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Owing to various obstacles and limiting factors, the Family Planning Association of Puerto Rico developed an approach to community action for family planning using volunteers. The various elements in this form of community organization are analyzed.

A FAMILY PLANNING PROGRAM USING VOLUNTEERS AS HEALTH EDUCATORS

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PUERTO RICO is constantly striving to offset the limitations that nature has placed upon the welfare of its people. Its very limited natural resources and its constantly growing population are at the roots of most of its problems. A continuing high birth rate* and a rapid drop in the death rate to one of the lowest in the world (less than 7 per 1,000 population) have given it a population density close to 15 times that of the United States. The 1960 census showed 2,349,544 inhabitants in Puerto Rico with a population density of 684 persons per square mile. The population would have been near the 3,000,000 mark had it not been for the emigration of half a million Puerto Ricans during the previous decade. The heroic efforts to promote industrialization have been successful in raising the levels of living of the people through better paying employment. However, we have not succeeded in providing increased employment because other sources of work have been lost through the introduction of mechanization and other factors. The number of work opportunities has re-

* At the beginning of the century the birth rate was between 45 and 50 according to estimates. In 1950 it was 38.7 and from then on it started declining until 1958, at which time the birth rate stopped at 32 for three years. In 1961 the declining tendency was reinitiated with a birth rate of 31.

mained substantially the same as 20 years ago. Our rate of unemployment ranges from 10 per cent to 15 per cent. Health, education, welfare, housing, and other community services have overwhelmingly more demands than can be satisfied.

In the face of an increasing population problem and for the protection of the health of mothers and children, the Legislature of Puerto Rico passed two laws† in 1937 which lifted the ban on contraception and authorized the secretary of health to provide contraceptive services in the public health units and maternity hospitals in the island.

There is a popular saying that "you can lead a horse to water but you can't make it drink." This saying can be applied to the problem of providing contraceptive services in Puerto Rico. At the time the laws were passed there was a great deal of opposition to contraceptive programs and there still is a strong opposition. Part of the opposition stems from religious objections, a large part from ignorance and apathy, and another part from a weakness in human nature—hypocrisy. Apparently these factors were not taken sufficiently into consideration when the public contraceptive program was initiated by the Department of Health. There was no

† Laws 33 and 136 of 1937.

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mass educational program prior to its inclusion in the health units nor has there been since that time, except for the work during the past few years of the Family Planning Association. The services have led a very precarious life depending on the convictions of the individual commissioner of health, the heads of the maternal and child health programs, and the physicians, nurses, and social workers at the local level.

The Catholic Church has been very aggressive in its opposition to family planning services. By means of spiritual retreats and other devices it has been influencing physicians and other medical personnel as well as key leaders in government, business, and other professions.

It has been necessary to dwell on this background in order that the reasons for the existence of a private organization in the field of family planning and its methods of work be better understood.

The Family Planning Association of Puerto Rico

The weaknesses of contraceptive services in the Department of Health led a group of demographers, university professors, a few heads of public agencies, a very few physicians, and some other interested individuals to transform the existing Association for Population Studies into the Family Planning Association of Puerto Rico (Asociación Puertorriqueña Pro Bienestar de la Familia) in 1954. The following year funds were secured for a limited program covering educational work and some services. Early in 1956 the Oral Contraceptive Pill Project was started under the auspices of the Worcester Foundation for Experimental Biology and Medicine. In the second half of that year an ambitious program directed to the reduction of the island's birth rate was begun under the auspices of the Sunnen Foundation. Various methods of

operating the program were tried and discarded until, in November, 1959, we began a different approach, which I will outline.

The Agency Program

The activities of the program may be broken down under the following headings:

1. Educational.
2. Direct services.
 - a. Distribution of contraceptives.
 - b. Assistance with sterilizations.
 - c. Infertility services.
3. Medical and social research.

Structure

There is a Board of Directors to determine policy and give general direction to the program. There is a central office which includes the executive director, the medical director (an endocrinologist) and a gynecologist, a director of education and supervision, two general field supervisors, and a business manager. There is one part-time employee in charge of our monthly newspaper and other publicity activities. For the work of the San Juan Metropolitan Area there is a receptionist and two area supervisors. The workers connected with the research projects are located in the Central Office. In addition to the Central Office, there are 19 area offices each serving three to four municipalities and covering urban and rural regions. There is an area supervisor for each one of these areas. There is a corps of 1,400 volunteer "leaders" who carry the family planning message and contraceptive materials directly to the users in slums, housing projects, and all over the island.

The Area Supervisors

If we had had our choice, we probably would have preferred as area supervisors trained health educators or social workers from the field of community organization. The supply of these

professionals, however, is very limited and we could not offer the salaries or the tenure to lure away those already employed with other agencies. The fact that this work is disapproved by the Catholic Church limits us in the selection of our employees. The constant traveling required and the hardships connected with it bring additional limitations to the selection. The job demands skills in dealing with people and physical and moral stamina. Our employees have to stand attacks by the Catholic Church and by Catholic community leaders, and it is very hard for people to withstand such pressures in small communities where contact is so close.

Most of our area supervisors come from the teaching, nursing, and public welfare fields. The remainder include salesmen, insurance agents, an auditor who has been in politics, and two civic leaders. At present there are 8 men and 12 women (one area is vacant). For their appointment we require that the candidates have ability to deal with people, strong convictions on the importance of birth control—and a backbone to stand up under attacks by the opposition!

Responsibilities of the Area Supervisors

The promotion of the family planning program in their areas is the basic responsibility of the area supervisors. In connection with this, they:

1. Identify key people in each community and enlist their interest in the program.
2. Hold meetings and carry on educational activities.
3. Recruit, train, and supervise volunteer leaders.
4. Supply contraceptives to the volunteer "leaders" and directly to those persons who apply at their offices.
5. Screen and refer to the proper facilities clients requiring sterilization or other forms of contraception that need medical handling.
6. Organize chapters of the association.

An area supervisor undergoes a short training period at the Central Office before starting work in the field. Once a month all the area supervisors meet at the Central Office for an all-day training and reporting session. Two field supervisors oversee the work of the area supervisors through reports and frequent visits.

How the Area Supervisors Find Leaders

As soon as the area supervisors begin work in an area they interview people in key categories: the mayor, the superintendent of schools, directors of health and welfare agencies, presidents of civic organizations, parent-teacher associations, agricultural extension agents, labor leaders, farmers, merchants, and others who know well large numbers of persons in the community. After acquainting them with the program the area supervisors ask for suggestions for people suitable to become volunteer leaders. They visit these candidates who, if they accept—and prove acceptable—are then given specific instructions on the details of the program. Some leaders are recruited from among those who come to local offices to seek contraceptive methods. Still others come to the attention of the area supervisor in the course of educational meetings and are visited in their homes after they have signified their interest in serving their neighbors. Leaders themselves may refer good candidates to the area supervisors. Lastly, whenever there is a populated region and no leader in sight, the supervisors simply visit several persons in that sector and from among these select the one best suited. Leaders must be known to the members of their community and have their respect, must believe in the program, and must have a spirit of service.

At the beginning of the program and in an effort to cover all the ground as quickly as possible, our supervisors

would recruit leaders during educational meetings and give them the material and general instructions whenever these persons, carried away by the enthusiasm of the moment, would offer their cooperation. In too many cases this did not work out well because leaders need more orientation on the program than is possible in the kind of general meetings held in the communities, and they must give more deliberation to the step they are taking.

At present the supervisors visit interested individuals and give them detailed explanations on the program and information on contraceptive methods, especially on the contraceptive they will distribute.* The leaders decide on the particular kind of approach they will use to find and enlist their cases.

The Volunteer Leaders

There were not and could not be sufficient funds to establish clinics with paid personnel to cover the whole island. It was necessary to depart from the traditional clinic approach generally used in family planning programs and devise ways to effect the mass distribution of contraceptives. Reaching out for prospective users of contraception was a "must," because both slum and country people with large families who have the greatest need for the service are the ones who find it most difficult to get to the clinics. It occurred to us also that the plain, simple talk of a friend or a respected acquaintance had greater likelihood of being listened to than would be the talk of a handful of clinic employees. The fact that the person giving the family planning message and providing the contraceptive gets no material gain gives added influence to what they say. In addition, the 2,800 feet of the 1,400 volunteer "leaders" can cover the ground better than can the 42 feet

* Emko, a vaginal foam of proven effectiveness and high acceptability.

of the 21 area supervisors. When the jeep cannot go any farther the feet can continue the climb.

Who Are the Volunteer Leaders?

In an analysis of data sent by 18 of the 20 areas on 1,210 of their volunteers, we find the following distribution:

1. Sex:	
women	956
men	254
2. Nature of area:	
urban	484
rural	726
3. Age:	
under 21	15
21-30	379
31-40	453
41-60	327
61 and over	36
4. Education:	
no schooling	32
1st- 3rd grade	138
4th- 6th grade	325
7th- 9th grade	265
10th-12th grade	308
college and over	142
5. Occupations:	
housewives	490
merchants	122
assistant nurses	66
school lunchroom matrons	64
graduate nurses	45
assistant midwives	39
druggists	37
secretaries	34
factory employees	33
spiritualists	24
milk station employees	24
clerks	21
physicians	21
teachers	20
salesmen	19
small farmers	19
dressmakers	19
chauffeurs	13
beauticians	12
janitors	12
storeclerks	7
public assistance workers	6
electricians	6
barbers	5
firemen	5
cooks	4

mayors	3
social workers	2
tenders of fighting cocks	2
policemen	2
agronomist	1
legislator	1
high priestess of a sect	1
probation officer	1
others	30
6. Religious affiliation:	
Catholics	982
Evangelicals	88
Free thinkers	68
Spiritualists	22
Lutherans	9
7th Day Adventists	8
Presbyterians	7
Unity	6
Pentecostals	5
Methodists	4
Other denominations	11

How Leaders Find Cases

1. Small, informal meetings in the leaders' own homes. The area supervisor generally attempts to aid in the orientation of the group, but the leader has the initiative for the invitation.

2. The leader visits prospective cases judged to have a need for family planning.

3. Users refer friends or acquaintances to leaders.

4. Many people who have found out that the leader has a supply of contraceptives take the initiative and come in to ask for it directly.

5. Some leaders do not need to go out and visit because by the very nature of their work they are constantly in contact with many people; nutritionists, physicians, nurses, seamstresses, public car chauffeurs, and the like, are included among these.

6. Some few leaders living close to a thoroughfare or mountain path will approach anyone who happens to walk by their door!

7. Cases which have applied at the local area office for contraception are sent to leaders (if one lives in their

neighborhood) by the area supervisors unless another form of contraception is indicated.

Supervision of the Leaders

Leaders are visited monthly by their area supervisors unless they live in very inaccessible locations. Then the lapse between visits is longer. Making this visit a source of satisfaction and not a threat to the leader is a point stressed in the training of the area supervisors. Identification with the supervisor grows with the relationship. A feeling of the importance of the job being done by the leader and the importance of the leader to the association, the supervisor's concern for the leader's welfare, the use of little ways of showing recognition for what the leader is doing—these all play a part in the methods used to maintain the interest and satisfaction of the leaders in their work. During the visits the supervisor secures information on the number of cases served during the month, the number of cases that have stopped using the method, and discusses with the leader any difficulties that may have arisen.

Records

The leader keeps very simple records. He has a notebook in which he writes the name of each case and the date on which the contraceptive is given. There is also space to include the date and reason for the closing of a case. The area supervisor and the field supervisor may write observations at the back of the notebook, commending the work or making suggestions about it. The area supervisor keeps a copy of the leader's record and it is well that this is done because notebooks are often lost or used by children. A large card to substitute for the notebook will soon be put into use.

The association has an individual

card on each leader and carries a record of the distribution of contraceptives made by each one. The area supervisor keeps a copy of this card in his area office. He also keeps a daily record of his activities which is sent to the central office and he prepares a monthly report of activities for each of the municipalities under his care. The Board of Directors of the association thus receives a current summary of all activities in the island at each monthly meeting.

Supervision of Area Supervisors

The two field supervisors from the central office visit their area supervisors frequently to see how the program is developing and to help in whatever phases of the program may need strengthening. Besides examining records and visiting community resources, they visit at random cases from the lists of the leaders. This makes it possible to check on the exactness of the lists being kept by the area supervisors. The area supervisors also visit cases with or without their leaders. Thus the reactions of users are checked directly by more than one person.

Educational Tools

Under its educational program, the agency produces and distributes a variety of written materials for prospective clients, for sponsors, and for other groups. For prospective clients the agency has simple leaflets and pamphlets whose titles indicate their scope: "It Is Possible to Have Only the Children You Want," "Thou Shalt Not Kill" (a simple leaflet warning of the dangers of abortion), "María Solves Her Problem," "Is It a Sin To Limit Fecundity?" "Helping Our Families Through Emko." Leaders distribute these materials; meetings, our monthly newspaper, articles in local newspapers, TV, and radio pro-

grams have also been used. Our movie, "Times Change," has been shown in public movie houses all over the island, as well as before special groups in urban and rural regions. Leaders help in the organization of these groups for the exhibition of the movie.

This year a small book called "The Right to Happiness" was released for circulation. Fifty thousand copies have been distributed—a large percentage of these by the leaders themselves. This book contains three short stories relevant to the concept of family planning and other material designed to open the eyes of simple people to the value of family planning.

The agency has a monthly newspaper directed to employees, leaders, and key people in the community.

Forums and panel discussions, talks, and conferences are also used but the agency relies very extensively on the "chain" reaction of the person-to-person, word-of-mouth medium for the diffusion of its message. In this the volunteer leaders play the most important roles.

Chapters of the Family Planning Association

This is the aspect of the work of the area supervisors that they seem most afraid of undertaking. Chapters have been formed but they have languished and faded away. A few have survived and when they have their usefulness has been most rewarding. With the leaders they can form a strong corps for the dissemination of the family planning message. When many people are involved in a movement and have the feeling that it belongs to them, the chances of success are greater, and in this method of teaching family planning the use of contraception has a better chance of being accepted. It becomes the thing the community expects one to do instead of being merely the suggestion of a few experts.

Final Comments and Conclusions

The method of using local leadership to obtain broad community participation in a health program has been used successfully in other areas. Dr. J. L. Hydrick has described* the highly effective use of such local leaders (called mantris). Dr. F. A. Calderone as district health officer in New York City used "key" mothers in an intensive nutrition education program with great success.

Dr. William M. Schmidt, of the Department of Maternal and Child Health, Harvard School of Public Health, has written us about our experience in Puerto Rico: "I feel that you have devised a method of community organization which has great promise both in terms of family planning problems and in a broader sense for maternal and child health in general."

In spite of the turnover of leaders and the resulting loss of cases, in spite of the fact that the records do not qualify as adequate clinic records, and in spite of the need for additional training for both our leaders and our supervisors,

* Hydrick, J. L. Intensive Rural Hygiene Work and Public Health Education of the Public Health Service of Netherlands India. Batavia, Java, 1937.

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we believe that the method of mass distribution of contraceptives through volunteer leaders is one that can be considered for use in other localities. The system has merits that recommend it for use even when funds are available to employ paid workers.

It makes ordinary people in a society active participants in the cause and increases their commitment to that cause. It increases community acceptance as others know these people and know that through them many others in their community are practicing birth control. It lessens the effect of attacks on the use of contraceptives as such attacks cannot avoid being attacks against the respected people who are distributing the contraceptives. The attacks are opposed by the personal respect in which the volunteer "leaders" are held by their neighbors.

Puerto Rico has programs for community development which reach every part of the island. It would have been best if family planning could have been part of these programs. Since this was not possible, we developed our own separate approach to community action by the method of volunteer representatives over the island.