

Family Planning: Extension Aides See Need

Jean Brand, Extension Service, USDA

Program aides working with low-income women in Extension's expanded nutrition program say this clientele is asking for family planning information. Many aides are answering questions about the topic, but often without adequate preparation to deal with it or "official" sanction to do so. They're finding it difficult to ignore or separate these questions from others they receive from these women on homemaking or nutrition topics. Where do you stand in this dilemma? Do these findings suggest that Extension should officially establish an educational program on family planning?

A new dimension was added to the assignment of the Cooperative Extension Service in November, 1968, with the authorization of the nationwide "Expanded Food and Nutrition Education Program" (EFNEP).

Oriented toward hard-to-reach, impoverished families—a large proportion of them from minority groups living in urban areas—this new program called for new approaches to Extension education. It also called for a different kind of Extension employee—the indigenous, non-professional "program aide" recruited from the local community and clientele.

The immediate need was for

women aides to teach low-income homemakers how to make better use of, and get more nutritional value from, available foods—including those distributed through the U.S. Department of Agriculture food assistance programs.

Although Extension had always included low-income people among its clientele, and had provided Americans with education about food and nutrition for more than 50 years, the impact of the thousands of new aides and homemakers enrolled in this special program was felt at county, state, and federal Extension levels. By the end of September, 1970, families totalling 1.2 million persons (700,000 of them chil-

Analyses and recommendations reflect the author's views and not necessarily those of the Extension Service or the U.S. Department of Agriculture.

dren) were participants. Close to 53,000 children from program families were being taught about food and nutrition through 4-H-type activities.¹

In January, 1971, more than 7,000 program aides were on the job in localities in all 50 states, Puerto Rico, the Virgin Islands, and the District of Columbia, and the number of aides and families was growing. (Aides numbered about 9,040 by the end of January, 1972.)

Evaluation of food use showed measurable improvement in nutrition knowledge and food consumption habits among EFNEP homemakers. This indicated that the program was progressing toward its goal of helping low-income families "acquire the knowledge, skills, and changed behavior necessary to achieve adequate diets."²

However, very early in the EFNEP program it was discovered that no sharp line could be drawn between nutrition and other aspects of living in a problem-ridden environment. Extension home economics staffs soon saw that other problems must be recognized and dealt with. Since sanitation, money management, child care, and health were inseparable from the total setting of nutrition education, aides were trained to help homemakers cope with many of these associated problems.

Crucial Role of Program Aides

The EFNEP program couldn't operate without the aides who are

largely recruited from the clientele groups they work with. They're chosen for their leadership and other capabilities and trained in subject matter and teaching methods.

The aide's values often coincide with those of her clientele, since she herself may be the product of socialization in the low-income environment, versed in its traditions, customs, and habits. There's a powerful potential in her inherent understanding of her audience. Empathy weaves strong ties, so it's sometimes difficult for an aide to "terminate" homemakers who have mastered the nutrition lessons.

In her special kind of job, she uses human relations talents as she balances her work between a suggested curriculum and her own instinctive feeling for what the audience will accept.

Many aides have come "up" out of the clientele served. In a sense, they're emissaries between two worlds and speak the language of both (sometimes literally, as with Spanish clientele). Ideally, they're also translators and interpreters of norms and sanctions to each world.

A New Kind of Question

The EFNEP aides serve as "gatekeepers," who can transmit Extension information to an audience that has until now been almost unreachable. And, in the best Extension tradition, they've learned to relay the audience's needs to their supervisors.

Partly because of the rapport that has grown out of the close one-

to-one, working relationships of many aides with homemakers, Extension now is hearing of clientele needs that have been considered all but "unmentionable" in the past with its mainly middle-class audiences.

Recently aides have reported requests from homemakers for information about birth control, called politely—and more accurately in its broader implications—"family planning." This new audience is presenting Extension with a new kind of question.

If there are Extension guidelines on what answers should be given to these questions, they aren't generally publicized. Family planning has scarcely been touched on in most training for aides, though it has had some emphasis in a few states. Aides and supervisors in many areas are uncertain about what answers to give. Neither they nor their administrators have known how others in the EFNEP program are responding to similar questions.

Here Extension is faced with a problem based on reality. The health problems associated with the lack of family planning, especially among low-income women, have been well documented. For the five million medically indigent women in the United States, an already difficult life is further complicated by the medical and social consequences of having too many children too quickly.³ Medical research has shown that closely spaced births are associated with large numbers of premature and physically and men-

tally defective children, as well as with high rates of maternal and infant mortality.⁴

Certainly a mother debilitated by too-frequent, unwanted pregnancies is less able to properly care for her family in any area, including that of nutrition. As one aide in this study said:

It seems to be one of the greatest worries the mothers have each month if they do not use contraceptives. With this on their minds it's mighty difficult to discuss nutrition for the family they have.

Should a request for birth control information be treated as an "associated problem" of nutrition, as a housekeeping question would be, for instance? This decision may be considered controversial at best, and by some Extension staff members as "too hot to handle."

Yet the questions persist. The program aides on the firing line, living closely with the culture from which these questions arise, can't ignore them. In many localities, with or without official sanction, they're giving answers.

A communications gap on family planning information clearly exists within the Extension Service. And this is an area where the consequences of communication—or the lack of it—can gravely affect human lives.

We wanted to find out what was being communicated about this subject, and how. So we asked the only person in Extension who knows—

the aide. How we asked her, and what she told us, is the subject of this article.

Method of Study

This study set out "to explore the status of, and the need for, family planning information and communications" within the EFNEP program. It used data obtained from a nationwide survey of aides during June and July, 1971.

First, a national random sample of 478 EFNEP aides was drawn by computer method, stratified according to the number of aides working in each state, Puerto Rico, the Virgin Islands, and the District of Columbia. The sample was based on the population of 7,158 aides employed in the program as of January 31, 1971.

A structured, pretested questionnaire, written at the eighth-grade reading level, was completed by aides in the sample and returned to The University of Wisconsin for computer analysis.

Since it was important for the Extension administration in each state to understand and approve of this study before aides could be questioned, packets of questionnaires were channeled through the state Extension office (at the land-grant universities), to EFNEP unit offices (usually the county Extension office), then to aides.

In four states, an administrative-level decision was made not to participate in the study. There was no reply from three others, and one

state's packet was delayed in the mail too long for participation.

The return was extremely high for a mail survey. Of the questionnaires distributed to aides in the 45 states that took part in the study, 95 percent (375) were eventually returned. Of these, 364 were back in time for analysis. Family planning was a subject aides were eager to talk about.

Some of the questions were based on those in the international K-A-P (knowledge-attitude-practice) surveys⁵ frequently used to explore population problems in developing countries, though somewhat "toned down" to suit the U.S. cultural climate. (We didn't feel, for instance, that aides would take kindly to the standard question on the number of abortions they'd had.) As the replies showed, however, most aides would have answered any legitimate question freely, and with perhaps startling frankness.

With anonymity assured, aides were invited, in an open-end question, to "feel free to say anything you really think" about family planning. Many of their comments reveal more than the statistical data.

The final section of the questionnaire concerned media and methods in the communication of family planning information.

Analysis of Data

Analysis of the data was done three ways. First, a descriptive fre-

quency count analysis was run by computer to detect trends and groupings of total numbers and percentages.

Then, cross tabulations of variables were done to make analytical comparisons. To test the significance of the relationships discovered, the chi-square technique was used. Significance was determined at the conventional .05 level.

As a third method of analysis, a correlation matrix was obtained for 11 interval data variables.

Data from each of the three methods were used in testing hypotheses as well as in detecting significant relationships among other variables.

Originally we expected to use data from the question, "Do you believe families should plan how many children to have?"—a direct family planning attitude question—as the discriminating (dependent) variable for comparison in testing the statistical significance of other (independent) variables. However, the almost unanimous (93.7%) "yes" vote by aides on that question, though an extremely enlightening finding, made that question almost useless for statistical purposes. (When everyone agrees, there are no significant differences to compare against. Statistically, data suffer from "truncated range.")

So, we decided that data from the question, "Have you ever used a birth control method?" might be a better discriminator of underlying attitudes toward family planning than the more strictly attitudinal query.

Characteristics of Aides

These aides are mature women—their mean age is 42—ranging from 21 to 67 years. Sixteen were over 60. They averaged (a mean) 19 months on the job, in the then 2 1/2-year-old program. Nearly half of them worked in the southern Extension region.

About half of them said they grew up in a "country" background. They averaged 11.5 years of formal schooling, with 45 percent high school graduates.

Aides in this study were 78 percent Protestant. Their ethnic background was about 46 percent white, 42 percent Negro, and 11 percent Spanish-American. Four American Indians and one Oriental were in the sample.

Most of these respondents (97%) had been married at some time, and they'd spent an average (mean) of 21 years married. Four had been married at age 13. Statistically, they said 3.6 children is "best" for a family, but they have had 3.8 each. Thirteen aides reported having had 10 or more children of their own.

The respondents said they were much like the families they work with in both ethnic and religious backgrounds. Rogers' studies indicate that such similarities greatly increase the degree of interpersonal communication.⁶ Possibly more communication lends validity to the aides' perceptions of clientele needs in this study.

Each aide works with about 44 families, more than a third of which are headed by a woman alone.

Findings of the Study

Six main objectives were outlined at the beginning of the study. These are stated below, with relevant findings.

1. *To determine the extent of the clientele need for family planning and birth control information, as perceived by program aides.*

Nearly two-thirds of the program aides said they'd been asked for family planning or birth control advice by the women and girls in their EFNEP families. Aides who had been asked reported an average (mean) of 36 such requests each during the past year.

Three-fourths of the aides, speaking from their experience and close association with the clientele, said they thought the women and girls in EFNEP families would like to learn more about family planning, including birth control methods. And 93.7 percent of aides declared that these women and girls *need* this information.

Case 303 said (verbatim):

I feel it would be a very important step forward in helping people help themselves. Some of my families are not capable of taking care of more children. Some do not give the ones they have the care they need. I feel we "EFNEP" have a friendship with these people, Social Services, for instance, will never attain. They trust us and will listen to us better because they feel author-

ity is not on their side but merely there to rule them.

But the women aren't the only ones who need information, according to the aides—87 percent said that the men in these families also need to learn more about family planning! The aides had quite a lot to say on this subject.

Case 111 (with 7 children of her own) said:

I also think the idea of teaching men about family planning is good because they are what keep a number of women from using birth control.

Case 041 remarked:

They need some one to explain how important it is and that the number of children do not make you a man but a lot of men feel that way. But there [sic] wives do not feel that way.

Case 286 noted:

This one . . . family has 5 children the oldest is 5 years old. The Mother was willing & wanted some kind of Birth Control but the Father will not let her do anything about it.

Aides, reporting a total of 343 mothers under 16 years of age in their EFNEP families, followed through with many write-in pleas for birth control education for teenagers.

Case 139 said:

I would like to see some method for the young girls to help avoid so many teenage mothers, or I should say unwed mothers.

And Case 342:

High school girls have enrolled in Family Planning Clinic due to my assistance.

2. *To determine whether aides are now communicating such information, and if so, what kind and by what means.*

EFNEP program aides definitely are communicating family planning information. Nearly 97 percent said they gave some kind of birth control advice when homemakers asked them for it. (About 80% of this advice was of the referral type, directing women to doctors or clinics.) Furthermore, 41 percent of the aides said they've volunteered advice to homemakers about family planning. Most of this was verbal communication; only about a fourth of the aides said they've used booklets or leaflets in giving women such advice.

Aides' general knowledge of the effectiveness of various contraceptive methods is fairly accurate, but it could be improved.

3. *To determine whether attitudes of aides themselves tend to be either "pro" or "con" family planning, as evidenced by their statements about their own practices and opinions.*

These women strongly favor family planning. Almost all of them (93.7%) said they believe "a family should plan how many children to have." But only 70 percent believe that their supervisors would favor

family planning. The only 100 percent figure in this study represented the Spanish-American aides' unanimous approval of family planning.

About half of the aides said the government should give free contraceptives to anyone who wants them.

Some aides' comments poignantly revealed their own need for family planning information.

Case 252 (age 31, married at 13) said:

I really wish when I were younger having my babies one every year, someone would have talk [sic] or told me about birth control, I didn't know till I already have [sic] 6 babies.

Case 100 said:

I would just like to say, that I would like to learn more about birth control, because I'm not using anything, but I don't want any more children right now. I have two little boys already.

4. *To determine what perception aides have of the family planning and birth control knowledge, attitudes, and practices of their clientele.*

Not only did aides say that EFNEP women and girls want and need birth control information, but they attributed their not using birth control mostly to fear that the methods are dangerous. The next most important factors, aides said, are that women don't know how to use the methods, or that the male partner objects to their using them (see Table 1).

Table 1. Aides' perception of reasons women aren't using birth control.

Reasons	Number of times checked	Percentage of aides who checked item
1. They are afraid it's dangerous	211	58.0%
2. They don't know how	130	35.7
3. Their man objects	110	30.2
4. It's too much trouble	106	29.0
5. They can't afford the cost	105	29.0
6. Their church objects	65	17.9
7. They are morally against birth control	63	17.3
8. Other reasons	60	16.5
9. They want a baby	35	9.6
10. They don't need to	29	8.0

A few aides (17%) said they had heard of EFNEP women who had had an abortion—considered a “negative method” of family planning in this country.

Aides perceived the homemakers as mostly learning about birth control methods from interpersonal sources such as a doctor or nurse, or family and friends, rather than from mass media.

5. *To determine whether aides would be willing to conduct family planning educational programs if they had training in this area, and which communications methods and media they would be most comfortable in using in such programs.*

Aides would be very willing to teach family planning (87% said “yes”) if they had training for it. But, 72 percent of them haven't had this training. The small amount they

have had is of varied quality. If aides were going to teach homemakers about family planning and birth control, they'd rather do it by talking to the women in person, one at a time.

But Case 245 said enthusiastically:

I think there should be an education program about family planning for all low-income families in this country, thru radio, TV, magazines, and in their own home.

Aides aren't high users of mass communication media, and they see their clientele as being even less exposed to the media. They said “very few” EFNEP families take a newspaper, more have radios, but most have television. Most aides don't want to use these media in their teaching.

6. *To determine whether demographic features such as age,*

religion, educational level, number of children, and other factors are significant to aides' attitudes toward, and communications about, family planning and birth control.

The behavioral variable of whether aides have used a birth control method themselves showed a significant positive relationship to younger age, higher education, being married, longer time married, and larger number of children. Neither religion, ethnic group, nor place (rural or urban) where the aide grew up, was statistically associated with use.

The aide's religion made no significant difference in either her approval of family planning or her having used a birth control method.

Aides who had used a birth control method themselves remembered being asked for birth control advice significantly more often than those who hadn't. They were also more willing to teach homemakers about family planning.

Among the statistically significant correlations were:

- Older aides were more frequently asked for information on birth control than younger aides.
- Aides with more education were older when they married, and had fewer children.
- The number of female heads-of-family with whom the aide worked increased with the aide's time on job.
- Those with a greater amount of education named a smaller

number of children as the "best" for a family.

- There's a positive correlation between the number of children aides have had and the number they think "best."

Conclusions

The positive findings of this study show that most program aides: (1) see a need for family planning education among EFNEP clientele, (2) strongly favor family planning and birth control, and (3) would be willing to teach homemakers about these subjects if they had training. Therefore, it seems appropriate that Extension consider initiating an intensified family planning education and information program, officially encouraged and supported as an integral part of the national Expanded Food and Nutrition Education Program, and made available to state Extension Services that wish to participate.

A training program for aides would prepare them to give women accurate facts about the various methods of family planning and birth control. It would also alert them to the importance of referring women to professional, clinical, and medical sources for practical help. In areas where local family planning services aren't available, it may become an Extension community development concern to help community leaders establish these services.

This study has shown that a great deal of communication about family planning and birth control

is now taking place within the EFNEP program. It will continue, and probably increase, with or without official Extension sanction. For the sake of homemakers, program aides, and Extension, this communication must be accurate. A professionally directed training program can help ensure such accuracy.

As a health problem, family planning can't be divorced from the complex web of the low-income family's nutritional, economic, and social-psychological problems. It therefore is a legitimate concern of EFNEP programs.

Family planning can't be treated as a problem of the homemaker alone. An educational program should also be developed to inform her male partner of the need and available methods of family planning. Teenage youth, both male and female, especially require birth control information to prevent the familial disasters so frequently reported by program aides.

Extension staff training in educational and communication skills in the family planning area, generated for the needs of the EFNEP program, should be made equally available to help the women, the men, and especially the youth, participating in all other national Extension programs.

A precedent exists for these recommendations within today's philosophy of Cooperative Extension work. The report, *A People and a Spirit*⁷—issued in 1968 by a national joint committee of Extension and agricultural leaders, reflects the in-

terdependence of all sectors of our complex socioeconomic system. Its statement on priority clientele to benefit from Extension's home economics and 4-H resources emphasized the disadvantaged, the alienated, the young married. Program aides were recommended to extend the expertise of professionals.

And the committee mentioned specifically among the objectives of family life education, "to know about family planning."

This study reaffirms the need for such Extension commitment.

Footnotes

1. Robert E. Frye, *Expanded Food and Nutrition Education Program* (speech given at 1971 National Outlook Conference, U.S. Department of Agriculture, Washington, D.C., February 24, 1971).
2. Frye, *Expanded Food and Nutrition Education Program*, p. 9.
3. G. Varky et al., *Five Million Women — Who's Who Among Americans in Need of Subsidized Family Planning Services* (New York, New York: Planned Parenthood-World Population, 1967).
4. Stanley C. Scheyer, "DHEW's New Center: The National Commitment to Family Planning," *Family Planning Perspectives*, II (October, 1970), 23-24 and Helen M. Wallace, Edwin M. Gold, and Samuel Dooley, "Relationships Between Family Planning and Maternal and Child Health," *American Journal of Public Health*, LIX (August, 1969), 1355-60.
5. *A Manual for Surveys of Fertility and Family Planning: Knowledge,*

Journal of Extension: Fall 1972

- Attitudes, and Practice* (New York, New York: The Population Council, 1970), pp. 1-8.
6. Everett M. Rogers and Lynne Svenning, *Modernization Among Peasants: The Impact of Communication* (New York, New York: Holt, Rinehart and Winston, Inc., 1969), pp. 233-41.
 7. *A People and a Spirit: A Report of the Joint USDA-NASULGC Extension Study Committee* (Fort Collins, Colorado: Colorado State University, 1968), pp. 62-63.