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A Comparison of the Performance of Male and Female CBD Distributors in Peru

James R. Foreit, Maria Rosa Garate, Alfredo Brazzoduro, Felix Guillen, Maria del Carmen Herrera, and Flor Cardoso Suarez

This report presents the results of an operations research project to increase male involvement in family planning in Peru. Two community-based distribution (CBD) programs, PROFAMILIA of Lima and CENPROF of Trujillo, Peru, recruited male contraceptive distributors and compared their performance to that of female distributors recruited at the same time. Both programs found it harder to recruit men than women as distributors. Program supervisors, who were women, were less comfortable with men than with other women, even though there were no differences in distributor compliance with program norms. Male distributors were more likely to serve male clients and sell male methods (condoms), while female distributors were more likely to serve female clients and sell female methods (pills). Men sold as much or more total couple-years of protection than did women, and they recruited as many or more new acceptors. Gender was found to exert an impact on method mix independent of other distributor characteristics, such as age, education, marital status, and number of living children. The study suggests that family planning programs can influence method mix and client characteristics by recruiting men as CBD distributors.

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In 1981, the International Conference on Family Planning in the 1980s, held in Jakarta, Indonesia, affirmed that men had the same reproductive rights as women, noted that existing services did not reflect those rights, and recommended that priorities for the coming decade include establishing more programs for men. Extending reproductive rights and services to men has important implications for women and for the demographic effectiveness of family planning programs. The increased use of male contraceptives strengthens the rights of women by permitting couples to share the burden of responsibility for family planning. Making male methods available may also raise contraceptive prevalence, because each addi-

tional method attracts new family planning users (Jain, 1989).

The condom is the only available male method that can be used for birth spacing. It is also the only method that offers protection against sexually transmitted diseases (STDs), including AIDS. Nevertheless, few agencies target men, and condoms are among the least popular contraceptive methods. In Peru, for example, fewer than 0.7 percent of couples of reproductive age (15-49) used the method in 1986 (Instituto Nacional de Estadística, 1987).

Community-based distribution (CBD) of contraceptives is an important source of temporary family planning methods in Latin America, but most CBD programs distribute far fewer condoms than oral contraceptives. One limitation to serving men may be that CBD distributors are almost always women. Evidence suggests that the most successful distributors are those who share the same characteristics as their target populations, while the least successful are those who differ greatly from the target group (Rogers, 1973; Repetto, 1977; Azcona et al., 1980). Thus, gender differences between distributors and potential users may limit the sale of condoms. To over-

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come this barrier, some programs have attempted to recruit male CBD workers, but little has been reported about their effectiveness as distributors (Gallen, 1986).

Specifically, family planning organizations need to know if it is feasible to recruit and supervise both men and women, if men and women distribute the same or different method mixes, if they will distribute the same volume of contraceptives, and if they serve the same or different user groups. This report presents the results of an operations research experiment to determine the effectiveness of male CBD distributors in two regions of Peru.

Two private, nonprofit family planning agencies, Promoción de Labores Educativas y Asistenciales en Favor de la Salud (PROFAMILIA) and the Centro Nor-Peruano de Capacitación y Promoción Familiar (CENPROF), participated in the study. Although their CBD programs were administratively similar, they displayed important differences in size, target population, method mix, and distributor characteristics.

PROFAMILIA is located in Lima, Peru's capital and largest city. The CBD program functions in low-income urban areas in the southern part of the city, where the population numbers about 850,000. According to program staff, many clients are from traditional rural backgrounds and are members of non-Spanish-speaking indigenous groups. Distributors are mostly housewives operating out of their own homes. Prospective clients are attracted to the CBD posts by signs on the homes of distributors and through family planning talks in the community.

Prior to the study, the PROFAMILIA CBD program was composed of 185 female and 15 male distributors. Approximately 67 percent of the men and 82 percent of the women had not completed a secondary education. In the 12 months prior to the study, oral contraceptives made up over 75 percent of all couple-years of protection (CYP) distributed, while condoms made up 22 percent, and spermicidal foam and tablets, 3 percent.

CENPROF is located in Trujillo, a coastal city 420 km. north of Lima, with a population of approximately 565,000. Its CBD program is also located in low-income areas inhabited by immigrants from rural areas. Unlike PROFAMILIA, the target population is largely Spanish speaking. CBD distributors include community leaders and students. Prior to the study, the program had 40 female and 8 male distributors, who were generally better educated than their PROFAMILIA counterparts: 67 percent of the men and 44 percent of the women had more than a secondary education. During the 12 months prior to the study, condoms made up almost 63 percent of all CYP distributed, while orals accounted for 22 percent, and foam and tablets, 15 percent.

Methodology

Hypotheses

The study tested three hypotheses: (1) male distributors would sell more condoms and female distributors would sell more oral contraceptives; (2) male distributors would serve more male clients and female distributors would serve more female clients; and (3) male distributors would sell less contraceptive protection than would female distributors. (The last hypothesis was added by administrators and supervisors who felt that men would be less effective than women as CBD distributors.)

Design

An experimental design with one independent variable, distributor gender, was utilized. Dependent variables included quantities sold of condoms, pills, and spermicides, total CYP for all methods combined, number of new clients, and client gender.

Both agencies recruited additional male and female CBD distributors during the period from November 1987 to January 1988. Only these new distributors were included in the study. Men and women were trained together, received the same client information materials and contraceptives to distribute, and were assigned to the same supervisors. Distributors received an 80 percent commission on all sales of oral contraceptives, condoms, foam, and vaginal tablets. Field observation lasted 10 months, from April 1988 through January 1989. Data on the dependent variables were obtained from the distributors' service statistics forms. Both CENPROF and PROFAMILIA used the same definition of new acceptors and CYP.¹

Information on the sociodemographic characteristics of distributors was obtained from agency personnel records. Additional information was gathered from structured interviews with supervisors and from forms designed to record information on recruitment activities.

Results

Recruitment of Male Distributors

The agencies first tried to recruit distributors through group lectures in factories, union halls, and clubs; when doing so proved unsuccessful, they shifted to a strategy of individual recruitment. Virtually all of the PROFAMILIA distributors and 87 percent of the CENPROF distributors were recruited individually by supervisors. Men were more difficult to recruit than were women, especially in Lima. PROFAMILIA enrolled 38 men and 171 women, and CENPROF recruited 52 men and 94 women.

Both agencies found it necessary to hold distributor training on weekends to accommodate the schedules of male recruits.

Supervisor Attitudes

With only one exception, the supervisors in both agencies were women. Further, most supervisors were reluctant to include men as family planning distributors, saying that the activity was “women’s work.” The attitudes of the 19 PROFAMILIA and six CENPROF supervisors are summarized in the remarks quoted below:

“Men only want to sell contraceptives. They don’t want to keep records and give talks.”

“Men are very hard to contact. They don’t work in the community.”

“Men don’t want to do this kind of work. Many are too embarrassed.”

“Men don’t think the work is important.”

“You can’t even talk about the subject [family planning] with older men.”

“It is easier for women to talk to women.”

“Men have less free time to do the work.”

“Men have trouble talking about family planning with women.”

“Women have more users.”

“Men produce less.”

Distributor Compliance

Supervisors in both agencies were concerned that men would be less likely than women to keep records and turn in monthly reports. (Lack of reporting usually indicates lack of contraceptive distribution and inattention to other program activities, and is often used as a proxy for distributor dropout.) We found no statistically reliable reporting differences by gender. Reporting differences between programs were greater than gender differences within the same program. In CENPROF, both men and women turned in 60 percent of their monthly reports. In PROFAMILIA, men turned in 80 percent of the required reports, and women turned in 90 percent of them.²

Contraceptive Sales

The distributions of contraceptive sales were highly skewed: A few distributors sold large quantities, while the remainder were clustered around a much lower sales level. Means were always larger than medians (see Ap-

pendix A). In PROFAMILIA, the standard deviations for most indicators were approximately equal to 1.6 times the value of the means, while in CENPROF the standard deviations for most indicators were approximately 1.5–3.3 times greater than the means. Therefore, we selected the median as the most appropriate measure of central tendency.

Differences between male and female distributors were evaluated with a nonparametric statistic, median test by chi-square. Like all nonparametric tests, this measure is highly conservative.³

Table 1 compares monthly median contraceptive sales and total CYP sold by male and female distributors affiliated with CENPROF and PROFAMILIA. All distributors contributed 10 months of observation. Months when no sales were reported were coded as zero.

In both PROFAMILIA and CENPROF, men sold two times more condoms than did women. Women sold more pills than did men in both programs, but the difference was statistically reliable only for PROFAMILIA. The results for PROFAMILIA distributors confirm the hypothesis that men sell more condoms and women sell more pills; for CENPROF, this hypothesis was partially confirmed. It is interesting to note that there were no significant differences between men and women in sales of female barrier methods, perhaps because sales levels were so low. Men and women distributed equal amounts of CYP in PROFAMILIA, while men distributed more total CYP than did women in CENPROF.

New Clients

Male distributors in PROFAMILIA served a median of 3.2 new clients per month, and women, 2.8. The difference was not statistically reliable. In CENPROF, men recruited significantly more new clients per month than

Table 1 Monthly median sales of contraceptives per distributor, according to the distributor’s gender and program affiliation (PROFAMILIA or CENPROF), Peru

Program and method	Distributor	
	Male	Female
PROFAMILIA	(n = 38)	(n = 171)
Pills (cycle)	3.0	6.5**
Condoms (units)	48.9	23.9**
Vaginal tablets (units)	2.0	3.0
Foam (can)	0.3	0.2
Total CYP (all methods)	1.1	1.0
CENPROF	(n = 52)	(n = 94)
Pills (cycle)	1.8	2.9
Condoms (units)	162.1	87.7**
Vaginal tablets (units)	27.7	25.5
Foam (can)	0.2	0.7
Total CYP (all methods)	2.8	1.8*

*p < .05

**p < .01

Note: A unit of condoms = 1 condom; a unit of tablets = 1 tablet.

did women, a median of 6.2 compared with 4.2, respectively.⁴ These results, together with the findings on total CYP, fail to support the hypothesis that male distributors would sell less contraceptive protection than would female distributors.

User characteristics

Hypothesis 2 predicted that male distributors would serve more male clients, and female distributors, more female clients. This was confirmed in CENPROF: Male clients accounted for 74 percent of sales by male distributors, while 71 percent of sales by female distributors were made to women. In PROFAMILIA, both male and female distributors served a largely female clientele. However, men accounted for 39 percent of sales by male distributors but only 13 percent of sales by female distributors. Both differences are statistically reliable.⁵

Distributor Gender vs. Sociodemographic Differences

Male and female distributors also differed on several sociodemographic factors other than gender. Male distributors were younger, better educated, less likely to be married, and had fewer living children than female distributors. Therefore, it is possible that any one of these differences rather than gender *per se* was responsible for the observed differences in performance. We reasoned that if a factor other than gender were responsible for the differences observed between men and women, it should also have the same systematic influence on within-gender performance differences.

None of the variables examined (age, education, marital status, or living children) produced statistically reliable differences in male distributor performance. Similarly, none of the variables influenced female distributor performance in PROFAMILIA. Among female CENPROF distributors only one factor, education, had a significant impact on one performance indicator, total CYP.

Discussion

The results have important implications for programs that seek to increase male involvement in family planning. In two different settings in Peru, male distributors were more likely to serve male clients, and female distributors were more likely to serve female clients. There were no gender differences in distributor compliance with program norms, and gender was found to exert an impact on method mix independent of other factors. Contrary to expectations, men sold as much or more total CYP than did women, and they recruited as many or more new clients.

These findings indicate that men can be effective CBD distributors. The study suggests that CBD programs can influence method and client mix by recruiting more men as distributors. Finally, the results also demonstrate that successful programs for males can be incorporated within existing CBD structures and do not require special training or client materials.

However, we also found that men were more difficult than women to recruit as CBD distributors, and that female supervisors were less comfortable working with male distributors than with other females. Males may be more difficult to recruit than females because they are more likely to be employed and have less time to volunteer, or because the small commissions available from selling contraceptives do not attract them. It is also possible that the female staff and women's health orientation of CBD programs discourage male participation. The use of male supervisors might make men easier to recruit as distributors and make supervisor-distributor relations less difficult. Future operations research should focus on discovering successful strategies for recruiting men as CBD distributors and for supervising them once recruited.

Appendix

Appendix A Male and female distributors: Monthly means and standard deviations per distributor

Distributor and method	Male		Female	
	Mean	SD	Mean	SD
PROFAMILIA				
Pills	4.2	4.8	8.2	7.2
Condoms	66.7	59.6	36.9	52.5
Vaginal tablets	8.9	14.2	5.5	7.1
Foam	0.6	0.8	0.7	1.1
Total CYP	3.3	0.8	2.0	0.9
CENPROF				
Pills	2.2	4.0	4.4	14.4
Condoms	237.0	511.4	111.1	262.5
Vaginal tablets	70.7	143.9	38.5	59.7
Foam	1.0	1.7	1.2	1.3
Total CYP	3.3	5.8	2.0	3.1

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Notes

- 1 A new acceptor is a person who takes a method from the program for the first time. Thirteen cycles of oral contraceptives = 1 CYP; 100 condoms or 100 vaginal tablets = 1 CYP; 5 cans of foam = 1 CYP.
- 2 To determine if men were less likely than women to report, we divided the number of reports of each promoter by the number of months he/she was eligible to report.
- 3 The median test by chi-square is a distribution-free method of testing for statistical significance. It determines whether the median of a variable is the same in different independent samples defined by a grouping variable. Measurables are ordered into two intervals, above or below the median of the combined samples. The significance of the difference is tested by chi-square. (See Peatmen, 1963.)
- 4 $\chi^2 = 4.1$; $df = 1$; $p < .05$
- 5 PROFAMILIA: $\chi^2 = 16.5$; $df = 1$; $p < .01$
CENPROF: $\chi^2 = 39.4$; $df = 1$; $p < .01$

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