

## *Bajo el Poncho – Pillow Talk:*

### Relationships and Sexuality among Indigenous Peoples in Guatemala



*Results from a PEER/FoQus study carried out by*

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Date: 2007

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## Acknowledgements

The PASMO, PSI and Options research team would like to thank the men and women who took part as peer researchers in this study. Their enthusiasm and insight were enormously valuable. We would also like to acknowledge the excellent work of Manuel Domínguez, Isolda Fortín, Johanna Barrios and Oscar Chávez, the four supervisors who worked closely with the peer researchers to collect the data. Susy Lungo, Judi Heichelheim, Pilar Sebastian, Karla Oliva and Diana Letona from regional and local offices of PASMO Guatemala, actively participated in the discussion of the results. Finally, Diego Sebastian generously helped with the Spanish to English translation of field notes and information collected by supervisors and peer researchers.



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## Acronyms and Abbreviations

AIDS	Acquired Immunodeficiency Virus
HIV	Human Immunodeficiency Virus
FoQus	Framework for Qualitative Research in Social Marketing
FP	Family Planning
MSM	Men who have sex with men
NGO	Non-governmental Organisation
PASMO	Pan American Social Marketing Organisation
PEER	Participatory ethnographic evaluation and research method
PSI	Population Services International
STIs	Sexually Transmitted Infections

## Structure of Report

This report presents results from a PEER/FoQus study conducted in Guatemala in July – August 2008. The report is structured as follows:

- Summary of the study (overview of FoQus and important themes emerging from the study)
- Introduction and background to the study
- Methodology (PEER and FoQus)
- The archetypes (profiles of the target groups)
- Summary of the two dashboard instruments created using FoQus on Segmentation, which will inform the design of **family planning** and **HIV prevention** services and behaviour change communications for indigenous people
- An overview of key themes in the qualitative data, illustrated by quotations.
- Annexes: Full dashboard instruments, fieldwork tools and references

## Note to Reader

Throughout this report, the term *indigenous* is used to refer to peoples descended from the original Mayan inhabitants of the area, and the term *ladino* is used to refer to people of mixed Mayan/European descent. It is recognised that these terms are imperfect descriptions, glossing over sociocultural variation in each group. Among our peer researchers, all spoke or at least understood the local Mayan language (Kaqchikel), and all self-identified as being of indigenous descent, though some preferred to identify themselves as *Mayan*.



## Summary

This report presents results from a process of qualitative research and data synthesis carried out with indigenous men and women living in small towns and villages around 50km from Guatemala city. The work was carried out to provide an evidence base for PASMO's<sup>1</sup> work on family planning (FP) and HIV prevention with indigenous peoples.

The PEER method<sup>2</sup> was used to generate in-depth narrative data about the social and economic context of these communities; relationships (including marriage and pre-marital relationships); and perceptions of reproductive health (including FP and HIV and AIDS). Data were processed and synthesised using the FoQus on Segmentation approach, producing two dashboard instruments on FP and HIV prevention. The dashboards are a synthesis of research findings, designed to help marketers and programmers develop and position products, services and behaviour change interventions that are better tailored to the target group.

The culmination of the dashboard is the positioning statement, which constitutes the main input into marketing plans and will be used to develop future campaigns. The positioning statement encapsulates ideas from the rest of the dashboard and demonstrates how the archetype (an individual representing the target group) should perceive the promoted behaviour or service. The final positioning statement for FP produced by this research process is as follows:

The promotion of **branded or endorsed FP services** should be positioned so that our female archetype (Rosa) will “see Punto Verde<sup>3</sup> as the high quality family planning service that recognizes her value as a good woman, treats her with respect, and helps her to achieve the family she wants. Going to Punto Verde is better than not getting the information she deserves.”

Family planning services should also be positioned so that our male archetype (Juan) sees that “supporting his wife to go to Punto Verde is the family planning strategy that demonstrates that he’s a responsible and good man. Having his wife go to Punto Verde is better than worrying about how he’ll provide for his family.”

The final positioning statement for HIV prevention is:

After addressing basic HIV educational needs, the **promotion of condom use with outside partners** should be positioned so that our female archetype (Rosa) will “see that condom use with outside partners is a health strategy that will allow her to take control over her future and that of her family. Using a condom is better than adding one more burden to her life.”

<sup>1</sup> Pan American Social Marketing Organisation.

<sup>2</sup> Participatory ethnographic evaluation and research. For details see [www.options.co.uk/peer](http://www.options.co.uk/peer).

<sup>3</sup> This was the name given to FP services for the FoQus exercise; this brand name is not in use at present.



After addressing basic HIV educational needs, the promotion of this behaviour should be positioned so that our male archetype (Juan) will “see that condom use with women outside of his marriage is the dual protection strategy that prevents him from having to provide for other children and allows him to be a man who can protect his community. Using a condom is better than risking his reputation in the community.”

In addition to providing the inputs necessary to develop the dashboards, the PEER data highlighted other issues with relevance to PASMO’s work with indigenous people:

- **Preconceptions about indigenous people**

Although this population is called ‘indigenous’, this should not be equated with ‘conservative’, ‘traditional’ or ‘not-modern’. Although there are clearly differences between indigenous and ladino populations, the indigenous people in this study live in the modern world. They own cell phones, watch cable TV, emigrate to the USA, have sex before marriage, and with people other than their spouse, and work in cities. They have material and emotional aspirations for the future, and are experiencing social changes that effect women’s status and the structure of the family unit. Programmes working with indigenous people should base their decisions on evidence from indigenous people (as contained in this report), rather than on preconceptions.

- **Stigma and discrimination**

Indigenous people, and indigenous women in particular, face marginalisation and discrimination in Guatemalan society. It is extremely important that health programs tackle exclusion by bringing indigenous people into the design, development and implementation of activities. This joint working has already started with the participatory PEER study, and ongoing effort is required to ensure that programmes are not perceived to be owned by the dominant ladino group. At present, many commercial and health communications in Guatemala do not include any indigenous faces. This will discourage indigenous people from thinking that such messages are ‘for people like them’. A group of trained and motivated community members (the peer researchers) is now available who could help PASMO continue to engage with indigenous people.

- **Needs of young people**

Reproductive health and FP services for the young and/or unmarried are very limited. There is moral unease about the young accessing contraception, but there is also recognition that they are sexually active. Migration and changing social norms around marriage leave young women in particular in a vulnerable position with regard to unwanted pregnancies and STIs. Towns with high levels of immigration or emigration have a particular need for services targeting youth.

- **Confidentiality**

Confidentiality is an important determinant of accessing services for indigenous people. People live in small communities where others know their business, and people are highly sensitive to gossip and social comment on their behaviour. Adopting relatively new behaviours such as FP therefore has a potentially high social



cost. Work is required both to tackle perceived lack of confidentiality in using FP, and in shifting social norms such that using FP becomes more widely socially acceptable.

- **Silence on sensitive issues**

Many issues are kept hidden and not talked about openly. FP and HIV are both taboo subjects, alongside what are called other '*vulgar things*' such as sexual relationships. This contributes to a lack of accurate information about FP and HIV among many people, and a lack of communication on these issues between spouses and within families. This silence is not due to lack of will or ideological barriers to talking about issues. People are keen to start discussing these subjects and there is demand for the skills and opportunities to do this. The concept of spouses discussing sensitive issues together *bajo el poncho* (literally, 'under the poncho', which translates roughly as 'pillow talk' i.e. when a couple are lying together in bed) already exists, and could be built upon.

- **Perceived male opposition to family planning**

Only one male respondent said that mainly men who decide about family planning. This is in contrast with the female respondents, many of whom complained that men prevented them from using contraception. Women could be overestimating the degree of male opposition, or men could be misrepresenting the degree to which they influence women's ability to use family planning, or there could be an effect from both factors. Either way, perceived or real male opposition is a barrier to using FP. Men must be viewed as active agents in FP decision-making, and securing their active support to promote FP is essential.

- **Reluctance to share personal information with service providers**

Health providers find it useful to collect personal information from clients such as date of birth, marital status and contact information (e.g. telephone number). Taking a history from a client may also be necessary to provide the best clinical care. However, people perceive the level and detail of data collected from them as intrusive and a deterrent from accessing services. A better balance between data needs and privacy, or clearer explanations as to the purposes of the data, is required.

- **Men's needs and involvement**

Men have very limited involvement in reproductive health and feel excluded from learning more, as most activities are directed at women. There are currently few opportunities, especially for men, for learning about sexuality, relationships, and FP. At present their main source of information for these issues is pornography, which is unlikely to provide accurate and comprehensive information. Men voiced a strong desire for more information on reproductive and sexual health issues, and wanted to communicate with their spouses about sensitive issues, but felt they needed greater support and encouragement to do so.



## 1 Introduction

This report presents results from an in-depth qualitative study into relationships and sexuality among indigenous people in Guatemala. The study was carried out by the Pan-American Social Marketing Organisation (PASMO), a non-profit non-governmental organization (NGO) that specializes in social marketing of HIV prevention and FP products and services. PASMO aims to promote safer sexual behaviour and FP through interpersonal communications and mass media activities, while increasing access to and availability of condoms and FP services and products through a high coverage social marketing strategy. The program also aims to increase people's motivation and ability to adopt safer behaviours and make use of health services.

In 2008, PASMO added indigenous populations to their target groups, as they have been underserved by programs in the past and face worse health outcomes in many areas than the ladino population. This study was conducted to investigate the wants and needs of this target group; to gain insight into the sociocultural and economic context in which PASMO's programs will be received; and to understand current perceptions of FP and HIV prevention. This will help ensure that products, services or behaviours are better tailored to the target audience.

A PEER/FoQus study was carried out with indigenous men and women (defined as those who speak Kaqchikel, one of the many indigenous language groups in Guatemala) aged 20 to 34 years in the Departments of Sacatepequez and Chimaltenango. Little is known about behavioural strategies, HIV risk perception, fertility preferences and perceptions of FP in these groups, and PASMO has not conducted any quantitative studies in these areas. Results from this study will feed into the development and promotion of new services and/or behaviour change communications in two areas: safer sex messages in non-marital relationships, and the use of FP services.

PEER (Participatory Ethnographic Evaluation and Research) is an innovative method which is particularly suitable for researching sensitive issues such as reproductive health and sexual behaviour. PEER produces detailed narrative data which give insights into the world view and everyday realities of peer researchers and their friends (Hawkins & Price 2002). In PEER, ordinary community members identify and investigate what *they* consider to be important issues in the lives of people like them. They are trained to become peer researchers, and conduct in-depth conversational interviews with people from their social networks. Peer researchers reported their findings back to the PASMO team, and explored results using drama, photographs, and discussion.

PEER data were processed using the FoQus on Segmentation technique<sup>4</sup>. PASMO marketers and programmers analysed the data and refined emerging ideas into two dashboards (FP and HIV prevention), which provide an in-depth description of the

<sup>4</sup> For more information see [www.psi.org/research/foqus\\_segmentation.htm](http://www.psi.org/research/foqus_segmentation.htm)



target audience, such that decisions made in program design are based on current and detailed evidence.

## 1.1 Objectives

This study aimed to gather information useful for designing the following five elements of the concept for (a) HIV-prevention programs, and (b) Family Planning Services for indigenous populations between 20 and 34 years old: brand, campaign or message personality, the position, and the marketing strategy.

The specific objectives of the study were to:

- Identify beliefs to reinforce and beliefs to change related to (a) HIV prevention, and (b) family planning.
- Build one or more character archetypes: one for indigenous women and one for indigenous men.
- Identify current strategies used to behave, either by the target audience members themselves or positive deviants.
- Understand current perceptions of (a) condom users, and (b) family planning users.
- Describe target audience members' opportunity, ability, and motivation to process communications related to (a) HIV prevention, and (b) Family Planning Services.

## 2 Background

There is very little recent published research on reproductive health in Guatemala, particularly relating to indigenous people and men. The following section summarises research evidence of relevance to this study.

Guatemala is a Central American country with an estimated population of 13.4 million people in 2007 (Population Reference Bureau 2008). Sixty-five percent of the population lives in rural areas, and poverty is higher in rural areas and among the indigenous population. Guatemala has one of the highest proportions of indigenous peoples of any country in Latin America (50% nationally and as high as 80% in certain areas). About a third of the indigenous population speaks only a Mayan language (PAHO 2008). There are more than twenty ethnic groups with more than twenty different languages spoken, but rather than appreciating this cultural and ethnic diversity, indigenous peoples endure racial, social, economic and cultural discrimination (European Commission 2002). Seventy percent of indigenous people are poor. Indigenous women and children experience the worst outcomes in terms of education, health and mortality, and economic resources.

Guatemala's recent history of decades of civil war between the Guatemalan Army and guerrilla groups has shaped the development of the country and relations between indigenous peoples, ladinos and the state. Between 1961 and 1996 an estimated 200,000 people were killed, 80% of whom were indigenous people (Guatemalan Commission for Historical Clarification 1999). The disruption caused by



the civil war has contributed to ongoing social and economic inequalities between ladino and indigenous peoples, underdevelopment in rural areas, and poor health infrastructure.

In Guatemala, poverty is highly feminised: around three-quarters of the poorest people are women. In addition, women face high degrees of intra-familial and intimate partner violence (in 2002, one in five women reported having been abused during adulthood, the majority by their parents, though 6% by their partner) (ENSMI, 2002).

The first family planning clinics in Guatemala were opened in 1965 by APROFAM, an NGO and IPPF affiliate<sup>5</sup>, who also provided outreach services into workplaces and health centres, and successfully grew demand for FP services. However, while other Latin American countries recognised the need for family planning and supported the services of NGOs, since the 1960s, government and religious institutions in Guatemala have demonstrated some of the highest levels of opposition towards family planning in Latin America (Santiso-Galvez and Bertrand 2007). Pro-natalist groups put pressure on the government, partly through the press and the Catholic Church, to reduce its participation in service delivery. Even the universities opposed family planning, framing it as an imperialistic strategy of the USA. As a result, for decades, there was no training of medics in family planning or human reproduction (Santiso & Bertrand 2000). Organisations supported by external aid have therefore been responsible for delivering the majority of family planning services in Guatemala for the last four decades. They tended to focus on urban, low income ladinos. The characteristics of the Mayan population, the majority of whom live in rural areas, and who were thought to be more resistant to the concept of family planning, mean that they have had limited access to and uptake of family planning services for decades.

Guatemala still has one of the lowest levels of contraceptive use in Latin America<sup>6</sup>. Strong government support was not provided to family planning and reproductive health policy or service development until 2000. Since then, although there have been developments such as the passing of the 'Law for Universal and Equitable Access to Family Planning Services', the pace of change has been inconsistent.

Between 1995 and 2000, the total fertility rate in Guatemala was 4.9. In 2002, 24% of married indigenous women were using a method of contraception, however only 17% were using a modern method (compared to 43% of married ladino women). The most commonly used method was the injection (8% of women), with 6% of women sterilised, and 1.4% using contraceptive pills. Male sterilisation, condoms and IUDs were each used by less than 1% of women. Six percent of women used the rhythm method, and 1% withdrawal (ENSMI, 2002). The unmet need for contraception for limiting births is 17.9% in the poorest quintile of women and only 3.9% in the richest (Population Reference Bureau 2008).

<sup>5</sup> International Planned Parenthood Federation

<sup>6</sup> 43% of married women aged 15-49 years currently use any method of contraception, though this figure is likely to be lower for indigenous women. Only Suriname has a lower percentage (42%), with neighbouring countries having higher contraceptive prevalence rates (Mexico 71%, Costa Rica 80%). Source: Population Reference Bureau Datafinder ([www.prb.org/DataFinder](http://www.prb.org/DataFinder)) accessed 03/04/09.





HIV prevalence is estimated to be 0.8% amongst adults aged 15-49 years in Guatemala (UNAIDS 2008) but no figures are available on prevalence in indigenous populations. In addition, little is known about HIV risk perceptions among indigenous people. However, there are concerns about HIV risk in indigenous populations due to high levels of migration and mobility, which can be associated with risk factors for HIV. This is confirmed by the report of HIV/AIDS cases in people self-identified as Mayan (CNE, 2004).

Little further research has been conducted on reproductive health, FP and HIV risk perception among indigenous people. One study investigating rural to urban migration and contraceptive knowledge and use found knowledge and use of contraception to be lower in indigenous migrants than in non-indigenous migrants, which was thought to be due to linguistic barriers to services (Linstrom & Hernandez 2006). Other research concerned with differentials in contraceptive access between ladino and indigenous communities found that although indigenous women did not live far from NGO clinics providing contraception, they did live further from clinics where injectable contraceptives were available, which was a more popular method (Seiber & Bertrand 2002).

Other research has looked at attitudes and barriers to accessing healthcare. In an ethnographic study, Berry (2008) found that poor quality of care and perceived powerlessness by patients led to reluctance to use biomedical health services. Other research concerned with barriers to health care among indigenous women found that having supportive friends, family members and advocates influenced women's decisions to seek health care, and that women's decisions to seek care were often associated with their sense of self-worth and self-esteem (Schooley et al 2007). It therefore seems likely that a combination of economic, political and social factors affect indigenous people's access to FP and reproductive health services.



### 3 Method

#### 3.1 Participatory Ethnographic Evaluation and Research (PEER)

PEER is a qualitative, participatory, research method that is effective for working with hard-to-research groups. The process helps programs understand health and risk perceptions and behaviours from an insider's point of view. PEER is based on training members of the target community (in this case indigenous men and women aged 20 – 34 years) to carry out in-depth conversational interviews with trusted individuals they select from their own social networks. PEER was used for the following reasons:

- Very little is known about the social and cultural context of the research topic in this population, and PEER generates in-depth, contextual data on a range of issues related to the research topic
- Existing relationships of trust between peer researchers and their informants mean that findings are more detailed and insightful than if they had been gathered by an outside researcher
- PEER involves the participation of the target group from the early stages of the program, building ownership and involvement in program activities
- The method is particularly suitable for carrying out research on sensitive topics due to the use of 'third person' questions, which enable respondents to talk about delicate issues without personal attribution
- By participating in PEER, peer researchers become 'lay experts' in important issues in their community, and form a pool of expertise who can be involved in future stages of programmes (e.g. materials and message testing, participation in interpersonal communications activities).

Peer researchers were recruited from their communities by four supervisors experienced in working with indigenous communities. They formed an initial group of 30 researchers; 15 men and 15 women (23 completed the study<sup>7</sup>). They came from four small towns and villages within 50km of Guatemala City. The selection criteria were:

- That they were a woman or man aged 20 – 34 years and willing to take part
- That they had no previous involvement with PASMO or direct exposure to PASMO behaviour change interventions other than mass media communications
- That they be available for training and to conduct conversational interviews with their peers over a six week period
- That they speak Kaqchikel and Spanish

The peer researchers were selected to be broadly representative of the target population, providing a pool of peer researchers who could interview others to gather data on an even wider population.

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<sup>7</sup> One woman and six men dropped out due to family and work commitments.



Peer researchers attended a four day workshop in July 2008 where they learned about the aims of the research and practiced open-ended interviewing skills. They designed an interview schedule with the research team, reflecting what they thought to be the most important issues in their communities relating to everyday life, relationships between partners, and reproductive health (including FP and HIV; see Box 1 for sample questions; for full list of interview prompts, see section 8). Participatory design of the research tool ensured that the study focus was both programmatically relevant, and framed within the conceptual understanding of the peer researchers. All of the men and most of the female peer researchers were literate, but those with poor literacy used picture prompts that they had drawn to represent each question. Peer researchers were also given disposable cameras to take photographs to illustrate daily life in their communities.

### **Box 1. Example of interview prompts**

Examples of prompts used to guide discussion with informants:

- What do men do during a typical day?
- When and where do women talk to each other, and what do they talk about?
- How do men in this community start having girlfriends?
- What happens the first time that men/women have sex?
- Who influences people about FP? (opinions for and against)
- Can you tell me any stories about people affected by HIV or AIDS in the community?

The PEER method received ethical approval for a two year programme of work from the University of Wales, Swansea Ethics Committee, UK, in July 2007.

## **3.2 Data Collection**

After the training, during July and August 2008, peer researchers carried out in-depth interviews with three friends, on three different topics (nine interviews each in total), over the course of four weeks. Rather than asking for personal information, peer researchers asked questions about what other people say or do (the 'third person'). If they were able to, peer researchers were asked to write brief notes about key issues or stories immediately after interviewing their friends. Supervisors from the research team visited peer researchers weekly to collect their findings, and wrote detailed notes. These notes were originally written in Spanish and later translated into English as part of the final dataset. Finally, peer researchers met individually with social scientists from the research team for an in-depth interview. This allowed the social scientists to probe in detail and ask for additional explanations to aid interpretation of the data. These detailed notes also form part of the final dataset.

## **3.3 Data analysis**

A series of workshops was conducted with peer researchers after data collection in August 2008. They gave feedback on their experiences, and helped analyse the data through the following exercises:



- **Developing dramas** to illustrate scenarios in their communities. The following scenarios formed the basis of the dramas: having a large family; having a boyfriend/girlfriend; and the effects of migration
- **Arranging their photographs** into montages to illustrate daily life (see section 6)
- **Creating an ‘archetype’**: Peer researchers were asked to create a character representing a ‘typical person’ from their community
- **Presenting the dramas and photo montages** to PASMO staff, who asked questions to explore the issues further.

Finally, an educational session covering HIV, AIDS and FP was held to address knowledge gaps and misunderstandings among the peer researchers.

Data were also analysed thematically by the research team (including members from PASMO, PSI Washington and Options). Emerging themes were assigned codes and explored further and triangulated during the final peer researcher workshop. The data were printed out, cut into text units (paragraphs and stories), and arranged under the coding framework. Data were then re-read, and a proportion of quotations were selected to capture the essence of each code. Analyses focussed on gender norms and relationships, the broad social and economic context in which these are situated, and the particular behaviours of interest to PSI (sexual behaviour and FP). Thus prepared, the data were processed using FoQus.

### 3.4 FoQus on Segmentation

The in-depth narrative data generated by PEER were processed using the FoQus strategy, which provides an evidence base for future interventions. The FoQus process was conducted twice (once for HIV/AIDS, once for FP), using the following steps:

- **Building a character archetype**  
Using peer researchers’ ideas and narrative data from PEER, two person profiles (a man and a woman) were created (see section 5).
- **Identifying beliefs to reinforce and beliefs to change**  
Based on the narrative data and archetypes, facilitators worked with PASMO staff to identify key themes and potential determinants of behaviour. In future programmes working with these issues, PASMO should work to reinforce factors that promote these behaviours and should work to change factors that obstruct them.
- **Describing current behavioural strategies**  
The PASMO group then considered how the archetypes currently behave in regard to the behaviours in question (FP and HIV prevention).
- **Identifying the archetype’s opportunity, ability, and motivation to process messages**  
The group identified: opportunities when archetypes could be reached with messages about HIV/AIDS or FP (opportunity); their level of familiarity with these subjects (ability); and their inclination to behave (motivation).





- **Determining current perceptions of condom use and Family Planning**  
The group outlined how the archetypes currently perceive condom and FP users.
- **Generating a positioning statement**  
Finally, a positioning statement was developed for HIV prevention and FP, which includes the archetype, product, point of differentiation (benefit), and competition (competing behaviour).



## 4 Inputs to FoQus: Collages of Daily Life

The FoQus process had several inputs. The principle was the wealth of narrative data generated by the PEER study. These data included de-briefing notes made by researchers, and notes made during workshops with programme staff and peer researchers. In addition, peer researchers were given disposable cameras and were asked to take pictures of everyday life in their communities. They were then invited to create photo montages to illustrate their daily lives, including activities, likes and dislikes, and hopes and fears. These montages acted as a starting point for discussion between programme staff and peer researchers to develop the archetypes.

### 4.1 Men's Collage 1



### 4.3 Women's Collage 1



### 4.2 Men's Collage 2



### 4.4 Women's Collage 2



## 5 Summary of FoQus Outputs

FoQus outputs were developed during an interactive workshop with participants from PASMO and the research team. In brief, the FoQus output is made up of:

- Archetypes
- Beliefs to reinforce and beliefs to change
- Current behavioural strategies
- Opportunity, ability, and motivation to process messages
- Current perceptions of condom use and Family Planning
- Positioning statement

The FoQus outputs for this study are lengthy as they cover both men and women, and two different behaviours (FP and condom use). The following is a summary of the full FoQus outputs (full versions can be found in section 9 of the report annex).

### 5.1 Summary of Archetypes

The Archetype is a way of synthesising and transforming qualitative data into a character representing the target audience in a narrative form. The aim of the archetype is to bring programmers and marketers closer to the target audience. While Rosa and Juan are fictional creations, they are based on detailed data collected by peer researchers about everyday life in their communities. The peer researchers and supervisors also fed into the creation of these characters.

### 5.2 Women's Archetype: Rosa

Rosa is 32 years old, Kaqchikel, and lives in the countryside near the small town of San Martin with her three young children. Her husband migrated to the United States last year to find work, and he sends a modest “gasto” (stipend) each month.

Rosa's an attractive woman, with hair down past her shoulders. Around the house she wears simple clothes and always has a broom in her hand. When she dresses up, she wears an elegant huipil with complicated embroidery and a fashionably coordinated skirt. Rosa cinches her belt tight to show off her waist and wears high heels. Rosa claims that she cares more about taking care of her house and children than she about taking care of her own image.

Rosa's day begins at 4:00 a.m. After washing, Rosa begins her daily routine of cleaning, cooking for her family, shopping, caring for their handful of animals in the backyard, and taking the kids to and from school. Rosa's always doing several activities at once, so while she's cooking lunch, she works on a huipil she's weaving. Rosa doesn't waste time: she's always looking for ways generate extra income, such as washing neighbours' clothes, especially since she doesn't have a job outside of the home.





Rosa goes to bed at 9:00 pm. This is when she misses her husband most, it's when they used to "talk in the poncho." She feels like she no longer has anyone to discuss her problems with or anyone with whom she can share her thoughts.

Rosa doesn't practice family planning as her husband is in the U.S. She knows women who use injections secretly - she'll probably do the same if her husband is away for five years or more. Rosa says that sex is a physical need (she says '*necesito aquello*' (I need something) because she doesn't like referring to sex directly) so she may eventually give in to one of the men in town who's been flirting with her. However, she knows that if she has a relationship outside her marriage, she'll be scrutinised by others in the community (particularly her in-laws).

Rosa doesn't see a need to protect herself from HIV. She rarely uses the local health post, because she never feels that she gets the attention that she or her children need, and she feels no "emotional link" with the staff.

When she gets free time, Rosa goes to her Catholic church one to three times per week. She also attends community meetings. Those she enjoys the most are those where she gains new skills like baking different pastries or creating new hairstyles.

Rosa keeps the radio on all day. In the morning she listens to the community channel which plays gospel music or educational programs in Spanish and Kaqchikel. At lunchtime, she listens to other music styles. She likes her children to listen to programs in Kaqchikel after they return from school so that they can maintain their language skills. Rosa shares a cell phone with her sister-in-law.

The things that Rosa can't do without are money, her children, love, and good health. Aside from being a good mother, Rosa feels proud of the woven clothing she sells and her ability to braid hair. She worries about running out of money and being unable to provide for her children – she wants them to have the best education possible and have a better life than she's had. For Rosa, being a mother and "good woman" is about sacrifice. She always puts the needs of her family before her own.

Rosa admires God and people in her community with a "complete family," couples who get along well and have happy children. Rosa dreams of one day travelling to Canada where work is available to women and immigrants are granted visas. She'd also like to study – the topic doesn't matter, she simply wants to improve herself.

Rosa hopes for improvements in her community: better facilities for washing clothes, more parks and spaces for socializing, and the opportunity for women to participate in church activities to the same degree as men. Rosa would like to see a decrease in machismo among men and more gender equity: "If men give us more freedom, our road to the future will become better."

### 5.3 Men's Archetype: Juan

Juan is 30 years old, Kaqchikel, and lives in Santo Domingo (a small rural town) with his wife and four young children. Their house is modest and made of breezeblock. It has two rooms and the floor is made of brick. While the house has electricity, it





doesn't have indoor plumbing. Outside he keeps animals: approximately 15 chickens, four pigs, and two cows. His parents, siblings, and their families live nearby.

Juan is a fit man and typically wears a sombrero, shirt, jeans, and rubber boots. In his satchel he carries bread, snacks, some money for Pepsis, a cell phone, a comb, and his cigarettes. When he goes out and strolls around town, Juan likes to wear gel in his hair, splash on some cologne, and wear a nice pair of leather boots.

For Juan, the day begins at 5:00 a.m. After washing and eating, he spends the morning in his fields from 7:00 a.m. – his grandfather taught him the importance of an early start. He is proud of his fields and cultivates coffee, tomatoes, beans and corn. After a lunch break at home, he'll help his children with their homework or take a nap. He returns to the field until 5:00 p.m., when he plays soccer with his friends. After that, he returns to the house for dinner and, before going to bed, watches television, shows like *Laura* or the news, or movies on DVD.

Juan's friends describe him as chatty, hard working, and collaborative. He participates in community meetings and committees. In his spare time, Juan likes to watch sport on television with his friends. They drink alcohol together, particularly on special occasions. They also occasionally watch pornographic movies. Juan is Catholic and goes to church with his family once or twice a week. While he's close to his friends and talks to his priest, he is suspicious of strangers. He's doesn't trust people to keep personal information to themselves.

Juan is head of his household and feels that he's a good man because he protects and provides for his family. He feels a lot of pressure to ensure that his children are well behaved and is responsible for discipline in the household. He adheres to the norm that men are afforded more "liberty" than women, who should spend most of their time at home. While Juan wouldn't call himself 'machista', he does shout at his wife and has the potential to be violent. When his wife goes out, he makes her take a child as an escort, in case men flirt with his wife when he's not around.

Like most men he knows, Juan feels entitled to have sex with his wife whenever he wants. He also has outside sexual partners and sometimes feels pressure from other men to prove his prowess. He blames his wife's shortcomings for his infidelity if she nags him or doesn't cook good food. He's not wealthy enough to maintain two households, so he prefers having lovers to taking a 'second wife'. He prefers having lovers in the community to sleeping with sex workers in the nearby large town, such as women whose husbands have migrated to the U.S. Of course, all his partners expect money and will only sleep with Juan if he offers enough "gasto". If he's unable to find a woman in his community to sleep with, Juan settles for a sex worker. He pays 60 Quetzales<sup>8</sup> and only frequents sex workers when he visits Chimaltenango.

Juan and his wife don't practice family planning and he admits that he doesn't know much about it. He wants to limit the number of children he has because he can't afford to have any more, particularly with his lovers. Juan also knows little about HIV. He's heard that it's dangerous and knows that there have been programs about it on

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<sup>8</sup> US\$8 at the time of writing.





the television and radio, but hasn't paid much attention. His current prevention strategies are to avoid brothels and to be hygienic and clean. He tried to use a condom once, but he didn't like it, he thought it was uncomfortable. So now he never uses condoms - he likes his sex "live and direct" (an expression from television).

The things that Juan can't do without are "siembra" (seeds), water, and animals. Juan's proud of his fields and his work. Juan also believes that he's a good lover, especially when he drinks alcohol because it allows him to lose his inhibitions. He also says that he's good at "making" children, especially since he already has four.

Juan admires God, the Pope, the football player El Pescado Ruiz, and men from his community who have migrated to the U.S. and despite the, have become successful. He also likes Rambo and Chuck Norris because they're strong men, real men. Juan worries most about money – he's afraid of not being able to provide for his family.

Juan hopes for improvements and progress in his community. He'd like to provide his children with a good education so that they can one day be "professionals" and he'd like to be able to give them more land. For himself, he'd like to have a car.



## 6 Dashboard Instruments

The following tables provide examples of typical items from the dashboards created (full dashboards are presented in section 9 of the report annex). The dashboards represent a synthesis of research evidence, presented in a way that helps marketers and programmers reach programmatic decisions about tailoring products and services to a particular audience. Beliefs to reinforce and change are organised according to PSI's Behaviour Change Framework, Bubbles<sup>9</sup>.

### 6.1 Examples from Dashboard for Family Planning (Branded or Endorsed Services)

Input: PEER interview transcripts, role plays, photo essays, archetype narratives, synthesized data.

#### Beliefs to Reinforce

Rosa	Juan
<i>Opportunity</i>	
Availability - Good information about family planning is available	Availability – I need more information about family planning
Social Norm - Other women in my community plan their families	Availability - There's no place for me to get information about family planning
<i>Ability</i>	
Social Support - My husband actually wants to use family planning	Knowledge – Juan knows about condoms
Self-Efficacy - You can decide when to have children	
<i>Motivation</i>	
Attitude - It's good to space your children	Attitude – I'm open to the idea of family planning
Belief - Your children are happier when you have more time to attend to them	Belief – Children cost money (are expensive)
Outcome Expectation - A better life is possible when you plan your family	Outcome Expectation - If I plan my family, I will have more resources

#### Beliefs to Change

Rosa	Juan
<i>Opportunity</i>	
Social Norm - If I don't have a lot of children, I'm not a good woman	Availability - Pornography is a medium for learning about family planning
<i>Ability</i>	
Social Support - My mother-in-law is against family planning	

<sup>9</sup> [www.psi.org/research/documents/behaviorchange.pdf](http://www.psi.org/research/documents/behaviorchange.pdf)



<i>Motivation</i>	
Attitude - Family planning is a sin	Attitude - Only married people/couples can talk about family planning (not single people)
Belief - We have to have all of the children God sends us	Attitude – It's OK for young men to avoid paternal responsibility
Outcome Expectation - Modern contraceptive methods have negative side effects	Outcome Expectation - Women get fat when they use injectables
Outcome Expectation - If I use modern contraceptive methods, my children will be born malformed	Locus of Control– The number of children you have is related to luck

### Person Profile

See full archetypes for Rosa and Juan (section 5).

### Strategy to behave/not behave

Rather than controlling her fertility, Rosa doesn't have sex, at least for the time being. Some women in the community secretly use injections.

Juan doesn't currently use any family planning method (traditional or modern). He used a condom once, but didn't like it because he likes his sex "live and direct." Juan assumes that his partners are doing something to prevent unplanned pregnancies.

### Opportunity, Ability and Motivation to Process

#### Opportunity to Process:

**Rosa:** When she's with her friends; just after she has had a child; when she takes her children to the health center; "cuchubal" (craft meetings, small loan groups, Tupperware parties); when listening to the radio; at work (if she works in a factory); during weekend entertainment; during activities she does with her children; at the market; in church; during "talk in the poncho"; at the "lavaderos" (washing clothes).

**Juan:** On television; on the radio; through cell phones (text messages); in newspapers; on posters; in church; at work (if he works in a factory); during weekend entertainment, likes Chuck Norris movies or Cantinflas (comic); long bus rides; during checker games; and during football matches.

#### Ability to Process:

**Rosa** can't read too much text; messages should be delivered in Spanish and through audio visual methods; present key words in Kaqchikel; language should be simple and colloquial; disseminate one message at a time; use stories with characters; materials should be attractive and reflect Rosa's aesthetic (e.g. colours, fashions and patterns popular among indigenous women); communication should be through peers and older women; emphasize that modern methods are for women like Rosa (not just women in the city); messages should be empowering and positive; messages must recognize Rosa's reality (not the reality of city women); and disseminate messages very early in the morning or during talk shows/educational shows.





**For Juan**, messages should be in Spanish; present key words in Kaqchikel; disseminate one message at a time; use many graphics, perhaps cartoons; colloquial language; messages should be direct; use powerful images (*hombres poderosos* – powerful men), but not violent; the spokesperson should be aspirational and be dressed well (to reinforce the idea that with fewer children, there’s more money); and disseminate messages early in the morning (around 5:00 a.m.) and in the evening.

**Motivation to Process:**

**Rosa** recognizes a need for family planning and she doesn’t want to get pregnant by a man other than her husband. She doesn’t want to be an “*añera*” (woman who has children every year).

**Juan** recognizes a need to limit his number of children because he can’t afford to have any more. If he has fewer children, there will be more money in the household.

**Perceptions of family planning users**

**Rosa:** Family planning users have good communication with their partners. Family planning users’ partners aren’t “machista” (macho). Women who plan their families do well.

**Juan:** Family planning users have higher social status (e.g., education) and are to be admired. Juan approves of people who practice family planning once they have had “enough” children (e.g., 4 or 5).

**Positioning Statement**

For **Rosa**, Punto Verde is the high quality family planning service that recognizes her value as a good woman, treats her with respect, and helps her to achieve the family she wants. Going to Punto Verde is better than not getting the information she deserves.

For **Juan**, supporting his wife to go to Punto Verde is the family planning strategy that demonstrates that he’s a responsible and good man. Having his wife go to Punto Verde is better than worrying about how he’ll provide for his family.





## 6.2 Examples from Dashboard for HIV/AIDS (Condom Use with Outside Partners)

Input: PEER interview transcripts, role plays, photo essays, archetype narratives, synthesized data.

### Beliefs to Reinforce

Rosa	Juan
<i>Opportunity</i>	
	Availability - We need more information about protecting ourselves from HIV/AIDS
	Availability - There's some information available about HIV/AIDS in the health center
<i>Ability</i>	
Knowledge - HIV can be transmitted from having multiple sexual partners	Knowledge - HIV can be transmitted from having multiple sexual partners

### Beliefs to Change

Rosa	Juan
<i>Opportunity</i>	
Availability - Catholic churches aren't providing HIV education, only Protestant churches do	Social Norms - No one talks about AIDS
<i>Ability</i>	
Knowledge - I don't have any correct information about HIV	Knowledge - Only sleeping with commercial sex workers puts you at risk for HIV/AIDS
Knowledge - HIV is only transmitted sexually	Knowledge - The risk of HIV being transmitted from male-to-male sexual activity doesn't exist in my community
<i>Motivation</i>	
Belief - HIV only comes from outside the community	Belief - HIV only comes from outside the community
Belief - HIV is punishment from God	Belief - You can get HIV from going to cheap and dirty bars
Threat - I'm not at risk for HIV	Threat - I'm not at risk for HIV inside of my community

### Person Profile

See full archetypes for Rosa and Juan.

### Strategy to behave/not behave

**Rosa** doesn't currently protect herself from HIV. She also doesn't have strong health seeking behavior – she always prioritizes her children's health.





**Juan** believes that he protects himself from HIV by remaining “clean” and avoids bars and brothels. Otherwise, he doesn’t do anything to protect himself. He tried condoms once, but didn’t like them.

### Opportunity, Ability and Motivation to Process

#### Opportunity to Process:

**Rosa:** When she’s with her friends; when she’s pregnant (especially for PMTCT); during prenatal care (if she receives it); when she receives family planning; when she takes her children to the health center (children’s vaccination records are mandatory for birth registries); “cuchubal” (craft meetings, small loan groups, Tupperware parties); when she’s listening to the radio; at work (if she works in a factory); during weekend entertainment; during activities she does with her children; at the market; in church; during “talk in the poncho”; and at the “lavaderos” (washing clothes).

**Juan:** On television; on the radio; through cell phones (text messages); in newspapers; on posters; in church; at work (if he works in a factory); during weekend entertainment, like Chuck Norris movies or Cantinflas (comic); long bus rides; during checker games; and during football matches.

#### Ability to Process:

**Rosa** can’t read too much text; messages should be delivered in Spanish and through audio visual methods; Spanish symbolizes a modern discourse; language should be simple and colloquial; disseminate one message at a time; use stories with characters; materials should be attractive and reflect Rosa’s aesthetic; communication should come from a trusted “expert” (e.g., promotores); in the near term, don’t rely on peers (there’s too much misinformation and prejudice in communities); messages should be empowering and positive; messages must recognize Rosa’s reality (not the reality of city women); disseminate messages very early in the morning or during talk shows/educational shows; radio; courses and group work should be short and available on a drop-in basis

For **Juan**, messages should be in Spanish; present key words in Kaqchikel; disseminate one message at a time; use many graphics, perhaps cartoons; colloquial language; messages should be direct; messages should come from a trusted “expert”; in the near term, don’t rely on peers (there’s too much misinformation and prejudice in communities); disseminate messages early in the morning (around 5:00 a.m.) and in the evening; messages should counter stigma; and celebrity spokespeople are also possible.

#### Motivation to Process:

**Rosa** doesn’t perceive a personal risk for HIV. She currently believes that only individuals who migrate outside of the community or who visit commercial sex workers are at risk. There’s a general perception that indigenous communities are free from risk. Unplanned pregnancy is larger concern for women than HIV.

**Juan** doesn’t perceive a personal risk for HIV, but he perceives some risk external to himself. He believes that as long as he stays within his community and limits the





number of sex workers he visits, he'll be OK. There's a general perception that indigenous communities are free from risk.

### Perceptions of family planning users

**Rosa:** Women who use condoms are prostitutes. If other women use condoms, they're likely much younger or they're being unfaithful to their husbands.

**Juan:** Men who use condoms are young and/or visit many sex workers.

### Positioning Statement

**Rosa:** (After addressing basic HIV educational needs) For Rosa, condom use with outside partners is a health strategy that will allow her to take control over her future and that of her family. Using a condom is better than adding one more burden to her life.

**Juan:** (After addressing basic HIV educational needs) For Juan, condom use with women outside of his marriage is the dual protection strategy that prevents him from having to provide for other children and allows him to be a man who can protect his community. Using a condom is better than risking his reputation in the community.



## 7 Qualitative Themes and Illustrative Quotations

The following themes emerged from analysis of PEER data, and fed into FoQus on Segmentation dashboards and archetype development. These themes help explain the context in which sexual behaviour and reproductive health decision-making occurs in the communities studied. Quotations from the data are italicized, and some have been edited for clarity and concision. Quotations are followed by an **F** or **M** (female or male peer researcher) and the initials of the town they live in:

San Martín Jilotepeque (SMJ)  
San Andrés Itzapa (SAI)  
Santo Domingo Xenacoj (SD)  
San Pedro Sacatepéquez (SP)

### 7.1 Economic Context

The peer researchers' towns are sustained by agriculture (both subsistence crops such as maize and beans, and crops for export such as peas and flowers), some industry (e.g. clothing factories), small-scale crafts such as weaving, and remittances from relatives working in cities or abroad. Making textiles, often at home, is an extremely important activity for women, both as a source of income and as a mode of creative expression.

Many of the peer researchers' stories were shaped directly or indirectly by high levels of poverty and economic insecurity in their communities. The data describe how although people may be busy all day, trying to make ends meet, incomes are often not high enough to meet basic needs such as school fees and household expenses. Working long hours in hard jobs is said to contribute to poor health and household conflict, particularly when the man of the house does not provide enough 'gasto' (stipend for household expenses). Women and children are commonly described as working to contribute to the household. Poverty drives migration (both national and international) and also affects the accessibility of health and education services.

*I know a woman where the gasto isn't enough and they took the children out of school, she put them to work in the market selling plants, vegetables. The other child she sent him to clean shoes in the town square. (F, SMJ)*

*In general at the moment life is very hard. Previously men worked in factories, now the machines have been bought and replaced the men. There is a great worry about the economy, everything is very expensive and people can't manage to afford the basics of survival. (M, SD)*

### 7.2 Migration

In all communities there are high levels of short and long-term migration.



*So many people go to work in the USA that this is a form of contraception; they just don't have sex (M, SMJ).*

Long-term migration mainly involves men going to the USA: in one community, a man estimated that 20% of his peers lived there. Although the initial aim of migration is to earn remittances to support families back in Guatemala, people reported that problems usually started after men arrived in the USA. There is concern that migration leads to the erosion of family and social life. Many men stay away for years, their wives not knowing when or if they will ever return. The typical narrative was that remittances dry up, and that both husband and wife have other sexual partners after some time.

Men perceive that their wives are not faithful to them while they are working away from home, as they believe that men in their community will target their wives precisely because they do not have husbands at home. Likewise, women desire or are pressured into extra-marital relationships when their husbands are working away from home, often in an effort to make ends meet. Women whose husbands have migrated also worry that these men will be exposed to negative influences (such as violence or drugs), and that *'people who migrate will be lost there [in the USA] for a while'* (F, SD) (symbolically lost rather than physically lost).

Short term migration is typically to Guatemala city, and in San Pedro young people from rural areas come to work in clothing factories. Young men are likely to move to larger towns or cities to study, or to work on building sites during seasons when there is little agricultural work. Young women may move to towns to work as maids in private houses or tortillerias, often at a young age (e.g. 12 or 13 years). While there, they are said to be vulnerable to unplanned pregnancies and abuse, by their employers in particular.

### 7.3 Indigenous or Mayan Identity

Although suspicion and trauma related to the civil war in Guatemala were not overtly evident in the PEER data, this historical context must be considered when analysing the situation of indigenous people. Some of the peer researchers' communities were particularly badly affected, and high levels of discrimination remain against indigenous people in public and political life, even if legislation exists to try to counter this. The peer researchers themselves were highly aware of issues of discrimination, though they rarely talked directly about experience of discrimination. Rather, they said that they wanted to instil values in their children, such as not discriminating against anyone on the basis of poverty or disability. When peer researchers were probed about experience of discrimination, more evidence emerged, in the form of stories of people dressed in indigenous clothes not being allowed entry into public buildings, or not being allowed to apply for jobs.

*The state doesn't recognise this richness, this cultural value [of indigenous culture], the types of rights that we should have in political terms, or the spirituality of Mayans – the cosmology. (F, SAI)*

The peer researchers had mixed opinions about how they felt about their indigenous or Mayan cultural identity. This makes it difficult to know where to position any



behaviour change communications: whether campaigns could be built upon the indigenous identity, and used to appeal to indigenous people (e.g. through use of Mayan aesthetics, design and ideology) or whether this would not appeal to people who might want to distance themselves from their indigenous ancestry. There has been a revival of Mayan culture in the last ten years since the end of the civil war, but some men in particular talked of ‘shame’ and discrimination associated with being indigenous. It is probably still risky to position campaigns as ‘Mayan’, especially for men, because the issue is highly political and potentially sensitive, and there are some perceived disadvantages to having a Mayan or indigenous identity. This is most obviously expressed in men largely abandoning traditional dress in favour of European style clothes.

*The men don't like traditional clothing now. They used to wear even a hat, but they have lost respect, and feel ashamed of wearing this clothing. However the women's clothing is very expensive, so for them it's very elegant. (F, SAI)*

Social conscience in these communities is strong. Although people have individual worries about their finances and families, their concern about social problems (youth violence, delinquency), community resources (such as pot-holed roads and clothes washing facilities), and lack of education for children in the community (not just their own children) is equally strong. However, this is not necessarily a pan-Mayan sense of identity, but may be limited to people's own town or village.

## 7.4 Gender Norms and Relations

### Men

Contradictory and varied ideas about men and masculinity emerged from the study. While men and women often talked about ‘other’ men being machista, individual men did not define themselves as such, and women certainly do not see all men as being machista. However, legitimate and alternative ways of ‘being a man’ are limited, as PASMO's recent work on masculinities has demonstrated<sup>10</sup>.

A typical husband is characterised as being jealous and protective of his wife. His primary role as a husband is to provide the ‘gasto’ (household expenses) for his wife, who spends it on maintaining the household. A good man has possessions and money, and is religious. Men say that they are quite closely involved with their children. Their responsibilities are largely concerned with providing for them, maintaining discipline and checking schoolwork. Women in particular, and some men, reported that drinking alcohol to excess is a highly prevalent and problematic issue among men, adversely affecting their wives and children.

Men are valued by women for being providers, maintaining discipline, providing companionship, and being a role model with regard to their children.

*Why do women need men? To have company, feel happy, to have motivation, to share things, to be maintained, to have children. For the money. For heat between the man and woman [sex]. Also to raise the*

<sup>10</sup> For more information on masculinity, please check PASMO's website: [www.mizonah.com](http://www.mizonah.com)





*children, you need the man as a respected figure that can talk to them. [She jokes] I only want a man for money! (F, SD)*

Conversely, when men migrate to the USA, women complain about the lack of male influence in their children's lives, as well as the suffering they go through due to lack of attention (financial, emotional and sexual) from their husband.

Men take pride in their role of working and providing, and feel socially isolated if they cannot perform adequately in this regard.

*The important thing is to give children their necessities. You notice the difference when people have little. Men don't want their children and wife to look ill, they feel bad, thinking others will discriminate or laugh at them. To avoid this, men want to get ahead, be better every day and to show their children a better side of themselves.(M, SMJ)*

In their social life, some enjoy playing soccer with friends, meeting friends to chat in evenings and weekends, and enjoying the comforts at home of nice furniture and a TV (if they have achieved this standard of living). The end of the month (pay day) is a particular day for men to meet up together and chat. Not all men admire 'good' men – some men are said to admire 'criminals' as they have the power and money and 'the girls like them'. Men spend more time in public spaces for work and socialising than do women.

### **Women**

Most married women are centred in the home, and are limited in their mobility by social norms about 'being a good woman', rather than by explicit prohibitions about going out. They may work before marriage (in shops, markets or in agriculture) but most women work mainly in the home when they have children. Ideas about what makes a good woman are that she spends money well and takes care of the house, that she suffers and makes sacrifices for her family, and that she ensures her children and husband look neat and tidy. Women accept that they have less status and participation in public life than men, and they are not necessarily calling for equality in this regard – but they do want their voices to be heard.

Women enjoy getting out of the house, even if they are just doing little jobs (*mandados* in Spanish). They also long to be recognised and valued in their community and social circles, and gain satisfaction from taking part in activities to serve the community such as visiting sick people and taking part in development projects.

Many women are very entrepreneurial, using every spare minute of the day for income generation activities such as weaving. Women are thus strongly adverse to wasting time when they could be generating additional income. Women enjoy sharing things with their children, and doing things for their children. Their identity is built around caring for their children. Although there is not a prevailing attitude of 'the more children the better', women live in a 'fertility supporting' environment, because children are loved, highly valued, and having children helps women to attain the status of being a 'good woman'.



Women's image is very important to them: co-ordinating clothes, long shiny hair, jewellery, shoes, a good figure, and clear skin are all admired, but it is thought to be difficult for women to achieve this standard if they are lacking money.

### **Marital Relationship**

Getting married was said to be very expensive these days (due to costs associated with the wedding such as feasts and presents). Therefore many people just move in together and live in informal marriages. Such marriages are said to be more likely to be unfaithful and to break up than official marriages conducted in church.

When a couple marries they often live with the man's parents for the first few years, if not longer. Over time, the couple may build a separate house nearby and move out. However, many households consist of an older couple and several sons with their wives and families.

There does not seem to be a huge gulf in the status of men and women in terms of how they describe valuing one another (apart from some extreme examples of machista men). As one man put it, '*men and women are basically the same and have the same problems*'. However, the difference in economic opportunities (men have the greatest potential to earn income) means that differentials in status and opportunities can be large. Men are the *de facto* head if they are present in the household, and women feel that they are 'given their place' by men when they get married (i.e. gain their status by being someone's wife).

Decision making and power are closely linked to who controls money in the household. In most households, men are the main bread winner. However in families where women also work, women have more influence and decision making ability. The parents of the husband, including his mother, can also have power over the husband and his wife. This is both due to their heightened social status as older people, and their economic resources (which are often said to be higher than the young married couple's). Although the relationship between in-laws and their daughter in law was often described as fraught and tense, in-laws could also support her in her marriage:

*A man and his wife live upstairs in the man's parents' house. They already built their own house, but the husband doesn't want to leave his mum's house. They recently had an infidelity problem – he was unfaithful. He really loves his mum. He wants to stay here, and his wife is also happy living with the parents in law, because then they are nagging him to be a good man, punishing him for being unfaithful. They have the authority to punish him for his bad behaviour. They have been living here for about 6 years. (F, SD)*

Divorce is said to be rare, but there are instances of long term separation. For example, the husband might go to USA for many years, or the couple may effectively split up but remain living in same house

## **7.5 Sources of Information: Mass Media**



Cable TV appears to be widely watched in these communities, and much of the programming and advertising is highly sexualised (there is free pornography shown in the evenings on cable TV, and the advertising contains highly sexualised imagery). There was a lot of discussion during the interviews about men watching pornography (both in films, and on the internet), especially adolescent men. In fact, this seems to be the sole medium for providing information about sexual relationships for men. If this is men's main source of information and ideas about sex, then they are exposed to unrealistic and potentially unhealthy portrayals of sex and relationships.

*In one way TV has corrupted people but they also learn most things about sex on the TV. (M, during training workshop)*

The men also enjoy watching sport and action films on the TV, while women said they prefer to watch soap operas and the news.

Small towns have internet access, and it is mainly young people who are said to use the internet (including young women). It costs between 3-6 Quetzals<sup>11</sup> an hour. People use the internet to watch videos, get information for school projects, look at pornography, and download music.

## 7.6 Opportunities to Communicate: Language

The PEER study also aimed to find out how indigenous people in this area prefer to receive information and other communications, in order to best plan PASMO's activities.

Spanish is largely preferred over Kaqchikel, although some peer researchers said they would like to receive communications in both languages. They agreed that Kaqchikel is the preferred language for people over 35 year olds. In some areas, particularly smaller villages, older people use Kaqchikel to make rude jokes or talk about adult issues that they do not want their children to understand.

While some older people or people living in remote areas may not speak Spanish or understand it well, likewise, many of the younger generation are not fluent in Kaqchikel. The primary school aged children of the peer researchers could not speak it and could only speak Spanish. There is thus no easy answer to the question of which is the best language with which to communicate with indigenous people. In addition, with over twenty indigenous languages, there is considerable variation across the country.

## 7.7 Sources of Information: Interpersonal

Men sometimes talk about serious and personal issues with their very close friends (*'amigos muy amigos'*). However, they are worried about confidentiality when talking to their friends, or that they will be laughed at.

<sup>11</sup> US\$0.35 – US\$0.70 at time of writing.



During the course of the study, men in particular declared that they wanted and needed more sources of information about issues such as health and FP, as they believe that health centres only give information to women and there is nowhere for them to go to get information about sex. For instance, one man complained that he wanted to go to the library in his town, but it was only open for limited hours during weekdays, so it was inaccessible to working men. In addition, only female clothing factory employees had received talks about family planning; male employees had been excluded.

Women spoke more than men about membership in groups and associations. In some of the towns there are several people and organisations already working in health and development, including social workers and voluntary groups. One such group is *Guatemala de Corazon*, which is made up of women who take part in activities such as preparing food for the elderly. They also receive services such as health examinations for their children, and being taught about FP. In some communities, NGOs have set up development groups in recent years to work on issues such as housing, diet and health. Although some women are enthusiastic members of such groups, others are not keen to attend because they perceive sitting in meetings to be a waste of time, and they may not be able to leave their household duties and childcare to participate. If women's groups are used as a communications channel, they should offer immediate benefits such as teaching a skill to help women generate additional income. They also need to be suitable for non-literate women.

There is also evidence that adults receive information on reproductive health from their children who are taught about these subjects at school. They might not talk to their children directly, but are said to take a look at their children's school books.

*Information comes out from school, not very clear or precise, but they do get it at these places. These days even children know more than (adults), so if a parent gives their child any information, the child is already ahead of the parent. (M, SMJ)*

### **Communication between spouses**

There is generally agreed to be very limited communication within many couples, even though spousal communication is both desired and seen as necessary by both men and women. It was said to be rare for spouses to communicate about issues other than money and the children.

*They don't talk about family planning, and they also don't talk about the changes that their children go through. They don't talk about sexuality; these themes are avoided out of shame. (M, SMJ)*

While both men and women express the desire for enhanced communication, neither men nor women are necessarily aware that the opposite sex also has the desire to communicate, which reduces the likelihood of one spouse feeling comfortable enough to initiate discussion. Men said that some men think that their wives are not educated enough to understand 'issues' (in other words, men think women will not understand technical issues in conversation). On the other hand, women think that men will not understand them 'empathetically' (for instance, that men will not



understand their wife if she talks about the burdens she has looking after the children).

When couples do talk, it could be over meals, and women also said that *'talking in bed is the most important'* (bajo el poncho – pillow talk). This sort of intimate talk was something that women said they missed the most if their husbands emigrated to the USA. Many of the peer researchers said that they would like to learn skills to help them communicate better with their spouse, and it could be that building on existing valued opportunities to talk – such as 'pillow talk' – is an effective way to frame communications programmes.

In this context of limited spousal discussion, non-verbal communication is very important between spouses. For example, spouses are more comfortable showing care or love through performing spousal duties, such as cooking, providing money, or sexual relationships, than doing so verbally.

### **Communication about sensitive issues**

Young people were often described as *'people without knowledge'*, and young unmarried people were often said to be reluctant or unable to talk about 'sensitive issues'. Sensitive issues include violence, sexuality, family planning, and some aspects of politics. However it was not just young people who were reluctant to talk about sexual relationships or FP. Repeatedly, we heard that it is simply not common to talk about sensitive issues in these communities, and most of the peer researchers had never chatted with their friends about these issues before their involvement in the PEER study: *'communication doesn't exist'*.

*It isn't our culture or our principals or values to talk about issues such as HIV. We don't talk about these themes – it's a taboo – between spouses you never talk about it – and even less with the children. Maybe between groups of women, or groups of men, you can talk about it, but never between the two. (F, SMJ)*

Part of this reluctance is due to fear of gossip. Some people feel that they do not have anyone they can talk to in confidence.

*You don't talk about sexual relations to your spouse or kids. Even 15 years ago nobody in the family said where a baby came from – they just said that they'd been given a baby. Now they even have books, that children have in school, and now the children will ask for more information about the subjects. These days they would talk about FP between the couple, but not with the grandmother, because they will be nagging them. (F, SP)*

However, both men and women typically feel comfortable talking about sensitive issues to people who they perceive to be knowledgeable about such subjects. Once a discussion had *begun*, both in workshops and in interviews with friends, it became much easier for peer researchers to talk openly. The main challenges to opening up discussion are breaking down initial barriers, providing a safe space to talk about issues, and providing support to the peer researchers to help them express themselves.



In conclusion, with regard to communication on reproductive health, there is no positive, healthy model of sexuality in the public domain, and there is a corresponding lack of useful and accurate information about FP or HIV prevention available to indigenous people. However, there is huge demand for more accurate and accessible information.

## 7.8 Sexual Relationships and Sexuality

### Sexual debut

Young people typically start sexual activity with partners of a similar age. Young lovers go to private places to be together, especially if they do not have the confidence of their parents. After some time a young woman may introduce a serious boyfriend to her parents. It was acknowledged that both men and women will probably have more than one such relationship before marriage. It is clear that although virginity at marriage for women is the social ideal, people do not necessarily expect it to be adhered to.

For men, sex before marriage is said to be completely normal and expected. Men's sexual debut is said to happen in two main ways. Firstly, it may be with a girlfriend of a similar age. They may have been together for a year or more before first having sex. Secondly, men might leave their village to study or work elsewhere, and are described as being tempted or pressured into sex. A package of behaviours including excessive drinking, being influenced by peers, sex workers, and watching pornography, are associated with the first time a man had sex in this context. Neither men nor women mentioned the possibility that a man's sexual debut might be after he was married.

*Usually when men go to study or work in Chimaltenango, in the beginning they go to work and study, but after seeing special places to have sex with their friends, they go to these places. Sometimes for curiosity, they want to know what happens there. There are some people who have sex with their girlfriends at school, there are some who only have girlfriends because they want to have sex. But in other situations they visit prostitutes to have sex. They begin because they need to know how to have sex, to experiment, they don't have information about this thing. It's difficult to have sexual relationships with girls in the community – you have to have a relationship for a year or more before she'll agree. (M, SMJ)*

### Men

Infidelity is considered common among men, and their extramarital partners are likely to be single women in their community, or women whose husbands have emigrated. Infidelity is described as becoming problematic for a man's wife when the other woman benefits from her husband's income, leaving the wife with diminished resources. Men's access to sex is determined by their economic resources since women expect to receive something from their partners, such as gifts or money. This is not necessarily a direct transaction as in commercial sex work, but is nevertheless an expected and implicit part of the relationship.



Men said that they do not want to pay directly for commercial sex when they can find a partner in the community. However, visiting sex workers in the nearby city of Chimaltenango was commonly mentioned in the context of sexual debut. Commercial sex work is only said to exist in bigger towns, not small towns and villages<sup>12</sup>.

### Women

There are perceived changes in the way that young women experience sexual debut. While in the past, becoming pregnant and marrying the child's father was said to be a common way of getting married, many women claimed that 'these days' young men are reluctant to take responsibility for pre-marital pregnancies. Combined with young women working in factories and cities away from home, this highlights young women's vulnerability if they are not able to protect themselves from unwanted pregnancy. Another change is that girls are now said to initiate relationships with boys, whereas in the past only boys would directly initiate relationships. Young women are seen as playing an active role in initiating and managing sexual relationships.

Although men are presented as having greater sexual needs than women, sexual relationships are also desired by women. They described having sex as '*healing, relaxing, like going to the gym*' (F, final workshop). As well as having their sexual needs met, women want care, attention, understanding, and company ("someone to talk to") in their partner. If men emigrate indefinitely, women may start having sexual relationships again, perhaps after some years.

*Many guys have many girlfriends. It's worse when he works outside of the town. The problem is that if he works in Guatemala city, maybe he could have a girlfriend there and one here. But it's the same with the women because some of them work in factories there. For that reason now, many young people are losing their mind. The problem is when a young woman has two boyfriends, her boyfriend here will begin to drink and lose his mind. (F, SD)*

As with other sensitive subjects, women are unlikely to talk about sexual matters openly with their partner:

*Some of the things that are unspoken are the things that have to do with sexuality, the wife remains especially silent about this because it is believed that this could generate unease in the relationship with the husband. (M, SMJ)*

Women who are unfaithful to their husband are considered 'bad women'. However there is recognition that not all women in indigenous communities conform to the model of the monogamous woman. Many examples emerged from the data of

<sup>12</sup> Peer researchers never mentioned men having sex with men (MSM) during data debriefings. The issue was probed in the final peer researcher workshop and was met with a firm response that this was not accepted in their communities. An example was given of a gay couple who lived together in one of the towns (an indigenous man with a partner from elsewhere). They were said to be shunned by the rest of the community. We have no other information about MSM among indigenous populations, but it is clear that such behaviour is highly stigmatised and most likely conducted in great secrecy.



unfaithful women, women dressing up to attract men for economic or romantic needs, or going out to work in order to meet men.

*Because of the cultural values that they have as indigenous women, they don't let women act this way [being unfaithful]. This is totally different from acting like a normal indigenous woman. This happens to men too, but it's more common, so it's not that shocking. (F, SAI)*

*Because of the bad economic situation, because of abuse from the man to the woman, she goes to look for another man that might give her economic support and love (cariño). And men have their rights violated by this situation, but because they are men, nobody tries to help or cares because he is a man. (F, SAI)*

### 7.9 Perceptions of Family Planning

There is some historical precedent for the concept of 'planning a family' in Mayan ideology. One of the peer researchers, who is currently in training in Mayan philosophy and spirituality, told us about traditional beliefs around conception:

*During the war many spiritual guides were killed so Mayan spirituality didn't start to work again until 8-10 years ago... To conceive a baby you should take into consideration the date because you get a certain spirit guide [narwhale] for the date that you conceive. In those days sex was very sacred, special, no violence, solemn, and very important... Even in those days there was planning. They were planning since long ago – much more before the Spaniards came, because the narwhales are very important. (F, SAI)*

However none of the male peer researchers, and few of the women, had ever heard of this concept. Due to the suppression of indigenous culture over time, many traditional beliefs have been lost, and perhaps only the older generations, or younger people who take an active interest in the rejuvenation of Mayan culture, are aware of these beliefs.

Among the male and female peer researchers and their informants there was variation in perceptions of FP: *'We don't all think the same about contraception'*. Young and older people have different views about FP, with younger people being more tolerant. Older people were said to think that *'everything is a sin'*, while younger people were more relaxed about what constituted 'sinful' behaviour.

*Older people think that women who use family planning are like prostitutes or have no value, because they are taking away lives. Also they say that they're lazy because they don't want to work to take care of the kids. (M, SMJ)*

Very religious people are also thought to be more opposed to FP. The Catholic Church is seen to be more opposed to FP than Evangelical churches. Couples with higher levels of education are said to find it easier to discuss and decide about contraception.



***What do other people say about people who use modern contraception?***

*People who go to the church say they (women who use family planning) are bad women who kill their children and say they are sinners. They might look good in the street (because they look better physically), but they are sinners. (F, SMJ)*

People's opinion on family planning is influenced by many factors. If a woman already had children and was married, then using contraception attracted little moral concern. This was attributed to the economic situation: due to rising costs of living (including education, food, and medical expenses) and the decreasing amount of land that parents are able to leave to their children, the vast majority of peer researchers and their informants talked about the difficulties of having large families.

*There is a woman here with 12 children – she had them once a year. They are very poor – sometimes very poor people are the ones who have more children. They are very poor because they have a lot of children – so it's like a vicious circle. (F, SP)*

*They think that they can take of their children but the money isn't enough. So they can't give them the food, clothes. And sometimes when they have many children they don't have time to do extra jobs, and they need the money. They don't have enough time to weave when they have too many children. There are problems after more than 6 children. (F, SMJ)*

Rather than a positive desire to have a smaller family, people are reluctantly motivated to use family planning due to spiralling costs of living. Family sizes of five to seven children are already seen as lower fertility than in the past – when compared with families of 14 or 16 kids. People with smaller families are perceived to have more money and resources.

There is evidence of some stigma attached to having a large family or having children closely spaced together, with the mothers being called 'añera' (meaning 'yearly'):

*There are cases when people say 'do you have a kindergarten?' or 'where is your marimba?' – an instrument that has a lot of sticks from the big to the small – which is like their children. A large family is 7 or more – that's too many. There are families with 14 children, or even 16 children. (M, SMJ)*

Factory bosses are said not to want women to have more children because they want them to be able to work. This is not necessarily a desirable phenomenon as managers may potentially coerce women into using FP rather than encouraging them to do so voluntarily.

*Mostly it is women's bosses who try to persuade them to use FP, they even have special talks about that, in jobs such as banks, clothes factories, and also house cleaners – the owners of the houses say that they will lose their jobs if they get pregnant. With men it's more when they ask for a raise, the*



*boss says 'why do you have too many kids? You need to plan; you've got too many kids, that's why you don't have enough money'. (M, SMJ)*

The female peer researchers said that most women using contraception keep it a secret, even from their friends, because they do not want religious people to speak badly of them and they may not want their husband to know. There is speculation in the community about who is and is not using FP, according to birth spacing, mood, and physical condition (e.g. weight gain/loss, or changes in skin tone), suggesting that far from being a common and widely accepted behaviour, there is still moral ambiguity and social intrigue around using FP.

*It's very difficult for a woman to say that 'yes, I planned my family and used contraception!' It's a very well kept secret. Even though women won't tell people that they are planning she knows that many do plan. By using the injection these women tend to get very fat so you can tell. When they stop using it, they become very thin very quickly and they get pregnant very quickly. (F, SAI)*

The injection is the most popular method if women do not want their husbands to know that they are using FP:

*Sometimes it's just the woman who decides to use FP, because she has to work a lot. If the woman decides on her own, she hides it from her husband. Probably she says that she's going to vaccinate the children, but really she's going to use the injection – that's the method they use if they do it secretly – or take pills. They prefer the injection because it's more secret – using the pills is a risk... if he finds the pills it will bring a lot of problems to the woman because he will be wondering why she is doing this. (F, SAI)*

*Many women who do plan their families here do it behind their husbands' back. I think that pills are the most popular because they are cheaper. Very In very few cases women will go to a doctor to have apparatus – (Copper T) or operations – because for that your husband has to know the situation and help you economically with the situation. (F, SP)*

These data show how important it is for women to be able to use contraception confidentially, both at the access point (e.g. in the health centre) and in terms of the method (e.g. being able to hide usage from their husband if necessary). Simultaneously, work needs to be done to make contraception more widely socially acceptable.

### 7.10 Family Planning Methods

Knowledge of modern methods of family planning is widespread (injections, pills, IUD, female sterilisation). Vasectomy and female sterilisation are referred to as the 'modern operation' (the technical names of the procedures are not widely known in the community). Condoms are mentioned but usually just to say that people do not like them and that they are not used between husbands and wives. There is very little knowledge of contraceptive implants. There is also a lack of accurate and detailed knowledge about how methods work and their potential and relative risks. There is a



high level of dissatisfaction with modern methods, such that people feel unable or unwilling to use them and resort to less effective traditional methods:

*They think that modern methods aren't good for the woman's health, the woman gets fat, it's the same effects for all modern methods. The woman can't have babies again if she uses the injection. The majority don't use them for health reasons for the woman and her body. People are afraid of them. Some people count the days during the month (natural method). They are still doing it today. If the woman has a regular cycle, the people have trust in it. If not, they don't. At the moment there aren't other alternatives. (M, SMJ)*

People are not confident about the safety of modern contraceptive methods, and believe that they are responsible for a variety of health problems. Side effects mentioned include: pimples on the face (associated with the contraceptive pill), vaginal discharge (Copper T (IUD)), swollen feet and headaches (injection), infertility or harm to the woman's health next time she gives birth, gaining weight or losing weight, 'womb cancer'<sup>13</sup>, birth defects (associated with various modern methods). The Copper T has a bad reputation in some communities: in one village no women were said to use it because some years ago one woman had problems with it.

Traditional methods mentioned include avoiding sex during full moon (mentioned only once), avoiding sex during middle of cycle (which is taught in church), *caldito de frijol* (beans soup), coconut water, collar (cycle beads)<sup>14</sup> and *agüita de aguacate* (avocado tea).

Levels of knowledge around the specifics of family planning are low among most men and women. Over the course of the research, both men and women asked many questions to the research team that demonstrated a widespread lack of information (e.g. 'do you have to take contraceptive pills every day, or only after you have had sex?'). The following story suggests that there are misunderstandings around vasectomies, and in several other accounts there was evidence that people believe vasectomies to provide only temporary contraceptive protection:

*A friend lived in the city, who was truly in love with his wife. They had 2 children, then he told his wife that because he loved her too much, he doesn't like gender discrimination, he was going to be the one to get the operation. He said that the doctors said that in nine years time he could probably have another child. So they were just going well with no kids, but they wanted a boy because they just had two girls, so after nine years, they had a boy, so he was so grateful, and she too, that both got operated. (M, SMJ)*

### 7.11 Who influences family planning decisions?

The majority of men and women said FP 'should be' the decision of the couple. However, numerous examples of either men not allowing their wives to use FP, or

<sup>13</sup> The peer researchers referred to 'womb cancer', which is likely to be a reference to cervical cancer.

<sup>14</sup> This is a 'necklace' of 32 beads of different colours representing the menstrual cycle and identifying the infertile period, which is when women can have sex with a low risk of becoming pregnant if no modern method of contraception is used.



women *thinking* he would not allow it, or women secretly using FP without discussing it with their husbands, suggest that this is not always the case.

*Two people gave almost the same answer – that the woman takes the decision. The women work more, the children are always in the house, the woman has to feed the children, and work at home. So she decides. The third friend says the man has the decision – that men are machista - because he gives the money to the family. He finds religious ideas, that the sons and daughters are from God, that's his thinking. (M, SMJ)*

*Both talk about it together – at lunch or dinner, or even resting together in bed ('inside the poncho'). They talk about the fact that they want to wait, but in the end the woman decides, pushed by the man – he's the one who says 'let's discuss'. They watch the menstruation cycle, and ask for advice of the doctors at the health centre. (M, SMJ)*

Only one male respondent said that it was mainly the man who decides about family planning. This is in contrast with the female respondents, many of whom complained that men prevented them from using contraception. Either women overestimate the degree of men's opposition, or men misrepresent the degree to which they influence women's ability to use family planning, or there is an effect from both of these factors. Regardless of the explanation, the consequence is the same: women perceive male opposition to family planning as a barrier to using modern contraception.

*Women say 'I would like to plan my family because I suffer a lot with many children' but they feel very unhappy because they know that even if they want to plan they can't do it, because they are like the property of the husband, and he is the head of the family and they have to obey what he decides. Even if they can talk about it they can't do anything. (F, SMJ)*

Parents are also universally said to be influential. The influence is strongest if the couple lives with man's parents: '*Parents see the situation at home. They control it*'. The woman's mother is a widely trusted figure. While some middle-aged people are said to be comfortable with the idea of using contraception, the older generation are still said to be opposed to it, and do not talk about it:

*Now, they don't think FP is a sin (people of her age). In their grandparents' time, everything was a sin. For them, nowadays, not everything is a sin. For them now, it's more a sin not to give bread to your child. So if you don't have enough it's more of a sin not to feed the child properly. (F, SP)*

People perceived themselves to live within a close knit, judgemental community, and they did not want to be the subject of gossip or social criticism. Using FP was one such behaviour that could attract social comment, hence the importance of confidentiality for people who do want to access FP services:

*They criticize, these people have the mentality of people in the past, and grandparents have a place inside the family core. With operations [sterilization], people feel uncomfortable with criticism that is directed at them.*



*They hear comments that are hurtful. They also say that people who practice birth control are the ones that can't [have children], or they are lazy and don't want to sustain more children. (M, SMJ)*

### **7.12 Access to Family Planning**

Even if men are involved in FP decision making, women are said to take responsibility for accessing FP services. There are several places to obtain contraceptives in each of these communities, so lack of physical access is unlikely to be a problem for women. However, there are considerable social barriers outlined in this section.

#### **Comadrones**

Comadrones are traditional midwives based in the community. Some NGOs have worked with them to provide community based distribution of contraceptives. Several peer researchers noted the conflict of interest inherent in this arrangement: comadrones earn both income and social status through delivering babies, and thus may have limited incentive to prevent births. The main problem women identified with accessing contraception through comadrones was that they ask a lot of questions about why women want contraception (they are said to provide contraception to married women only once they are reassured they are not being unfaithful, thus acting as a 'moral gatekeeper' to FP) and are not trusted to keep information confidential.

*A woman was looking for condoms and the comadrone was asking why she wanted them – because she probably wasn't using them with her husband. The problem [with contraception] is when women ask for injections or pills because you might use them with someone else [other than your husband]. The comadrone asks lots of questions. (F, SD)*

The positive side of using comadrones is that they are respected, they speak Kaqchikel, and they are said to explain things well.

#### **APROFAM and other NGOs**

These NGOs are the main source of information for women about FP. They are said to come to their communities from time to time to hold talks and provide information. Some women also talked about their clinics, but, as with other providers, complained that they ask for too much detailed personal information, and ask many intimate questions (e.g. about their relationship with their husband and infidelity).

#### **Health centres**

The peer researchers described the advantages and disadvantages of using health centres to access contraception. Although they liked the fact that they gave out free contraceptives, they worried that people might see them there (there was a special waiting area for people waiting for FP services, so women awaiting FP are readily identifiable by other people attending the health centre), and they said that the providers 'do not treat them well'. Men said that they could not access condoms in health centres because providers ask for personal data (e.g. cell phone number). In addition, health centres are said to give only partial information about contraceptives. They are said to be unsuitable for single young women (due to confidentiality issues).



### Pharmacies

Pharmacies sell contraceptive pills and injections. The perceived advantages are that they do not ask questions, but the disadvantage is that people have to pay for the contraceptives.

### 7.13 Young People

Although this research was not conducted with young unmarried people, the data strongly suggest that FP services and information are not readily available to youth. In San Pedro, a single health worker was trying to inform young factory workers about FP, but these activities were only being carried out with young women (even though young men also work in these factories).

***Do the young men know about contraception?** They don't do talks with boys in the factories. If young couples have sex, it will be on the girl's decision to buy it and decide when to use it. Their phrase among the boys is 'would you eat a sweet with the wrapper on?' (F, SP)*

Stories also emerged about young unmarried women seeking and having abortions for unwanted pregnancies, or abandoning babies. Despite widespread recognition of the need to limit and space births, contraception is also associated with immorality in some contexts. In particular, young girls are thought to use contraception so that they can have sex with anyone, and some married women are thought to use it so that they can be unfaithful.

*Some unmarried women use contraception because they want to have sexual relations with anyone. She has heard that these girls like to have relationships with lots of men, lots of married men, she doesn't really know if such girls are paid for this or it's just because they enjoy it. (F, SMJ)*

*Some years ago young girls from the villages – 15 years old – came to San Pedro to work in the factories, and many of them got pregnant. The lady that works in the health centre noticed that all these girls were pregnant, so she went and gave training to the factories on how to use different FP methods. The problem is that now the young women know how to prevent pregnancies so there is too much liberty and the girls will go with anyone. Before you couldn't see a drunk woman in the streets, and now you do. (F, SP)*

### 7.14 Perceptions of HIV/AIDS and Access to Information

Information and stories about HIV and AIDS were incomplete and confused: some people knew almost nothing, whereas others had picked up some ideas. The issue is perceived to be relatively new in these communities (people have only been aware of it for a few years). People believe that the infection comes from 'outside' their communities (the USA or cities). HIV is commonly described as being transmitted by people visiting bars (and in particular, cheap and dirty bars), by people who leave the community, and by people who are unfaithful.





If there is thought to be a case of HIV or AIDS in the community, this generates a lot of gossip and speculation about whether they might be suffering from AIDS. People confuse AIDS with other diseases or presume that a person has AIDS if they exhibit certain symptoms.

*People are very confused. Because sometimes people have diabetes and get thin and weak and people think that they have AIDS. For many it's a new thing, some of them know something, but they are confused. (F, SAI)*

There is considerable discrimination against people with HIV, sometimes to the extent that have to leave the community or take excessive precautions against transmission.

*She knows two cases of AIDS, but people don't talk about it so they don't know much about these cases. There was one case ten years ago... they know that the woman had AIDS because they saw the symptoms, like being skinny, and the colour of her skin was yellowish. This person wasn't living with anyone else, she didn't talk to anyone anymore, she had her own cups and plates, which she had to wash with chlorine. But she had great faith so they think that she prays a lot and she is now OK, she's well, and she has six children or even more. (F, SD)*

Apart from speculating about possible sufferers, there is reluctance to talk about HIV, and people complain about a lack of information. Although there is said to be some information in health centres or on the TV and radio, there are many myths and taboos that need countering.

*They have heard about AIDS, but they haven't heard of any cases. They have heard that it's a deadly disease, that it affects people who work in the USA, especially men who work there. Sexual relationships are the only way it is transmitted... You hear information from the TV and radio about this, but you don't share information between friends. (M, SMJ)*

The concept of 'protecting' yourself against HIV or 'being careful' in sexual relationships exists, but people are not clear what they mean by this or how to do this in practice, though some people mentioned using a condom. When probed, most women said that 'being careful' was actually about avoiding pregnancy.

*They didn't know any information about how to prevent HIV. Also one of the interviewees wanted him [the peer researcher] to inform him about it. They are also afraid that it could be transmitted from sharing food. This person asked if later they will have some training or information about that because they want to learn more. (M, SMJ)*

Some people knew that treatment was available for HIV, but believe that it is only available in cities or specialist hospitals, and think that it is very expensive and inaccessible to poor people.



## 8 From PEER data to Dashboards: How findings relate to recommendations

The following section describes how themes emerging from the PEER data contributed to the FoQus outputs and to the programmatic implications outlined in the report summary.

### 8.1 Family Planning

Although there is interest in and demand for FP among indigenous people, a level of unease exists in their communities. There are doubts about the safety of contraceptive methods, concerns that women who use contraception are engaging in infidelity or pre-marital sex, and perceived conflict between valuing children and limiting family size.

For these reasons, the recommendations in the FP dashboard focus on two main issues:

- Supporting individuals and couples to use FP who choose to do so in spite of social ambiguity towards contraception by allowing them to do so confidentially (even from their husband if necessary) by providing discreet services (e.g. not being able to identify FP clients in clinic waiting rooms) and methods (e.g. injection).
- Tackling social norms to increase the acceptability of FP at the community level as well as the individual level, such as dispelling fears that women who use contraception are not 'good women'. Many items in the FP dashboard reflect this aim. For example, reinforcing Rosa's (the archetype's) belief that she is not the only one who wants to talk about FP, and reinforcing her belief that you can be good to yourself AND your family.

In the context of indigenous populations being economically and politically marginalised and disempowered, the following factors were important in influencing the dashboard outputs:

- It is important to frame FP as a method for *planning* a family, rather than *limiting* family size, which could be perceived as an unwelcome intrusion from the State into indigenous values and private lives.
- FP should be promoted as something that can help families meet their needs and hopes (e.g. educating their children), rather than as something to 'control population' or some other aim of the state.

Men played an active role in the study, and expressed the desire to learn and talk about reproductive health issues in greater depth, including FP. Although most contraceptive methods used by married couples in Guatemala are female controlled (married couples are unlikely to use condoms), it is essential to include men in FP programs in their role as supporters of women and decision makers. The fact that spouses do not tend to discuss relationships and FP is likely to depress demand for FP as women may be anxious about their husbands' reaction. There are few channels of information targeted at men, and the little information currently available about these issues is directed at women. Men thus get most of their information on



reproductive health and relationships from pornographic films on television or from their children's schoolbooks. The significance of this lack of information for men, and the lack of discussion between spouses, is strongly reflected in the dashboards in terms of beliefs to reinforce and change (e.g. reinforcing Juan's opportunities to get more information about family planning; changing Juan's beliefs that pornography is a medium for learning about family planning).

## 8.2 HIV

The PEER results suggest that in these indigenous communities there are low levels of knowledge about HIV, in terms of how it is transmitted and who is affected. The type of stories recounted about HIV and Aids (which tended to be 'scare stories' or rather confused) suggest that there are low levels of experience of actually knowing people with HIV and Aids.

There are two main consequences to low levels of knowledge and risk perception:

- Firstly, the positioning statement on HIV prevention states that basic informational needs about HIV and Aids must be met as part of any wider condom promotion campaigns.
- Secondly, other benefits of condoms (preventing pregnancy, feeling secure) should be highlighted, as at present indigenous people have very low levels of perceived vulnerability to HIV infection. Basic informational needs are highlighted in the dashboard (e.g. reinforcing the knowledge that HIV can be transmitted by having multiple partners, or the changing the knowledge that HIV is only a risk if you sleep with commercial sex workers)

In addition, the PEER findings highlight structural characteristics within these indigenous populations that provide potential areas for intervention in terms of reducing HIV risk. In particular, high levels of labour migration mean that couples may stay apart for a long time, potentially increasing the likelihood of extra-marital partners. Women as well as men need to be able to protect themselves from STIs including HIV as well as unwanted pregnancies in this context. Young people who have recently migrated are particularly vulnerable (see section 8.5).

## 8.3 Tailoring programs for indigenous people

The insights into indigenous communities provided by this participatory study mean that future social marketing programs can be based on a more comprehensive understanding of the social and economic context of their reproductive health needs and behaviours. This is particularly important in the case of indigenous people in Guatemala, as many stereotypes and preconceptions exist about them (for instance, that their sexual behaviour is more conservative than ladinos, or that they do not engage with the 'modern' world when in fact their high levels of migration and consumption of mass media suggest otherwise, particularly in these communities neighbouring Guatemala City).

The archetypes included in the dashboard are intended to confront any one-dimensional views of indigenous people or preconceptions about them that programmers may hold, subconsciously or otherwise. The archetypes present a



fictional, but evidence based example of a character from a particular community. They emphasise the hopes and anxieties, aesthetic preferences, daily routine and active agency of the character, effectively bringing the character to life in a holistic manner. The social marketer must understand their target audience as a group of complex individuals, and the archetype provides a tool for them to do this, and as such to design programs that appeal, persuade, and effect change.

There are several ways in which social marketing programs can tailor programs more specifically to indigenous populations. To mention a few: communications should reflect indigenous identity either through use of indigenous people in images or through the use of a design scheme inspired by indigenous art and crafts; the 'opportunities, ability and motivation to process' preferred by indigenous people are different from populations in urban, ladino areas and should be identified and targeted as such; and because of high levels of poverty and the busy schedule of people's everyday lives, social marketers must make efforts to ensure that activities or events are 'worth it' for their target audience, such as by providing an economic incentive like learning a new marketable skill.

The stigma and discrimination faced by indigenous people both in the present and historically means that social marketers must place a particular emphasis on increasing active participation of indigenous people in their programs, as well as simply tailoring programs to meet their needs more effectively. Without empowering indigenous people to voice their needs, to partner in designing programs, and to play an active role in the implementation of programmes, a level of distrust or lack of engagement could be anticipated. Current distrust of services is reflected in the anxiety that people feel about entrusting personal data to service providers, for example.

#### 8.4 Opening up discussion

Most indigenous people clearly stated that they were not accustomed to talking openly about issues such as family planning or HIV, whether with friends, family or their spouse. However, this was not due to ideological opposition to talking about these issues. Quite the opposite, among the young married people in this study, there was high demand for further information and opportunities for discussion. The main barrier to *not talking* is the historical precedent for not talking, as well as some opposition from churches and older people. The fundamental importance of giving people the skills, space and vocabulary with which to *start talking* is reflected by the dashboard items. One recommendation is to build on existing precedents for talking (such as *bajo el poncho* (pillow talk) and in women's community groups).

#### 8.5 Young people

Although it was not the focus of this study, over the course of data collection it became clear that young people face numerous risks to their reproductive health including unwanted pregnancy and STIs, and that there are few if any services or sources of information accessible to them. In particular, young people from towns who arrive in unfamiliar cities or towns for work, away from their usual social support and supervision, may be especially vulnerable. This applies to both boys and girls;





boys are commonly said to visit commercial sex workers as part of their early sexual life, and girls are more vulnerable to unwanted pregnancy and may be exploited by employers as they stay far away from friends and family. However, girls should not be seen simply as passive victims who require protection; there is also recognition that they actively seek out and manage pre-marital relationships, and any messages or services aimed at them should recognise this.



## 9 Annex 1. Full FoQus Outputs

### 9.1 The Archetypes

The Archetype is a way of synthesising and transforming qualitative data into a character representing the target audience in a narrative form. The aim of the archetype is to bring programmers and marketers closer to the target audience. While Rosa and Juan are fictional creations, they are based on detailed data collected by peer researchers about everyday life in their communities. The peer researchers and supervisors also fed into the creation of these characters.

### 9.2 Women's Archetype: Rosa

This is Rosa. She's 32 years old, Kaqchikel, and lives in San Martin with her three children who are aged 10, 6, and 3. Her husband migrated to the United States last year to find work.

Rosa's an attractive woman, not too thin and not too fat, with hair down past her shoulders. Around the house she wears a simple blouse, a skirt that falls one hand's length below her knee, and an apron around her waist. She ties her hair back in a bun or braid. She wears simple earrings, practical sandals, and always has a broom in her hand.

When Rosa dresses up, she wears an elegant huipil with complicated embroidery and a skirt that matches - nowadays it's very fashionable to have the colors in your huipil and skirt coordinated. Rosa cinches her belt tight to show off her waist and wears high heels. She ties her hair back and wears dangly earrings and a necklace. Rosa never wears make-up or perfume, but she uses face cream. Her favorite brands are Nivea and Avon. Rosa claims that she cares more about taking care of the house and her children more than she cares about taking care of her own image.

Rosa and her children live in the countryside just outside of town. Their house is poor, but clean. There's a living area, kitchen, and two bedrooms. Part of the house is currently under construction: Rosa's having a third bedroom built for the children. The backyard is small with two pilletas (basins) for washing clothes. Currently there are no large electrical appliances in the house, but since Rosa's husband is able to send a modest "gasto" (stipend) each month, she's hoping to save up for an appliance that would make her life easier. Other amenities in the house include a radio, gas stove, and iron.

Rosa's day begins at 4:00 a.m. when she gets up to wash. Hygiene is important to her. Her ancestors would only shower on weekends and her grandmother used to tell her that she shouldn't take a shower when she's menstruating. Of course times have changed and she doesn't follow such advice - she showers every day.

Once she's showered, Rosa straightens up the kitchen and gets ready to cook. She makes eggs, tortillas, and beans for breakfast. After she and the children have





finished eating, she washes the dishes and hurries to take the children to school in time for the 7:30 a.m. bell.

Upon returning home, Rosa goes into the backyard to feed the animals. She keeps several ducks, turkeys, and hens, one cow, and two pigs. The cow and hens provide the milk and eggs her family consumes. The other animals are for selling when she runs out of money.

Rosa heads to the market on foot to buy food for the rest of the day's meals and to chat with some of her friends. She tucks her money either in her bra or belt and stashes her keys and cell phone in a small bag. Today she's carrying the cell phone, but since she shares it with her sister-in-law, she doesn't always have it on her. Rosa also takes along a basket to carry food home. She likes going to the market because it gives her a chance to talk to her friends about her day or to find out what happened over the weekend. Along the way, she passes the local health post, which she rarely uses. Rosa doesn't like going there because she never feels that she gets the attention that she or her children need, and she feels no "emotional link" with the staff.

Once Rosa's done with her marketing, she returns home and starts making lunch. Today she prepares meat sauce with rice and macuy leaves. The children will be home at 12:30 pm, which gives her just enough time to cook and work on a huipil that she's planning to sell. Rosa's always doing several activities at once, so while she's weaving, she cleans the macuy leaves. Rosa doesn't believe in wasting time: in addition to maintaining a household by herself, she's always looking for ways generate extra income, especially since she doesn't have a job outside of the home. Every minute of the day counts.

When the kids return from school at 12:30 pm, Rosa helps them with their homework and then sends them outside to play for the rest of the afternoon. She still needs to wash the family's clothes as well as the clothes that she's taken in from other households to earn extra money. After the wash is hung out to dry, Rosa starts preparing tortillas and beans for dinner. Then she cleans up and ensures that the children have bathed.

Rosa goes to bed at 9:00 pm. This is the time when she misses her husband the most, the time of day when they used to "talk in the poncho." She feels like she no longer has anyone to discuss her problems with or anyone with whom she can share her thoughts.

Rosa doesn't currently any practice family planning since her husband is in the U.S. She knows women who use injections secretly and she'll likely do the same if her husband is away for five years or more. Rosa says that sex is a physical need (she phrases it '*necesito aquello*' – needing something – because she doesn't feel comfortable referring to sex directly) so she may eventually give in to one of the men in town who's been flirting with her and asking her to go to the city to watch a movie. However, she realizes that if she does pursue a relationship outside of her marriage, she'll be subject to scrutiny by others in the community and particularly her in-laws. Rosa doesn't see a need to protect herself from HIV.





When she gets free time, Rosa spends it going to her Catholic church, which she attends one to three times per week. She also attends community meetings. The meetings she enjoys the most are the ones where she can gain a new skill like baking different pastries or creating new hairstyles.

Rosa keeps the radio on all day, starting at 4:00 a.m. In the morning she listens to the community channel which plays gospel music or educational programs in Spanish and Kaqchikel. At lunchtime, she listens to marimba and then ranchera afterward. She likes her children to listen to programs in Kaqchikel in the afternoon after they return from school so that they can maintain their language skills.

The things that Rosa can't do without are money, her children, love, and good health. Aside from being a good mother and caring for her children, Rosa feels proud of the huipiles and blouses she sells and her ability to braid hair. The things she worries about most are running out of money and being unable to provide for her children – she wants to ensure that they receive the best education possible and have a better life than she's had. For Rosa, being a mother and “good woman” is about sacrifice. She always puts the needs of her family before her own.

Rosa says that she admires God and people in her community who have a “complete family,” couples who get along well and have happy children. Rosa dreams of one day travelling to Canada where work is available to women and immigrants are granted visas. She'd also like to study – the topic doesn't matter, she simply wants to improve herself.

Rosa also hopes for improvements in her community and a better life for the people she knows. She'd like to see better facilities for washing clothes, more parks and spaces for socializing, and the opportunity for women to participate in church activities to the same degree as men. Rosa would like to see a decrease in machismo among men and more gender equity: “If men give us more freedom, our road to the future will become better.”

### 9.3 Men's Archetype: Juan

This is Juan. He's 30 years old, Kaqchikel, and lives in Santo Domingo with his wife and four children who are aged 10, 7, 5, and 2. His parents, brothers, his brothers' wives, and his younger sisters live nearby.

Juan's of medium build and fit. He typically wears a sombrero made of natural fibers, a collared shirt, jeans, and rubber boots. He also wears a “faja” to store his money, a cloth belt tied around his waist and kept discretely under his clothes. He carries a machete and wears a “moral,” a traditional cloth satchel. In his satchel he carries bread, snacks, some money for Pepsis, a cell phone, a comb, and his cigarettes – he's addicted to them. When he goes out and strolls around town, Juan likes to wear gel in his hair, splash on some cologne, and wear a nice pair of leather boots.

For Juan, the day begins at 5:00 a.m. He washes his face, gets changed, and listens to the radio. He has breakfast before 6:30 a.m. and then sets out for his fields where



he spends the entire morning. He's respectful of his morning ritual and insists on being in the fields by 7:00 a.m. – it's something that his grandfather taught him. He takes pride in his fields and spends his days cultivating coffee, tomatoes, beans and corn. Juan returns home for lunch which his wife has prepared for him at about 12:00 p.m. and, while there, he'll either help his children with their homework or take a nap when he needs to have a rest after a long morning's work. Then he returns to the field in the afternoon and breaks at 5:00 p.m. to play soccer with his friends until 7:00 p.m. After that, he returns to the house for dinner and, before going to bed, watches television, shows like *Laura* or the news, or movies on DVD.

Juan's friends describe him as chatty, hard working, and collaborative. He participates in community meetings and sits on local committees. In his spare time, Juan likes to watch football and basketball on television with his friends. They drink alcohol together, particularly on weekends, fiestas, and when they want to feel lively. They also occasionally watch pornographic movies. Juan is Catholic and goes to church with his family one or two times per week. While he's friendly, close to his friends, and sometimes consults with his priest, Juan's generally quite guarded – he doesn't talk to anyone from outside of his community and is suspicious of strangers. He's very careful about sharing personal information because he doesn't trust people to keep the information to themselves.

Juan and his family live in a small town in the countryside, in the middle of their community. Their house is modest and made of breezeblock. It has two rooms and the floor is made of brick. While the house has electricity, it doesn't have indoor plumbing. Outside he keeps animals: approximately 15 chickens, four pigs, and two cows.

Juan is head of his household and feels that he's a good man because he protects and provides for his family. He feels a lot of pressure to ensure that his children are well behaved and must serve as the disciplinarian in the household. When the children misbehave, his wife usually says, "Your father will take care of you when he gets home."

Juan and his wife got married when he was 20 and she was 18. She's humble, and helpful to others in the community, and he thinks she's a little conservative. She's also very responsible, and pays more attention to the children than he does. Juan's wife usually stays close to home because he can be possessive and because she believes her responsibilities to lie within the home. He adheres to the norm that men are afforded more "liberty" than women and he feels like he can spend as much time as likes outside, whereas women should spend most of their time at home. While Juan wouldn't call himself 'machista', he does shout at his wife and has the potential to be violent. When his wife goes out, he makes her take at least one child along as an escort. He's generally suspicious of other men and is afraid that they may flirt with his wife when he's not around.

Like most men he knows, Juan feels entitled to have sex with his wife whenever he wants. He also has outside sexual partners and sometimes feels pressure from other men to prove his prowess. He blames his wife for his own infidelity: he's annoyed that she's gained weight, nags him, and doesn't always cook good food. He's not





wealthy enough to maintain two households, so he prefers having lovers (“sexual adventures”) to taking a “second wife”. He also prefers having lovers in the community to sleeping with sex workers in the nearby large town. Juan has had relationships with women whose husbands have migrated to the U.S., particularly those whose husbands don’t send enough “gasto” and are in need of money. Juan has also had relationships with widows. Of course, all of these partners expect money and will only agree to sleep with Juan if he’s able to offer enough “gasto”. If he’s unable to find a woman in his community to sleep with, Juan will settle for a sex worker. He pays 60 Quetzales<sup>15</sup> and usually only frequents sex workers when he visits Chimaltenango.

Juan and his wife don’t currently practice family planning and he admits that he doesn’t know much about it. He wants to limit the number of children he has because he can’t afford to have any more, particularly with his lovers. Juan also knows little about HIV. He’s heard that it’s dangerous and knows that there have been programs about it on the television and radio, but hasn’t paid much attention. His current prevention strategies are to avoid brothels and to be hygienic and clean. He tried to use a condom once, but he didn’t like it, he thought it was uncomfortable. So now he never uses condoms - he likes his sex “live and direct” (an expression from television).

The things that Juan can’t do without are “siembra” (seeds), water, and animals. Juan’s proud of his fields and says that he’s good at his work. Juan also believes that he’s a good lover, especially when he drinks alcohol because it makes him bold and allows him to lose his inhibitions. He also says that he’s good at “making” children, especially since he already has four.

Juan admires God, the Pope, the football player El Pescado Ruiz, and men from his community who have migrated to the U.S. and despite the risks and difficulties, have become successful. He also likes Rambo and Chuck Norris because they’re strong men, real men. Juan worries most about money – he’s afraid of not being able to provide for his family.

Juan hopes for improvements and progress in his community. He’d like to provide his children with a good education so that they can one day be “professionals” and he’d like to be able to give them more land. For himself, he’d like to have a car.

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<sup>15</sup> US\$8 at the time of writing.



## 10 Dashboard Instruments

The following dashboards represent a synthesis of research evidence, presented in a way that helps marketers and programmers reach programmatic decisions about tailoring products and services to a particular audience. Beliefs to reinforce and change are organized according to PSI's Behaviour Change Framework, Bubbles (<http://www.psi.org/research/documents/behaviorchange.pdf>).

### 10.1 Dashboard for Family Planning (Branded or Endorsed Services)

Input: PEER interview transcripts, role plays, photo essays, archetype narratives, synthesized data.

#### Beliefs to Reinforce

Rosa	Juan
<i>Opportunity</i>	
Availability - Good information about family planning is available	Availability – I need more information about family planning
Social Norm - Other women in my community plan their families	
Social Norm - You're not the only one who wants to talk about family planning	
Social Norm - You're not the only one interested in family planning	
<i>Ability</i>	
Social Support - My husband actually wants to use family planning	Knowledge – Juan knows about condoms
Social Support - Some mothers support the idea of family planning	
Social Support - Other family members support the idea of me using family planning	
Self-Efficacy - You can decide when to have children	
<i>Motivation</i>	
Attitude - It's good to space your children	Attitude – I'm open to the idea of family planning
Attitude - It's good to plan your family	Attitude – It's OK for women to use family planning
Attitude - Two to three years between children is good practice	Attitude – Women who use family planning aren't ruining themselves
Attitude - It's OK to talk about sex with other women	Attitude – It's OK for women to attend family planning centers
Attitude - It's OK to say "sex"	Attitude – Confidentiality is important



Attitude - It's OK to ask for information about sex	
Attitude - It's OK to need something (aquello) (i.e. to have sexual needs)	
Attitude - It's OK to ask for information about family planning	
Attitude - It's OK to talk about sex with your husband	
Belief - The women in my community who plan their families are doing well	
Belief - Some women admire other women who plan their families	
Belief - Your children are happier when you have more time to attend to them	Belief - Children cost money (are expensive)
Belief - There's value in being good to yourself	
Belief - You can be good to yourself AND your family	
Belief - You deserve to be treated with respect when you seek family planning	
Belief - You have the right to confidential services	
Belief - A good woman has happy children	Belief - A good man provides his children with what they need
Belief - You're a good mother when you plan your family	Belief - I can't afford the money to maintain another family
Belief - Women want to talk about family planning	Belief - There should be better communication between couples about family planning
Belief - A good woman has well-spaced children	
Belief - A good woman has healthy children	
Belief - Women want to learn about family planning methods	
Belief - Women want to plan their families	
Belief - Women want an effective method to prevent unplanned pregnancies	
Belief - Women are strategic	
Belief - Women think about the future	
Locus of Control - The decision to use family planning is one for you and your partner to make	
Outcome Expectation - A better life is possible when you plan your family	Outcome Expectation - If I plan my family, I will have more resources
Outcome Expectation - It's easier to look good when you plan your family	
Outcome Expectation - You can take	

better care of your children when you plan your family	
Outcome Expectation - My health is better when I space my pregnancies	
Outcome Expectation - My children's health is better when I space my pregnancies	
Outcome Expectation - Your relationship with your husband can be better when you both plan your family	
Outcome Expectation - Your relationship with your children can be better when you plan your family	
Outcome Expectation - There are more opportunities for your children to receive an education when you practice family planning	
Outcome Expectation - You'll have more time in your day when you plan your family	
Outcome Expectation - There's more time to make money when you plan your family	

### Beliefs to Change

Rosa	Juan
<i>Opportunity</i>	
Social Norm - If I don't have a lot of children, I'm not a good woman	Availability - Pornography is a medium for learning about family planning
Social Norm - If I don't have a lot of children, I'm lazy	Availability - There's no place for me to get information about family planning
Social Norm - If I use family planning everyone will think I'm cheating on my husband	
Social Norm - If I have a long birth interval, people will gossip about me	
Social Norm - All women are virgins until they're married	
<i>Ability</i>	
Social Support - My mother-in-law is against family planning	
<i>Motivation</i>	
Attitude - Family planning is a sin	Attitude - Only married people/couples can talk about family planning (not single people)
Attitude - Modern contraceptive methods are dangerous	Attitude - You can't talk with your wife/girlfriend about family planning
Belief - We have to have all of the	Attitude - It's OK for young men to avoid

children God sends us	paternal responsibility
Belief - Traditional methods work	Attitude – It's OK for young men to avoid sexual responsibility
Belief - You have to suffer as a woman	
Belief - Family planning is only for young couples	Belief - It's the responsibility of women to ' <i>cuidarse</i> ' (look after themselves) and obtain family planning
Belief - Family planning is only for educated couples	Belief – You have to have sex by a certain age or else you're "gay"
Belief - Pregnancy is an illness	
Outcome Expectation - Modern contraceptive methods have negative side effects	Outcome Expectation - Women get fat when they use injectables
Outcome Expectation - I'll be ugly if I use modern contraceptive methods	
Outcome Expectation - If I use modern contraceptive methods, my children will be born malformed	Locus of Control– The number of children you have is related to luck
Outcome Expectation - There are no benefits to using modern contraceptive methods	Locus of Control - God orders that children fall into your arms with bread (i.e. that God will provide for children)

### Person Profile

See full archetypes for Rosa and Juan (section 4).

### Strategy to behave/not behave

Rather than controlling her fertility, Rosa doesn't have sex, at least for the time being. Some women in the community secretly use injections.

Juan doesn't currently use any family planning method (traditional or modern). He used a condom once, but didn't like it because he likes his sex "live and direct." Juan assumes that his partners are doing something to prevent unplanned pregnancies.

### Opportunity, Ability and Motivation to Process

#### Opportunity to Process:

Rosa: When she's with her friends; just after she has had another child; when she takes her children to the health center; "cuchubal" (craft meetings, small loan groups, Tupperware parties); when she's listening to the radio; at work (if she works in a factory); during weekend entertainment; during activities she does with her children; at the market; in church; during "talk in the poncho"; and at the "lavaderos" (when she's washing clothes).

Juan: On television; on the radio; through cell phones (text messages); in newspapers; on posters; in church; at work (if he works in a factory); during weekend





entertainment, likes Chuck Norris movies or Cantin Fles (comic); long bus rides; during checker games; and during football matches.

**Ability to Process:**

Rosa can't read too much text; messages should be delivered in Spanish and through audio visual methods; present key words in Kaqchikel; language should be simple and colloquial; disseminate one message at a time; use stories with characters; materials should be attractive and reflect Rosa's aesthetic (e.g. colours, fashions and patterns popular among indigenous women); communication should be through peers and older women; emphasize that modern methods are for women like Rosa (not just women in the city); messages should be empowering and positive; messages must recognize Rosa's reality (and not the reality of city women); and disseminate messages very early in the morning or during talk shows/educational shows.

For Juan, messages should be in Spanish; present key words in Kaqchikel; disseminate one message at a time; use many graphics, perhaps cartoons; colloquial language; messages should be direct; use powerful images (*hombres poderosos* – powerful men), but not violent; the spokesperson should be aspirational and be dressed well (to reinforce the idea that with fewer children, there's more money); and disseminate messages early in the morning (around 5:00 a.m.) and in the evening.

**Motivation to Process:**

Rosa recognizes a need for family planning and she doesn't want to get pregnant by a man other than her husband. She doesn't want to be an "*añera*" (woman who has children every year).

Juan recognizes a need to limit his number of children because he can't afford to have any more. If he has fewer children, there will be more money in the household.

**Perceptions of family planning users**

Rosa: Family planning users have good communication with their partners. Family planning users' partners aren't "machista" (macho). Women who plan their families do well.

Juan: Family planning users have higher social status (e.g., education) and are to be admired. Juan approves of people who practice family planning once they have had "enough" children (e.g., 4 or 5).

**Positioning Statement**

For Rosa, Punto Verde is the high quality family planning service that recognizes her value as a good woman, treats her with respect, and helps her to achieve the family she wants. Going to Punto Verde is better than not getting the information she deserves.





For Juan, supporting his wife to go to Punto Verde is the family planning strategy that demonstrates that he's a responsible and good man. Having his wife go to Punto Verde is better than worrying about how he'll provide for his family.

## 10.2 Dashboard for HIV/AIDS – Condom Use with Outside Partners

Input: PEER interview transcripts, role plays, photo essays, archetype narratives, synthesized data.

### Beliefs to Reinforce

Rosa	Juan
<i>Opportunity</i>	
	Availability - We need more information about protecting ourselves from HIV/AIDS
	Availability - There's some information available about HIV/AIDS in the health center
<i>Ability</i>	
Knowledge - HIV can be transmitted from having multiple sexual partners	Knowledge - HIV can be transmitted from having multiple sexual partners
Knowledge - ARVs are available for free in Guatemala	

### Beliefs to Change

Rosa	Juan
<i>Opportunity</i>	
Availability - Catholic churches aren't providing HIV education, only Protestant churches do	Social Norms - No one talks about AIDS
Social Norm - Stigma is a problem in the community	Social Norm - People who are sick with AIDS must be taken out of the community
<i>Ability</i>	
Knowledge - I don't have any correct information about HIV	Knowledge - Only sleeping with commercial sex workers puts you at risk for HIV/AIDS
Knowledge - HIV and AIDS are the same	Knowledge - HIV and AIDS are the same
Knowledge - HIV is only transmitted sexually	Knowledge - The risk of HIV being transmitted from male-to-male sexual activity doesn't exist in my community
Knowledge - HIV is contagious (as opposed to infectious)	Knowledge - HIV is contagious (as opposed to infectious)
Knowledge - HIV can be cured	
Knowledge - Lack of understanding about the relationship between STIs	



and HIV	
Knowledge – Confusion between HIV/AIDS and other diseases like diabetes	
Knowledge - You have to pay for ARVs	
<i>Motivation</i>	
Belief - HIV only comes from outside the community	Belief - HIV only comes from outside the community
Belief - Staying clean is an effective method for preventing HIV	Belief - Staying clean is an effective method for preventing HIV
Belief - HIV is punishment from God	Belief - You can get HIV from going to cheap and dirty bars
Belief - ARVs are expensive	Belief - Condoms don't protect you from HIV/AIDS
Belief - You're at risk for HIV if you go to someone's funeral who died from HIV	Belief - Condoms break
Belief - Praying can cure HIV	Belief – Having marks on your skin is synonymous with AIDS
Belief - Losing weight is always a sign that someone's HIV+	Belief - Losing weight is always a sign that someone's HIV+
Threat - I'm not at risk for HIV	Threat - I'm not at risk for HIV inside of my community

### Person Profile

See full archetypes for Rosa and Juan.

### Strategy to behave/not behave

Rosa doesn't currently protect herself from HIV. She also doesn't have strong health seeking behavior – she always prioritizes her children's health.

Juan believes that he protects himself from HIV by remaining “clean” and avoids bars and brothels. Otherwise, he doesn't do anything to protect himself. He tried condoms once, but didn't like them.

### Opportunity, Ability and Motivation to Process

#### Opportunity to Process:

When she's with her friends; when she's pregnant (especially for PMTCT); during prenatal care (if she receives it); when she receives family planning; when she takes her children to the health center (children's vaccination records are mandatory for birth registries); “cuchubal” (craft meetings, small loan groups, Tupperware parties); when she's listening to the radio; at work (if she works in a factory); during weekend





entertainment; during activities she does with her children; at the market; in church; during “talk in the poncho”; and at the “lavaderos” (when she’s washing clothes).

Juan: On television; on the radio; through cell phones (text messages); in newspapers; on posters; in church; at work (if he works in a factory); during weekend entertainment, like Chuck Norris movies or Cantin Fles (comic); long bus rides; during checker games; and during football matches.

**Ability to Process:**

Rosa can’t read too much text; messages should be delivered in Spanish and through audio visual methods; Spanish symbolizes a modern discourse; language should be simple and colloquial; disseminate one message at a time; use stories with characters; materials should be attractive and reflect Rosa’s aesthetic; communication should come from a trusted “expert” (e.g., promotores); in the near term, don’t rely on peers (there’s too much misinformation and prejudice in communities); messages should be empowering and positive; messages must recognize Rosa’s reality (and not the reality of city women); disseminate messages very early in the morning or during talk shows/educational shows; radio; courses and group work should be short and available on a drop-in basis

For Juan, messages should be in Spanish; present key words in Kaqchikel; disseminate one message at a time; use many graphics, perhaps cartoons; colloquial language; messages should be direct; messages should come from a trusted “expert”; in the near term, don’t rely on peers (there’s too much misinformation and prejudice in communities); disseminate messages early in the morning (around 5:00 a.m.) and in the evening; messages should counter stigma; and celebrity spokespeople are also possible.

**Motivation to Process:**

Rosa doesn’t perceive a personal risk for HIV. She currently believes that only individuals who migrate outside of the community or who visit commercial sex workers are at risk. There’s a general perception that indigenous communities are free from risk. Unplanned pregnancy is larger concern for women than HIV.

Juan doesn’t perceive a personal risk for HIV, but he perceives some risk external to himself. He believes that as long as he stays within his community and limits the number of sex workers he visits, he’ll be OK. There’s a general perception that indigenous communities are free from risk.

**Perceptions of family planning users**

Rosa: Women who use condoms are prostitutes. If other women use condoms, they’re likely much younger or they’re being unfaithful to their husbands.

Juan: Men who use condoms are young and/or visit many sex workers.

**Positioning Statement**





Rosa: (After addressing basic HIV educational needs) For Rosa, condom use with outside partners is a health strategy that will allow her to take control over her future and that of her family. Using a condom is better than adding one more burden to her life.

Juan: (After addressing basic HIV educational needs) For Juan, condom use with women outside of his marriage is the dual protection strategy that prevents him from having to provide for other children and allows him to be a man who can protect his community. Using a condom is better than risking his reputation in the community.



## 11 Annex 2: Fieldwork tools

### 11.1 Interview Themes

These prompts were developed by the peer researchers during the training. Men and women worked in separate groups to word their questions, so the men's and women's questions are slightly different.

#### Men's Prompts:

##### TEMA 1. VIDA COTIDIANA – DAILY LIFE

- ¿Qué hacen los hombres en un día normal?  
[What do men do during a normal day?]
- ¿En qué momentos ve que los hombres platican? ¿De que hablan?  
[When do men chat? What do they chat about?]
- ¿Qué quieren lograr los hombres en la vida?  
[What do men hope for in their lives?]
- ¿Cuáles son las preocupaciones de los hombres?  
[What do men worry about?]
- ¿Cómo obtienen los hombres información sobre temas delicados?  
[How do men get information on sensitive issues?]
- ¿Cómo dice la gente que son los hombres?
- ¿Cómo dice la gente que son las mujeres?  
[How do people say that men and women are?]

##### TEMA 2. RELACIONES DE PAREJA - Couple relationships

- ¿Cómo se logra un balance entre esposo y esposa en el matrimonio o viviendo juntos?  
[How do you get a balance between spouses/partners?]
- ¿Qué cosas se pueden hablar entre esposo y esposas?
- ¿Qué cosas no se pueden hablar? (Y viviendo juntos)  
[What can spouses talk to each other about? What can't they talk to each other about?]
- ¿Cómo inician los hombres las relaciones de noviazgo en la comunidad?  
[How do men start having girlfriends in the community?]
- Cuenta una historia: ¿Cómo comienzan los hombres su vida sexual? ¿Cuál es la motivación de los hombres? ¿De las mujeres?  
[Tell a story: how do men start their sex life? What is the motivation of men? And of women?]
- ¿Cuáles son los problemas comunes entre hombres y mujeres?  
[What are the common problems between men and women?]
- ¿Quiénes influyen el la relación de la pareja? ¿Cómo? ¿Cuál es la reacción de las parejas cuando estas personas influyen?





[Who influences the relationship of the couple? How? What is the reaction of the couple to these influential people?]

¿Por qué motivos terminan las relaciones de parejas?

[What reasons cause relationships to end?]

### TEMA 3. FAMILIA Y SALUD REPRODUCTIVA – Family and reproductive health

¿En las parejas de la comunidad quién decide cuidarse para no tener hijos?

[In couples in the community who decides about preventing pregnancy?]

¿De qué maneras las parejas se cuidan para evitar los embarazos (naturales/modernos)?

[What methods do couples use to prevent pregnancy? Modern/natural]

¿Por qué quieren las personas cuidarse de tener hijos?

[Why do people avoid having children?]

¿Qué dice la gente de las parejas que utilizan métodos modernos de planificación familiar?

[What do people say about couples who use modern methods of family planning?]

¿Quiénes aconsejan sobre planificar la familia (opiniones a favor y en contra)?

[Who influences about family planning? (opinions for and against)]

Ha escuchado de alguien que tenga VIH/SIDA... Cuénteme.

[Have you heard about anyone who had HIV/AIDS? Tell me about it.]

¿En qué situaciones los hombres o las mujeres engañan a sus parejas?

[When do men or women go out of their partnerships?]

### Women's Prompts

#### TEMA 1. VIDA COTIDIANA – DAILY LIFE

¿Qué hacen las mujeres desde la mañana hasta la noche?

[What do women do from morning up until the evening?]

¿Cuándo y dónde hablan las mujeres y de qué hablan?

[When and where do women talk, and what do they talk about?]

¿Qué cosas hacen felices a las mujeres?

[What makes women happy?]

¿Cuáles son sus preocupaciones?

[What do women worry about?]

¿A dónde va para obtener información sobre temas delicados?

[Where do women go to get information on sensitive issues?]

¿Qué es ser una buena mujer/mala mujer?

¿Qué es ser un buen hombre/mal hombre?

[What is it to be a good or bad woman/man?]

#### TEMA 2. RELACIONES DE PAREJA – COUPLE RELATIONSHIPS

¿Cómo se logra igualdad entre esposos (marido y mujer)?

[How do you get equality between spouses?]

¿Qué cosas se puede hablar entre esposos y qué cosas no?

[What can and can't spouses talk about together?]





- Cuénteme cosas sobre el noviazgo. ¿Cómo hacen los novios aquí?  
[Tell me a story about boy/girlfriends. How are these relationships here?]
- ¿Qué sabe de la primera vez que tienen relaciones sexuales y qué pasa? (Hombres y mujeres)  
[What happens the first time that men and women have sex?]
- Problemas comunes entre pareja  
[Common problems between the couple]
- ¿Qué personas se meten en el matrimonio? ¿Qué pasa cuando no se dejan o no hacen caso?  
[Which people influence the marriage? What happens if they don't do what they are supposed to do?]
- Historias sobre las separaciones de pareja.  
[Stories about couples splitting up]

### TEMA 3. FAMILIA Y SALUD REPRODUCTIVA – Family and reproductive health

- ¿Quién decide evitar los embarazos?  
[Who decides to avoid pregnancies?]
- ¿Cuáles son las formas que usa la gente para evitar los embarazos?  
[What methods do people use to avoid pregnancy?]
- ¿Por qué quieren evitar los embarazos?  
[Why do they want to avoid pregnancies?]
- ¿Y qué piensa la comunidad de la gente que utiliza métodos modernos de planificación familiar?  
[What do the community think of people who use modern methods of family planning?]
- ¿Quiénes influyen en la decisión de planificar?  
[Who influences the decision to use family planning?]
- Historias sobre alguien de la comunidad afectado/a con el VIH/SIDA. ¿Hace algo la gente para prevenir el VIH/SIDA?  
[Stories about people in the community affected with HIV/AIDS. Can people do anything to prevent HIV/AIDS?]
- ¿En qué situaciones los hombres o las mujeres tienen las relaciones fuera del hogar? (infidelidad)  
[When do men or women have relationships out of the home?]

#### 11.2 Questions Used to Develop Archetype

Peer researchers were asked the following questions to generate discussion and build an archetype.

**Archetype:**

- What is his/her name?
- How old is he/she?
- Describe what he/she looks like.
- What does he/she wear?
- Describe his/her spouse (briefly)
- Describe his/her home.
- Who does he/she live with?





How many children does he/she have?  
What animals does the family have?  
What are three things he/she can't do without?  
What does he/she carry when he/she goes out?  
What does he/she do really well?  
Who does he/she admire and why?

**Motivation to Process:**

Is he/she currently doing anything to plan his/her family?  
Is he/she currently doing anything to protect himself/herself from HIV/AIDS?



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