

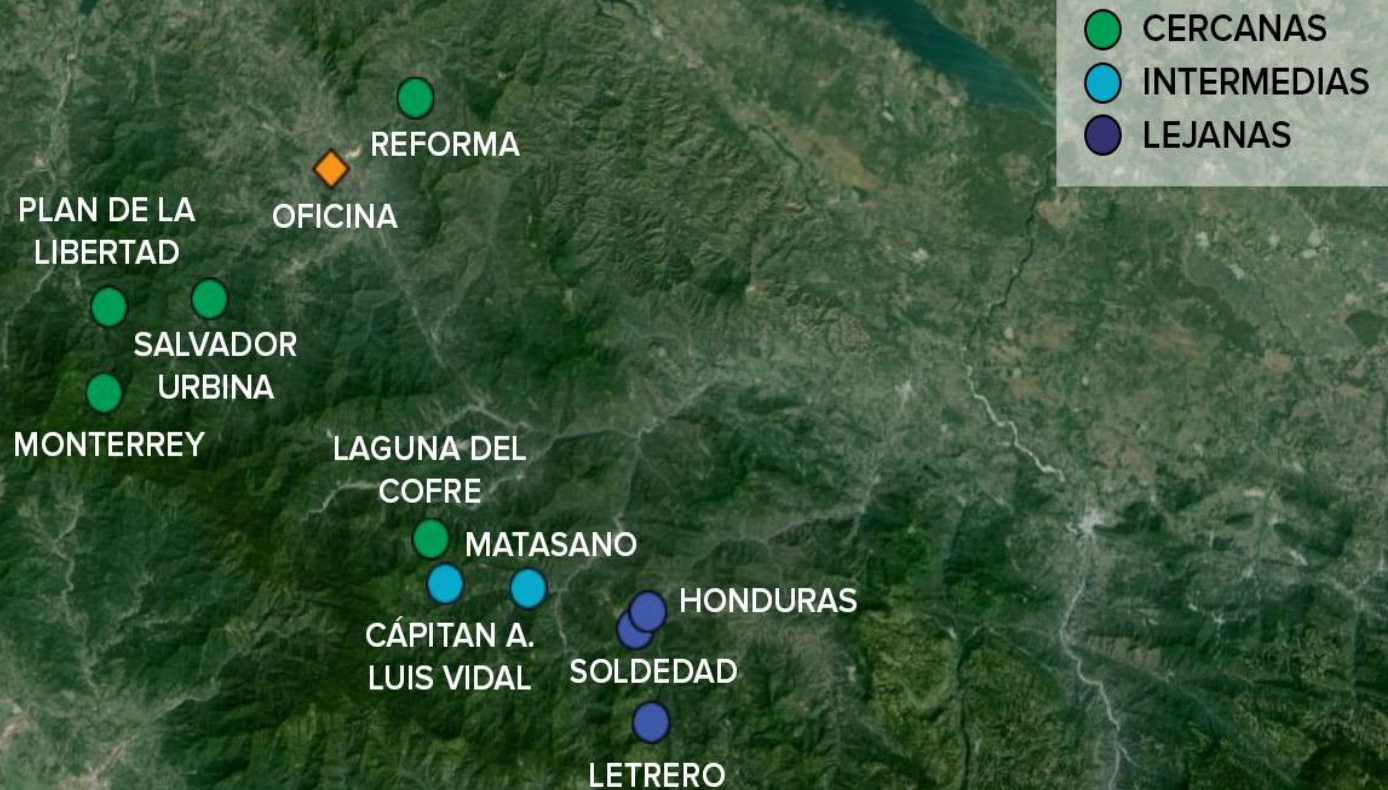
Gender-informed family planning: a qualitative study in rural Chiapas, Mexico

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Study Background



- 10 communities served by Compañeros en Salud (CES) services
- Average size of communities: 1,000 inhabitants
- Each community is served by one CES physician in training working in a health clinic who provide family planning counseling
- From September 2016 CES has been working on implementing a maternal health community health workers team in each community



RESEARCH QUESTIONS



1.

What knowledge, if any, do men and women in CES communities have regarding family planning?

2.

What are the perceptions, if any, that men and women in CES communities have around family planning?

3.

What are the perceptions, if any, that men and women in CES communities have around sexual transmitted infections and Zika?

Data Collection: Sept 2016 – March 2017

51

Participants interviewed
27 women
24 men

5

Physicians in training
interviewed

+ 3 surveys
administered in 2015,
2016, and 2017



Results: Family Planning Perceptions

Overarching theme 1: General Benefits of contraception

- Birth spacing: *“It’s the only form to distance the children, so that they don’t come so often”*
- Lack of resources: *“The crisis is hard, there isn’t a lot of money, so for that reason she is taking the injection”*

Overarching theme 2: General Disadvantages of contraception

- Adverse reactions: *“The nurse told us, it’s okay to use these methods, but don’t do it for a long period, because in the long term it can damage you”*

Overarching theme 3: General reasons to stop using/for never using FP methods

- General discomfort with the idea of FP: *“Yes I would tell her [doctor] that she was right, but I don’t know, I just never liked the idea of it”*
- Not necessary/ Natural forms of FP working: *“Well there is no need, as I tell you, we can just take care of ourselves”*
- Preferred FP method not available: *“Well she wanted to get operated, but right now no, [...] she has registered, something like that... but right now I don’t know”*

Results: Perceptions of Decision Making

Overarching theme 1: Perceptions of FP counseling

- Discussing FP options as a sensitive subject: *“Well, in reality, it’s a little uncomfortable, it’s a little embarrassing, but they [doctors] have to ask us the [family planning] questions, because in fact it is for our good”*
- Positive perceptions of FP counseling: *“Ah yes, they [doctors] do it with a lot of respect. They treat us, well the times I have been, they have treated us well”*

Overarching theme 2: Decision making process

- Decision of whether to use methods of contraception: *“I put, I think, the implant, but my husband then didn’t want to anymore, apparently it’s bad, so then no, I didn’t want to continue”*
- Decision of type of contraceptive to use

Conclusions

1. Misconceptions and secondary effects strongly impact use of family planning methods. Results indicate need for medical staff and community health workers to ensure women and men understand possible secondary effects and dissipate any existing myths.
2. Family planning programs need to be gender-informed, including both women and men, and sensitive to gender-based relationship dynamics.

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