies in Korea, Taiwan, Honduras and Iran.

In addition to the Sweeney article, it is of interest to compare the Guatemalan data with results from similar CPS or family planning studies carried out in El Salvador (Asociación Demográfica Salvadoreña, 1980) and Panama (Monteith *et al.*, 1981), as well as in four states of Brazil (BEMFAM, 1981). In terms of the coverage of the different media, radio has reached the highest percentage in each study, except that in Panama. Posters and pamphlets follow, while newspapers and television have not been a primary source of communicating FP messages.

Mass media in Guatemala were two- to four-times more effective than interpersonal channels in reaching the target population with FP messages. Data from El Salvador show this to be true. By contrast, the study from Brazil reports neighbours and friends to be the primary source of FP information, reflecting the less widespread use of the mass media for FP in these particular states of Brazil.

However, being "reached" and being "influenced" are two different situations. In a study from Korea, cited by Sweeney (1977), 51 per cent of the women who visited the clinics said they were influenced by friends and relatives, compared to 38 per cent who mentioned the mass media. In terms of subgroups within a population *least* likely to have been reached by FP messages, data from Guatemala, El Salvador, Panama and Brail show the same factors to be important in each instance.

In all four countries, exposure scores were higher among urban than rural women and among women who worked for wages outside of the home than among non-working women. Exposure increased with education and showed a curvilinear relationship with age. Marital status had little influence on exposure in all four countries. In Guatemala, there was an inverse relationship between the number of living children and exposure; in Panama, this relationship was curvilinear; and in Brazil, there seemed to be little correlation between these two variables.

The purpose of this article has been not only to report on the current status of IEC for FP in Guatemala, but also to suggest the feasibility of obtaining communications data in connection with the CPS now being carried out in many countries of the world. This means of researching IEC for FP has a number of clearcut advantages as well as limitations. Advantages to including communication questions on a CPS include the following:

1. The data constitute a nationwide (or state wide) representative sample of the main target group for most FP programs: women of reproductive age.
2. While there is an increase in cost for the additional questions, it is marginal in comparison to conducting a survey solely on FP communication.
3. By combining communications questions with the CPS, the communication research benefits from all aspects of the technical assistance made available to the research project.

The limitations of this type of survey should also be mentioned:

1. Only women are interviewed, while FP organizations often feel that it is very important to know the attitudes and opinions of men; and
2. A one-shot survey does not allow one to measure the *impact* of an IEC program. Indeed, it has been argued that the only valid evaluation of a communication program is the controlled field experiment (Haskins, 1968:47).

While many organizations would ideally like to evaluate the impact of their total IEC program, there are methodological problems in doing so. As such, the research approach presented herein — determining the reach of FP messages via different media, identifying subgroups of the population who have been less exposed to FP messages, relating levels of exposure to contraceptive usage, identifying obstacles to the more widespread use of FP and ascertaining the potentially most effective ways of programming messages for radio — represents a useful alternative to evaluating impact *per se*. It provides a FP organization with a concrete basis for designing future IEC programmes while assessing and building on their experience to date.

Footnotes

1. Ethnic membership in Guatemala is defined primarily by social and cultural factors, especially among the language spoken in the home and the type clothing used. The Indians usually speak in dialect at home and continue to use native dress, especially the women (van den Berghe, 1968:514, 522).
2. Indeed, some would argue that the causal relationship is the reverse: contraceptive use results in greater exposure (that those using contraceptives would have greater self-involvement in the topic and be more attentive to FP since it relates to their own behaviour and, thus, would have greater levels of exposure to FP messages).
3. However, a single station — Radio Nuevo Mundo — headed the list for all three areas. Radio Mundial was ranked second by the women of the Department of Guatemala and by the *Ladino* women of the Interior. Apart from these, there were marked differences in the preferences of the respondents from the three different groups, a fact which must be taken into consideration in scheduling future radio programming.

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