

**Family Planning for Migrant Farmworkers of  
Mexican Culture: Implementation of a Framework  
for Action**

FAMILY PLANNING FOR MIGRANT FARMWORKERS

OF MEXICAN-CULTURE:

IMPLEMENTATION OF A FRAMEWORK FOR ACTION

COLORADO DEPARTMENT OF HEALTH  
MIGRANT HEALTH PROGRAM.

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## COLORADO MIGRANT HEALTH PROGRAM

INTRODUCTION

The Colorado Migrant Health Program (CMHP) is responsible for assuring the availability, accessibility and appropriateness of health services for approximately 30,000 migrant and seasonal farmworkers and dependent family members. The target population is 97 percent (97%) Hispanic (Mexican-culture), 60 percent (60%) monolingual (Spanish), and 99 percent (99%) below federal poverty income level. Health services, provided in 26 counties, include comprehensive health care related to medical, dental and nutrition problems.

STATEMENT OF NEED

In 1983, CMHP initiated a pilot study to document the incidence of significant risk factors reported by pregnant migrant women entering Colorado. Interviews with 241 women over a two year period, 1983-1984, confirmed the suspicion that high risk pregnancies are a serious problem among migrant women. More specifically, 27 percent (27%) of the pregnant women had had more than one closely-spaced pregnancy; 22 percent (22%) had had five or more pregnancies; 9 percent (9%) were age 35 years and older; 9 percent (9%) were under 18 years. 25 percent (25%) of the women reported having had one or more fetal deaths (miscarriages, abortions and stillbirths); 10 percent (10%) had had at least one child die during the first year of life. Over one-third (36 percent) of the women stated that their present pregnancy was not planned nor had they taken any means to prevent the pregnancy.

Subsequent interviews with migrants related to family planning revealed that many obstacles existed for those who wanted to space their children or terminate childbearing. These obstacles were primarily lack of understanding or misunderstanding of the methods available, including their accessibility and utilization, financial constraints, and social pressures from spouse and other relatives. Most of the women expressed the hope that their daughters would have fewer children than they had had. Many of the women and their male partners expressed a great deal of interest in learning more about family planning and would have attended educational sessions in the migrant camps, if available. Of special interest to them was information related to different family planning methods, their affordability, availability and accessibility.

Health providers face a major dilemma in planning family planning services for migrant farmworkers of Mexican-culture in that the available service delivery information is inadequate. While family planning encounters of both migrants and seasonals are counted each year, little is known about service demands or service outcomes and even less is known about individual or family satisfaction with the outcomes. Studies completed in Mexico and along the southwestern border of the United States provide some service utilization information, but none of it is specific for ~~the~~ migrating populations and little is focused on outcomes.

Of particular concern to migrant health administrators are the kinds of family planning services which are most effective and acceptable to migrants, and the existing obstacles or deterrents which prevent migrants from taking full benefit of the available services. Experiences in developing countries indicate that a complementation of both clinic-based and community-based services can be effective for the delivery of family planning information and methods. The role and functions of community-based family planning promoters or outreach workers have not been well established in this country, either in conjunction with a community or migrant clinic or with other traditional community resources, e.g. private physicians or family planning clinics. It is essential that innovative service delivery models be tested in order to better serve the unique needs of this population and facilitate program planning nationwide for Mexican-culture migrant women at risk, their male partners, and adolescents.

The Colorado Migrant Health Program has not previously attempted to train community health workers or family planning promoters to extend family planning information and services into migrant homes, camps and work places. Our own area coordinators and community health workers who completed the interviews for the maternity study would be directly involved in this project along with males whom they would recruit. Each of these area coordinators in Avondale/Pueblo, Rocky Ford, and Granada/Lamar has expressed a great deal of enthusiasm for the family planning project, recognizing that many of the pregnant women they interviewed had not wanted to become pregnant.

A special effort to reach adolescents with family planning information is a new commitment for CMHP. Most health service and health education providers for this population are in agreement that early outreach is essential. An innovative program, Life Choices Club initiated by Big Sisters of Colorado, Inc., brings small groups of young girls together in an after-school club environment. Group discussions led by trained leaders focus on decision-making issues related to careers, sexuality, family planning, alcohol and drugs. The program has measured outcome success in increasing inner locus of control in girls ages 11-13 from all socioeconomic strata. In preliminary discussions with the Colorado Migrant Education Program, a tentative agreement has been made to train <sup>two</sup> ~~one~~ migrant education teacher~~s~~ as a group leader~~s~~ who will function collaboratively with the CMHP to offer the Life Choices Club as an afternoon school activity in Fort Lupton in 1985. If successful, this offering will be an ongoing summer collaboration between CMHP and the Colorado Migrant Education programs.

Of <sup>particular</sup> ~~special~~ interest to CMHP and Big Sisters of Colorado will be the piloting of a Life Choices Club for boys. The concepts of choices and inner control over life's experiences and contraception are not only female issues. The need for young males to know more about family planning methods, the health risks for their adolescent female partners, and male responsibility in contraception is becoming recognized but no effective models are available to meet the need. Action is clearly necessary at this time to reach adolescent males, provide appropriate information and evaluate their needs for both community-based and clinic-based services.

~~XXXXXXXXXX~~

For the purposes of this project, a woman at risk is defined as a woman who demonstrates any of the following:

1. Childbearing over 35 years.
2. Childbearing under 18 years.
3. Multiparity (over four (4) births).
4. Births spaced less than two years apart.
5. Pre-existing disease conditions.

## GOALS AND OBJECTIVES

In a formal effort to better serve the family planning needs of migrant farmworkers, the Colorado Migrant Health Program developed a manual in 1984 for migrant health providers and administrators, "Family Planning for Migrant Farmworkers of Mexican-Culture: A Framework for Action" (Appendix A). This book is the result of one year of research carried out in the United States and Mexico, including reviews of the literature and discussions with health care administrators, health care providers, and migrants to identify effective family planning strategies. Focusing on the unique contraceptive needs of Mexican-culture women, adolescents, and males, the book presents the latest information and related principles which must be considered in any attempts to serve these groups.

In conjunction with this manual, a project was developed to reach migrant women at risk and their male partners, and adolescent boys and girls. The individual components of this project are as follows:

1. A community-based component which provides family planning services in non-clinic settings by trained community health workers in conjunction with clinic and private family planning services.
2. The summer youth component which provides family planning education for adolescent girls and boys in club settings.

The overall goal for the two components is as follows:

Increase the availability of culturally sensitive family planning services directed to the specific needs of Colorado's migrant and seasonal farmworker population of Mexican-culture, to include women in jeopardy for high risk pregnancies, their male partners, and adolescents.

These two service delivery components will be initiated in Colorado in two stages: Stage I beginning in May of 1985 and continuing through October of 1985, and Stage II beginning in May of 1986 and continuing through October of 1986. CMHP funds will provide start-up monies for the period May-June, 1985 and will also provide a portion of the necessary funding throughout the duration of the project. The following narrative will describe each of these model projects separately and in detail.

### A. Community-Based Component for Women at Risk and Their Male Partners

#### Objectives:

1. Establish a baseline for RFP among seventy percent (70%) of migrant women determined to be at risk and their male partners by 10/31/85.
2. Identify community resource utilization by migrant women at risk and their male partners referred to community resources by 10/31/85.
3. Increase by thirty percent (30%) the knowledge of sixty percent (60%) of migrant women at risk and their male partners about methods of family planning between 5/1/86 and 10/31/86.
4. Increase the number of migrant women at risk and their male partners who are new acceptors of family planning by twenty-five percent (25%) between 5/1/86 and 10/31/86.

NUMBER OF CLIENTS TO BE SERVED:

Year one (1) we will establish a baseline KAP for 110 migrant women who are identified as at risk and 80 male partners. We will refer 70 migrant women at risk and their male partners to community resources and provide follow-up on these referrals to determine outcomes.

Year two (2) we will serve 120 migrant women who are identified as at risk and 90 male partners.

Description of Population:

These women will be identified as at risk at point of intake within the CMHP in the Arkansas River Valley, i.e. Pueblo, Otero, Crowley and Prowers Counties.

Service Delivery Sites:

This component will be carried out through CMHP area offices in Avondale, Rocky Ford, Lamar and Granada.

Description of Services Offered:

In year one (1) community-based family planning services will be provided, including: risk assessment, administration of KAP Questionnaires, identification of family planning needs, and referral to appropriate community resources. Non-prescription supplies will be available upon request from community health workers. Physicians, nurses, nurse practitioners, and health educators at community and migrant clinics, family planning clinics and private offices will provide medical risk counseling, family planning counseling, examinations, contraceptive prescriptions, and medical interventions. In year two (2), trained male and female family planning promoters will provide client-specific information/education for both men and women in individual, family and group settings. ~~and continue~~ All activities initiated in year one (1) will continue.

Planned Activities and Timetable:

Year One (1)

1. Identify women at risk who are eligible for participation in the project by such means as:  
a) screening of migrant women by area coordinators upon admission to the CMHP at the area offices in the Arkansas River Valley; b) screening of migrant camp residents by area coordinators. 5/85 - 10/85
2. Administer KAP pre-test to women at risk and their male partners. 5/85 - 10/85
3. Refer women at risk and their male partners to appropriate community services for further medical evaluation, medical risk counseling, and appropriate services. 5/85 - 10/85
4. Follow-up of referrals to community resources to determine outcomes. 5/85 - 10/85
5. Analyze KAP Questionnaires to determine baseline for knowledge, attitudes and practices of men and women related to family planning. 11/85

6. Analyze resource utilization data to determine community referral outcomes. 12/85 - 2/86
7. Prepare all final reports for year one. 2/86

Year two (2) will incorporate all the activities initiated in year one and additionally:

1. Train bilingual family planning promoters in principles and methods of family planning. 2/86 - 5/86
2. Provide family planning information/education and counseling to men and women in individual, family and group sessions. 5/86 - 10/86
3. Administer KAP post-test to women at risk and their male partners prior to departure from the area. 5/86 - 10/86
4. Survey area coordinators, family planning promoters, and community resource professionals for their perceptions of project successes, shortcomings, and obstacles. 10/86
5. Prepare all patient-centered documents related to the project for data entry and computer analysis. 11/86
6. Analyze the KAP pre-tests and post-tests, the data related to new acceptance of family planning services, and the data related to continuation of family planning services. 12/86 - 2/87
7. Prepare all final reports for year two. 2/87

#### Evaluation Plan:

The evaluation plan incorporates an analysis of KAP data and community resource utilization data generated by women at risk and their male partners. In the first year, the focus will be on establishing a baseline for KAP among women at risk and their male partners and determining facilitators and barriers related to community resource utilization. The latter will be based on follow-up information provided by structured interviews with the area coordinators and service providers. Based upon this evaluation, strategies for the utilization of community resources in the second year will be revised.

In the second year, pre and post KAP questionnaires will identify measureable changes in knowledge, attitudes and practices of the women at risk and their male partners. This data will be correlated with demographic and service utilization information to determine the effectiveness of trained family planning promoters in working with both migrant men and women in community settings. The analysis will identify differences between new acceptors and non-acceptors of family planning and differences between continuing users and discontinuing users of family planning.

B. Summer Youth Project for Adolescent Girls and Boys

Objectives:

1. Increase by 20 percent (20%) the perception of self control that sixty percent (60%) of migrant girls ages 11-13 and boys ages 12-14 in youth club settings, have over choices related to life experiences, including sexual activity and family planning, as measured by standardized tests of locus of control.
2. Increase by 30 percent (30%) the knowledge of 60 percent (60%) of migrant girls ages 11-13 and boys ages 12-14, in youth club settings, about family planning methods.

Number of Clients to be Served:

Year one (1) we will serve 28 girls who are interested in joining summer "Life Choices Clubs" in two sites.

Year two (2) we will serve an additional 94 girls and pilot a project for 36 boys in three sites.

Description of Population:

The girls, ages 11-13, and the boys, ages 12-14, will be recruited from eight of the sixteen migrant summer education sites throughout Colorado.

Service Delivery Sites:

In year one (1) the clubs will be organized in Fort Lupton and Brighton. In year two (2) the service delivery sites will be selected from the 15 established Colorado Migrant Education sites throughout the state. These are: Brighton, Longmont, Fort Lupton, Greeley, Boulder, Fort Collins, Fort Morgan, Sterling, Burlington, Lamar, La Junta, Pueblo, Alamosa, Grand Junction and Olathe.

Description of Services Offered:

Family planning information/education will be integrated into a broader program developed by Big Sisters of Colorado, Inc. entitled, "Life Choices Clubs". Meeting on a regular basis of at least twice a week, young girls will discuss choices related to life experiences, including sexuality and family planning. The latter will include information associated with body parts, physiology, and family planning principles and methods.

Planned Activities:

Year One (1)

1. Train two bilingual Migrant Education Program teachers from Fort Lupton and two bilingual adults from Brighton in the role and functions of Life Choices Club leaders.



2. Recruit girls, ages 11-13, in the Migrant Education Programs in Brighton and Fort Lupton for participation in the Life Choices Clubs. 6/85
3. Administer a standardized test of locus of control and a test of knowledge related to family planning appropriate for this age group. 6/85
4. Provide leadership for 24 group sessions of the youth club. 6/85 - 7/85
5. Administer a post-test to identify changes in perception of self control and knowledge about family planning. 7/85
6. Prepare a final report for year one. 3/86

Year two (2) will incorporate all the activities initiated in year one and additionally,

1. Recruit boys, ages 12-14, from the Migrant Education Programs at two sites to participate in a pilot project in "Life Choices Clubs". 6/86
2. Administer a standardized test of locus of control and a test of knowledge related to family planning appropriate for this age group. 6/86
3. Administer a post-test to determine changes in perceptions of self control and knowledge about family planning. 7/86
4. Expand the girls' clubs to eight Migrant Education Program sites 6/86
5. Prepare all final reports for year two (2). 3/87

#### Evaluation Plan:

The effectiveness of the youth clubs in perception of self control and increasing knowledge about family planning will be based upon pre-tests and post-tests administered to the club participants. These results will be correlated with other demographic data and attendance data. These objective quantitative tests will be supplemented with qualitative data collected from both adolescents and leaders at regular intervals during the series of group meetings. Based upon these evaluations, overall strategies for the implementation of the youth club objectives will be revised as necessary to improve project outcomes in year two.

BUDGET NARRATIVE

A. Community-Based Component for Women at Risk and Their Male Partners

Personnel

a.) Project Coordinator/Evaluator

This position will be filled by Carla Littlefield, M.S., Nursing, Ph.D. Cultural Anthropology. Dr. Littlefield will be paid at the rate of \$21.00 per hour which is commensurate with rates established by the State Personnel System. She will develop all data collection instruments, train Community Health Workers and male Family Planning Promoters, prepare information for data entry, analyze data, and prepare evaluation and program reports. Fifty-two person days are estimated for these tasks.

b.) Male Family Planning Promoters

Bilingual males will be recruited in each service delivery site and trained to perform this function outside of regular work hours. It is estimated that each of the 80 male partners will have four contacts with the Family Planning Promoter, each lasting about two hours including travel time. These contacts will involve two sessions for administration of the pre and post-KAP Questionnaires, and two sessions for referrals and follow-ups, and information/education.

c.) Fringe Benefits

Paid at 16 percent, this cost is for the Community Health Worker only and will be paid by the Migrant Health Program. As a contract employee, Dr. Littlefield does not accrue fringe benefits.

Travel

a.) Project Coordinator/Evaluator

Based Denver, It is estimated that this position will require four on-site visits during the project year. Each trip is estimated at \$175.00 (includes travel, lodging, and meals).

b.) Male Family Planning Promoters

It is estimated that each Family Planning Promoter will travel twenty miles per contact with the 80 male partners. Four contacts for each male partner at .22/mile totals:  
 $320 \times 20 \text{ miles} \times .22 = \$1400.00.$

## Drugs and Contraceptives

Three hundred (\$300.00) dollars is requested for this item. These items will be made available to patients through Community Health Workers and Male Family Planning Promoters.

## Physician Services

It is anticipated that each of the one-hundred-ten women will have at least one physician contact for the purpose of medical risk counseling. Male partners will be encouraged to attend this session. This will cost an average of \$27.00.

## Additional Project Costs Support by CMHP Grant (PHS Section 329)

### a.) Community Health Worker

This position will actually be filled by three bilingual persons located in Avondale, Rocky Ford and Granada who are already employed by or under contract with the Migrant Health Program. Their combined time will represent .20 FTE. Their travel in conjunction with this project will average 40 miles per week for 24 weeks. Travel is reimbursed at the rate of .22/mile for a total of \$640.

### b.) Laboratory

Seventy Pap smears at \$2.25 each or \$157.50 total.

Fifteen gonococcal cultures at \$3.95 each or \$59.25 total.

B. Summer Youth Project for Adolescent Girls and Boys

Personnel

a.) Project Coordinator/Evaluator

This position will also be filled by Dr. Carla Littlefield at rates similar to the other two components. She will develop all data collection and evaluation instruments, training of group facilitators in data collection, program evaluation, development of male adolescent materials, presenting program to State Board of Education. *Thirty-nine <sup>program</sup> days are estimated for these tasks.*

b.) Big Sisters of Colorado, Inc. Consultant

The Big Sisters Consultant will train the four group facilitators and provide on-site consultation during the groups. The amount requested is one-half the usual and customary rate charged for this activity because it also includes home visits with the families of the girls in Brighton and training of the teachers in Fort Lupton to handle this function.

c.) Group Leaders (Brighton)

Two group leaders who are former migrants will be identified. Each will be paid \$6.00/hour for forty-eight contact hours.

Travel

a.) Project Coordinator/Evaluator

Travel is estimated at 150 miles per week for 10 weeks. Reimbursement at .22/mile.

b.) Big Sisters Consultant Travel

Travel estimated at 75 miles/week for 10 weeks. Reimbursement is at .22/mile.

Supplies

Supplies and program materials are estimated at \$265 per group. This is based on Big Sisters experience.

In Service Training

The Big Sisters charges \$230 for manuals and training for two leaders, \$40.00 for each additional leader trained (2) and \$14.95 for each additional manual. Total cost for training 4 group leaders and 2 additional manuals is \$340.

NOTES: The budget presented above is for year one only (July 1, 1985 - June 30, 1986). Cost per client served will decrease substantially for the adolescent project in year 2 and costs for the first two components will remain approximately the same.

Budget items not included are surgical procedures related to tubals and vasectomies.

COLORADO DEPARTMENT OF HEALTH  
 Family Planning Program  
 Special Initiative Request  
 Budget for July 1985 - June 1986

Project: Family Planning for Migrant Farmworkers - Component A. Community-Based Program

Category	Special Initiative Funds	Patient Fees & Donations	Local Support	Total
PERSONNEL            % FTE				
Pjt. Coord/Evaluator .20	8,736			8,736
Male Family Planning Promoters (3 individuals; 8 hours/male x 80 males x \$5.00/hour	3,200			3,200
Subtotal				
FRINGE                %				
TRAVEL				
Project Coordinator/Eval.	700			700
Male Family Planning Prom.	1,400			1,400
EQUIPMENT				
SUPPLIES				
Clinic				
Educational				
Office				
Drugs & Contraceptives	300			300
CONTRACTUAL				
Physician Services	2,970			2,970
Laboratory Services				
Pharmacist Services				
OTHER				
Rent				
Inservice Training				
Telephone				
Custodial				
Insurance				

COLORADO DEPARTMENT OF HEALTH  
 Family Planning Program  
 Special Initiative Request  
 Budget for July 1985 - June 1986

Project: Family Planning for Migrant Farmworkers - Component B. Summer Adolescent Program

Category	Special Initiative Funds	Patient Fees & Donations	Local Support	Total
PERSONNEL            % FTE				
Pjt. Coordinator/Eval. (.15)	6,552			6,552
Big Sisters Consultation	1,200			1,200
Group Leaders (Brighton)	576			576
Subtotal				
FRINGE                %				
TRAVEL				
Pjt. Coordinator/Eval.	330			330
Consultant travel	165			165
EQUIPMENT				
SUPPLIES				
Clinic				
Educational	530			530
Office				
Drugs & Contraceptives				
CONTRACTUAL				
Physician Services				
Laboratory Services				
Pharmacist Services				
OTHER				
Rent				
Inservice Training	340			340
Telephone				
Custodial				
Insurance				