



# GUYANA RESPONSIBLE PARENTHOOD ASSOCIATION

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## Monthly Report

**Implementing Partner: Help & Shelter**

**Reporting Month: November 2014**

**Target Region(s): 3 & 4**

**Community Facilitators: Linda Hustler; Colin Marks**

### Overview of the Activities and/or interventions for the reporting period

Session Title	# of Persons Met		Age Range	Site	Community
	Male	Female			
To sensitize participants on benefits of FP; explore methods of available FP and educate on the importance of speaking with the health care providers	1	18	15-25+	Canal # 2 Polder H/C	Canal # 2 Polder
To sensitize participants on benefits of FP; explore methods of available FP; educate on the importance of speaking with the health care providers		10	15-25+	Vive La Force HC	Vive la Force
To sensitize participants on benefits of FP; explore methods of available FP; educate on the importance of speaking with the health care providers		15	15-24	Good Intent H/C	Good Intent
To sensitize participants on benefits of FP; explore methods of available FP; educate on the importance of speaking with the health care providers		24	15-25+	Belle West H/C	Belle West
Benefits of FP, cultural responses to FP, Youth &	4	8	16-40	Patterson Community Centre	Sophia

SRH					
	2	10	19-60	Sophia	Sophia
Gender, intimate partner relationships, SR Rights/Health & Family Planning	1	24	17-40	Sophia H/C	Sophia
Links between family violence, GBV & FP; Exploring FP methods & benefits		29	17-40	Sophia HC	Sophia
Exploring the male role in FP Male involvement in decision making; benefits of SRH; gender norms that influence male roles in FP	9		14-40	Sophia	Sophia

## Major Output

### Achievements; outcomes

- The women were eager to learn and share information. The nurse at the Vive la Force H/C participated fully throughout the session and was able to respond to the medical questions asked. Commitments were made by the women to make FP part of their lives now that they are better informed and health issues would be disclosed to health care providers now that myths were dispelled to some extent. The women also shared that they look forward to the FP sessions and would share what they have learnt with their family, neighbors, friends and especially their partners.
- Participants promised to speak with the health care provider about side effects from FP methods and other health issues like HIV/ AIDS
- At the Canal # 2 polder The medex and nurse were ensuring that the message got around to the community that FP contraceptive pills were available at the H/C
- Participants shared their sentiments of how impacting the sessions were and asked that these be continued in other communities so that other women can be exposed to this information. They further shared that if they had the information on FP earlier they would not have been in some of the situations they are currently facing.
- Participants collected both male and female condoms and one participant shared her experience of using the female condoms disclosing that her husband was also in support of its use. Another participant informed the group that as a result of the information received she encouraged three friends to attend who were all present. Participants agreed that they will speak with their health care provider about FP method which best suits them and all agreed to respect their bodies and take care of their health
- A fair number of the participants at the Good Intent H/C gave commitments to joining the FP clinic. There were more comfortable with the use of the injection as their preferred FP method

- A referral was done to Help & Shelter for one of the participants as she was in need of counselling support
- Pills and FP brochures were distributed at FP sessions held on WBD
- At the end of the session behavioral changes were promised by the women regarding the use of FP and towards better health care for the body
- Pregnant mothers and 1 father attending the Pre-Natal Clinic were educated on sexual & reproductive health and sexual reproductive rights, reinforcing that sexual rights were applicable to both men and women. Aspects of gender stereotyping were also discussed
- Male condoms was the most used method of FP but in the post delivery period the injection was the popular FP option
- Participants described the sessions as educating, good, peaceful, lengthy, lively fine excellent, fun, nice, informative interesting, active, wonderful, detailed, intelligent
- Males in discussing FP felt that - they were not always to blame for women being burdened by too many children in a short space of time, because women must know that they still have control of their bodies; FP was relevant for teens who sometimes have no guidance from home; did not know of so many FP methods existed
- Male and female youth were engaged in discussions on topics which reinforced the benefits of choice, access to information on SRH and the methods of FP, methods illustrated in the FP brochure were shared
- A group of men from North Sophia noted that this was the first time key points about FP, and role a men in FP has ever been discussed with them. They felt that both partners need to better understand their options regarding FP; many men, due to a lack of information, have been influenced negatively on FP and don't always want to hear about FP; sometimes the wife or woman cannot make a choice unless the man agrees or understands what family planning really means; some older women would tell younger women that contraceptive or family planning can contribute to them getting fat, so women also have many problems with using preventative methods effectively; a man would be foolish not to consider FP when he already has a large, and struggling family whose needs cannot be met.
- The majority of female mothers said this was the first time that they were able to identify how DV & GBV was related to family planning; they wanted the men in their lives to get some of this information, 4 of the mothers openly stated that had survived violent relationships; 2 admitted that while they were in a GBV relationship with their former spouse their pregnancy brought about an increase in the manipulative treatment; more women are standing up for themselves now; sometimes it's hard to break the cycle when you have witnessed it in the family in which you were raised
- The intense sharing at the session brought into focus the impact of gender bias and the resulting violations within intimate partnerships which keeps exacerbating the vulnerability of women in decision making process which affect health, education and wellbeing.

## Common Themes

*The common issues encountered, concerns being raised, information gaps.*

- The participants wanted information on number of related FP issues including PTSD and how this occurs; if having a UTI prevents you from joining the FP clinic; if a woman wants only one child would she be able to access female sterilization (getting her tubes tied); If DV affects the unborn child. Facilitator indicated she did not have adequate knowledge on PTSD but would refer this topic to the doctor to address at a later date. On UTI it was explained that the health care provider would have to treat the condition first and then advise on joining the FP clinic. On female sterilization facilitator promised to get further information on this issue and share it. Facilitator explained that DV does affect the unborn child as such a relationship is not a healthy relationship and negotiating, communicating, counseling can help in some relationships but if it abusive, help should be sought early. Agencies that provides help for DV and contact information and directions were given
- Lack of information on FP caused some women to become pregnant earlier than they would have wanted.
- Myths associated with FP and side effects it can have on some women had to be clarified
- The culture of pressuring young women to have children early by older women in the rural communities need to change according to the younger female participants
- In discussing FP, GBV and relationships, participant identified priority issues and elements, which they viewed as their number 1 challenge. These included: Poverty, sex and neglect; Entrapment , choice and protection; Marriage , home and education; Power, safety and decisions; Love, single and violence; Health, safety and relationship; Gender equality, control and tolerance; Male dominance and female submission; Family Planning and Life planning
- Some women were still facing the challenge of deciding mutually with their partners when to keep a pregnancy and the consistent use of a preventative method
- Discussions were centered on: Domestic violence, Gender roles, Family culture, Sexual coercion, Low self-esteem, Youth and sexuality, Gender suppression and manipulation, Peer pressure
- Some person's knowledge of FP was based on myths, while to some there was a taboo associated with any form of contraceptive, culturally reinforced by traditional family practices.
- Other topics discussed were: Gender / Sex; Types of Domestic Violence; Gender roles; Cycle of violence; Cycle of dysfunction; Impact of violence on the family unit; Child abuse; Gender suppression in the family unit
- Some women are raped in their relationship then forced to give birth to the child.

## Major Challenges

- The four month period for sessions was not sufficient to implement the FP programme and get adequate feedback
- At some sessions the snacks were not sufficient so that each participant could benefit

- Snacks were inadequate for the number of participants
- The only challenge was trying to get misconceptions of FP properly understood
- Time management was an issue as participants had to move on to their regular programme, but would have liked to expand the discussions a bit more

### **Recommendations**

- FP programmes need to be implemented for more than 4 months in a calendar year