

Bolivia:

***Fertility Regulation and its Relationship to
the Stability of the Couple, Sexuality, and
Quality of Life***

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**This summary highlights findings from a larger scientific report
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I. Introduction

Contraceptive use has increased significantly in Bolivia in the past decade. In 1994, approximately 45 percent of women in union used a contraceptive method, compared with 30 percent in 1989. Although the calendar rhythm method remains the most popular contraceptive (used by 22 percent of couples in union), modern method use is increasing – from 12 percent in 1989 to 18 percent in 1991. The 1994 Demographic and Health Survey (DHS) found that 75 percent of women knew of at least one modern method, a dramatic increase from 33 percent in 1989.

With the continued increase in modern contraceptive use, reproductive health providers in Bolivia were interested in learning about the psychological and social impacts of fertility regulation on individuals and couples in the population of the District III of El Alto. El Alto is a poor but rapidly growing city, receiving people who migrate from rural areas to be near the capital city of La Paz in search of employment opportunities and a better life.

The topics addressed in the study, namely the impact of contraceptive use on the lives of women, (their relationships with their partners, their self-esteem, their sexuality, and the overall quality of their lives), are at the core of the Women's Studies Project area of study. The study was carried out between December 1995 and September 1996 by staff at Proyecto Integral de Salud (PROISA) in collaboration with Family Health International (FHI).

II. Background

The population of El Alto is growing at a fast pace (annual growth rate of 9.4 percent) due to the overflow of the population from La Paz and the continuous stream of immigration from the rural areas. Those who migrate, mainly of Aymara origin, hold strong social and cultural links with their rural background, such as the use of traditional healing practices and replicating living space.

Quantitative information regarding knowledge, attitudes and practices of this migrant population about contraceptive methods currently exists, but what remains to be studied is the qualitative effects that contraceptive methods or lack of fertility regulation have on a woman's psychosocial well-being and the well-being of her family. There are no simple answers, given that the processes are complex and dynamic, due to the interaction of social, demographic and cultural factors, as well as those related specifically to services.

The purpose of this study is to explore the relationships between use and non-use of modern methods and women's well-being and quality of life.

The results will aid in the design and implementation of strategies aimed at improving the quality of reproductive health services, interpersonal communication between users and providers through counseling, and the design of media messages that take into account the cultural, psychological and social factors that currently hinder a change in attitudes and practices regarding the use of contraceptive methods among couples in El Alto.

III. Study Goals and Objectives

The overall objective of the study is to understand the psychosocial impact the use of modern contraceptive methods has had on individuals and couples among the population of District III in the city of El Alto.

The specific objectives are:

- Determine whether and how fertility regulation affects the stability and quality of couple relationships;
- Assess the effect of the use of modern and traditional contraceptive methods on women's self-esteem and decision-making;
- Determine if a couple's or an individual's sexuality is enhanced or diminished by the use of contraception;
- Determine how the use of fertility regulation contributes to the daily standard of living of the couple;
- Compare men's and women's perspectives on these relationships.

IV. Study Design

A. Focus Groups

Although not part of the original study design, focus groups were added due to the concern from both the research team and FHI to include concepts that were culturally appropriate for the population of El Alto.

Four focus groups, three with women and one with men, were conducted in El Alto, with the following objectives:

- Better understand how the community perceives the concepts of self-esteem, decision-making, stability of the couple, sexuality and quality of life, and how they would measure them;
- Learn the language and terminology that the community uses to refer to these concepts;
- Help the research team develop interview guidelines that would be easily comprehended.

The first two focus groups consisted of women who attend *the Centro para el Desarrollo Autogestionario* and the *Taller de Historia de Participación para la Mujer*. The third focus group was composed of women from the community with no affiliation to a particular organization. Men who went to the health center *Atención Primaria en Salud* made up the fourth focus group.

The focus groups were conducted between December 1995 and February 1996 and were instrumental in developing the interview guidelines and how to ask about such concepts as self-esteem.

B. In-depth Interviews

In-depth interviews were chosen as the primary method of data collection, given the sensitivity of the issues involved. This methodology was used with the objective of obtaining a better quality of information by creating an atmosphere of trust, security and privacy for the participants, thus also enabling the interviewers to probe with greater ease.

1. *Group Selection and Integration.* Three groups of women of reproductive age with different characteristics regarding contraceptive use, and a group of men, were selected for the study. Adolescent women and women not living in union were not included in the study; only women in reproductive ages and living in union were included. Group selection was carried out in such a fashion so as to capture an array of experiences in relation to study objectives.

Group composition was:

Group I: 35 women who were using the intrauterine device (IUD) or condoms for contraceptive purposes.

Group II: 35 women who had used a modern method but had discontinued for reasons other than pregnancy.

Group III: 35 women who knew about modern methods but had never used them.

Group IV: 35 men with no contraceptive use “requirement.”

The participants were identified within the reproductive health services of the District III of El Alto. The six health centers of the network of services of the Ministry of Health (*Red de Servicios del Ministerio de Salud*) and two NGOs were included in the study: Villa Dolores, 12 de Octubre, Santiago I, Ciudad Satélite (Hospital 20 de Octubre), Villa Exaltación, Rosas Pampa, CIDEM, and PROISA.

2. *Sampling and Data Gathering.* The original sample called for 40 women or men in each of the four groups, who would be randomly selected from lists of clients from the study sites. Five women or men were to be selected for each of the four groups at each of the eight study sites (5 x 4 x 8 = 160 interviews).

Early on it became apparent that women were reluctant to participate in the study when it was the provider at each service site asking for their participation. These same providers recommended that the research team visit the study site and personally contact the women to better explain what the research objectives were and what their role in the study would be. With this new strategy there were few difficulties in recruiting participants. Most of the interviews were conducted in a private setting at the service sites.

Due to the large amount of information gathered through each interview, and due to the initial difficulties in recruiting participants for the in-depth interviews, the number of interviews was reduced (from 40 to 35). After data cleaning, the final sample included:

Group I: 36 women (7 condom users and 29 IUD users)

Group II: 33 women

Group III: 32 women

Group IV: 31 men

Total: 132 interviews

Four interviewers carried out the interviews: Dr. Amparo Camacho, Mrs. Ester Ordóñez, Mr. Juan Rueda, and Mrs. Roxana Sánchez López (the latter two psychologists). Even though the four interviewers understood Aymará, Mrs. Ordóñez was responsible for conducting the interviews in Aymará when the participant was not able to express herself or himself clearly in Spanish.

When the data were analyzed some limitations of the study became apparent. The interview guidelines included many questions, making the interviews quite long. Also, interviewers asked the questions in different ways, thus eliciting different responses depending on the manner in which the question was asked. The questions were not always asked in the same order, thereby potentially altering the meaning of the question. Sometimes the interviewers did not probe, thereby leaving many “yes/no” answers that were not followed up.

3. *Data Processing.* The interviews were taped and transcribed in Spanish either in Word or WordPerfect. Each interviewer was responsible for transcribing the interviews they conducted. The transcriptions were then formatted for their processing with Ethnograph. This task was much more labor-intensive than anticipated.

V. Results

Contrary to what researchers expected, the results obtained from the in-depth interviews indicated that there were no marked differences between contraceptive users and nonusers regarding the stability of the couple, self-esteem and decision-making, and overall quality of life. Some differences were observed between the users and nonusers on the issue of sexuality. Some condom and IUD users felt their sexual life had improved by no longer having to worry about the possibility of pregnancy.

Investigators observed that, for women, their children were central to their lives; they lived for their children, felt fulfilled by them, and found happiness in them. Among the qualities that women liked about themselves were that they were good wives and mothers or that they were home-loving; they did not like themselves when they were “nagging, nervous and irritable.” Women did not place much importance on how they looked but did place great importance on how they felt (healthy or not), and on whether their bodies served them well for all of the daily household tasks they needed to accomplish. The majority of respondents reported feeling satisfied with their bodies, and the parts of the body that they liked the most were those that they used to accomplish their daily tasks (hands and feet). These results reflect how differently self-esteem was conceived of and understood, and reinforce the importance of adapting cultural concepts.

An important difference between men and women in this study was that women answered that it was family members who criticized or valued them, while men tended to mention people at work or friends. A contradiction was seen in that men said that they made the decisions at home because they were the heads of the household, but half of the women interviewed answered that they both made the decisions. It was observed that if women had a job outside of the home, and therefore contributed monetarily to the household, they played a larger role in the decision-making process in their household. Another discrepancy was seen in that men reported that they helped their partner in the daily household tasks, whereas the women felt that in reality they did not help much at all.

Finally, the women said they resolved the problems in the home, while men answered that they were the ones who resolved the problems. Men and women from all of the groups agreed that the woman managed the money in the household. It is women who made the decisions about food purchases or small purchases for the kitchen, but they decided together about purchases of appliances, furniture, and other major expenses.

With regard to trust, jealousy, respect, and aggression among couples, it was observed that the majority of both women and men felt that their partner respected them, expressing that they trusted their partner, even though perceived jealousy on the part of both partners was common. Verbal aggression was mutual among partners, and more than half of women reported being physically assaulted by their partner.

The majority of men said they had time and freedom to see their friends and/or neighbors, but that they did not have time to be with their families. Many women felt that the time they spent with their partner was insufficient; generally they did not have the time or permission to go out, travel, or have fun by themselves. Many women said they were not even able to visit their own mother or family.

On the issue of sexuality, the enjoyment of intercourse was limited for both men and women by the fear of getting pregnant. Men said they enjoyed intercourse more than women reported enjoyment, and they communicated to women what they liked and did not like. Half of the women said they “could” talk to their partners about this, but many added that their timidity and embarrassment were obstacles to this type of dialogue. Women did not take the initiative to have sex, but many men expressed that they would like it if their spouse took the initiative. The

majority of men and women reported having the space for sex (often meaning that they had their own bed and that their children had their own beds), but often all family members shared the same room. Condom users generally told their partner if they did not want to have sex, and more than half of the IUD users also did so, but many of the latter added that they ended up having sex anyway because “he insists,” “he always gets mad,” or “he doesn’t believe me.”

A surprising result was that both men and women admitted that about a third of the women had been forced by their partner to have intercourse when they didn’t want to, usually after the man had been drinking. The fact that men drink too much was identified by women as the biggest problem they have at home.

Half of those interviewed answered that the decision to have another child was made jointly, even though they admitted that the pregnancies are usually unplanned and not something that has been discussed; pregnancy is usually a result of carelessness, it happens “by chance,” because the couple hasn’t discussed how to prevent pregnancies. The majority of those interviewed (men and women) said that they “would have liked to have had only two children, a little couple,” given the economic repercussions of having many children.

With regard to how couples make decisions and share responsibilities on contraception, women reported that the decision to use the IUD had been theirs for the most part, given that they were the ones who “wear out, raise and educate the children,” and that they informed their husbands about it after a certain amount of time had passed. Only half the IUD users talked with their partners before the insertion, but almost all of them had consulted with their partner before having the IUD removed.

The majority of IUD users considered that their lives had improved with the use of the method since having had fewer pregnancies allowed them to work more and benefit financially. They also expressed that they could enjoy their sexuality with greater confidence. There were, however, some users who continued to worry about the possibility of getting pregnant. Some men whose partners used the IUD worried about their wives “having other men”; they felt they were no longer the ones who controlled their spouse’s sexuality.

Regarding condom use, many women declared using condoms was a condition of sex: “you use it or you don’t sleep with me.” Most of the condom users felt protected from unwanted pregnancy by using condoms, and no one complained of the method having had a negative effect on intercourse.

Among couples who relied on rhythm for protection, the majority reported that the man was involved in keeping track of the dates. Even though couples talked about how many children they would like to have, they did not talk about how to prevent unwanted pregnancies.

Some women reported that their husbands did not like for them to use the IUD, that the IUD “bothered” them. Others spoke of their Christianity and the teachings of the Bible, and for that reason they used natural methods. Other women who had never used a modern method, tended

to speak of their fears and myths, displaying considerable lack of accurate information, or they spoke with satisfaction regarding their use of natural methods.

VI. Conclusions and Recommendations

The cultural and social factors that hinder a change in attitudes and practices regarding the use of contraception among couples in El Alto are deep-rooted and will require coordinated efforts from the public and private sectors to bring about widespread changes. It seems to be accepted as cultural norms that men consume large quantities of alcohol, and that being under the influence of alcohol somehow absolves them from their actions when drunk, – such as physically and sexually abusing their partners or having intercourse with someone other than their partner. When women were asked what was the biggest problem they had at home, they answered “men drink too much.” Mass media campaigns need to address this problem, focusing on the detrimental effects that excessive drinking has on the overall quality of life of families.

Among the salient findings of this study is how couples make the decision to use family planning methods. The results show that, not infrequently, IUD users obtained their method without consulting their partners. Among IUD users the desire to avoid unwanted pregnancies was so strong they first protected themselves and only later consulted their spouses. The men admitted fear that their spouses would engage in promiscuous behavior if they had no risk of pregnancy. This points to the need to disseminate accurate information through the media and health services in order to reach the men specifically, explaining to them that the use of contraceptives will not only allow the couple to have the number of children they desire, with better health outcomes for mother and baby, but that the method will enable the couple to enjoy sex without having to worry about a possible pregnancy, thus leading to a possible improvement in the couple’s relationship.

Male control over the sexuality of women is an issue that needs to be addressed through education at all levels. Adolescent girls should be taught at school that they have their own sexuality, which they control, and boys should be taught to respect girls’ sexuality. Talks with women at women’s meetings or at the health services could impart the same information.

It is important to stress the fact that most of the women interviewed feel that they “get along well” with their partner and that their partner “respects them,” even though they are forced to have sex when they do not want to, and in spite of the fact that more than half of the women interviewed reported having been physically assaulted by their partners. For many of the women, physical and sexual assault is something that they had to live with during the first few years of living together, and that has diminished with the passing of time. Most of the men and women interviewed expressed regret at some point of having gotten married at such an early age without having a clear understanding of what it would mean to live together and have children.

This points to the need to reach adolescents, by providing a forum where they can talk with older women who had these experiences and for them to act as mentors, providing guidance and encouraging them to pursue educational or employment opportunities. These women mentors would also educate the adolescents about contraceptive methods and the positive effects they

could have in their lives. They could also teach the younger generation what they learned about negotiating with their partners on sexual and reproductive matters. Such a program could possibly help delay the age at which young women decide to live with a partner.

Finally, the study shows that even though couples talk about how many children they would like to have, they do not talk about how to prevent unwanted pregnancies. Health centers and clinics need to offer communication workshops for couples, to help couples improve the level of communication in their relationship. The results suggest that women would experience a better quality of life at home if they were able to talk to their partners about how many children they wished to have and about the different methods available to prevent unwanted pregnancies, as well as being able to talk with partners about the jealousy they feel.

VII. Study Details

This study was conducted by the Proyecto Integral de Salud (PROISA). Dr. Amparo Camacho is PROISA's executive director and the study's principal investigator. Research was supported by the Women's Studies Project at Family Health International (FHI), through a Cooperative Agreement funded by the U.S. Agency for International Development. Dr. Patricia Bailey was the FHI staff person responsible for this project.