

Analysis and Refinement of a Women's Reproductive Health (WRH) Curriculum in San Martin, Guatemala

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Introduction/Abstract:

In Guatemala, cervical cancer is the leading cause of cancer-related deaths and the most common cancer among women, despite being preventable and treatable¹. In the last 50 years the successful implementation of early screening programs in developed countries has led to a large decline in incidence and mortality of cervical cancer². In Guatemala, only an estimated 40% of women have ever been screened for this preventable cancer³. Culturally appropriate education has proved to be an effective way to increase screening among Hispanic women⁴.

Since 2008, the University of Virginia Guatemala Initiative (UVA GI) and its Guatemalan partners have been researching the gaps in women's reproductive healthcare in the San Lucas Atitlan Basin of Guatemala. Through surveys and interviews with indigenous women, community health workers and doctors in Lake Atitlan, the UVA GI identified a need for organized educational strategies in women's health, such as cervical cancer and how to prevent it. The 2014 and 2015 teams researched best practices for education and interviews and refined the "Entrevista y Educación" model in part refined by past CGH scholars Renee Booth and Susana Gutierrez to fit the needs of this community. Based on this foundation, in 2016 a pilot course was developed through collaborative feedback with area community health workers and participating women of the involved Kaqchikel communities. Interactive activities, topics, and culturally sensitive metaphors were tested with community members to ensure their appropriateness and efficacy. The course's effectiveness relies on its human-centered design dynamically adjusting its methods and topics to the learning needs of the women. The course officially began in the community of San Martin on June 29, 2017. It is still ongoing. It involves eight classes on the following topics: 1) Introduction to the course, 2) Women's reproductive anatomy, 3) menstrual and life cycles, 4) cervical cancer causes, effects and progression with and without screening, 5) prevention of cervical cancer, 6) the Papanicolaou experience, 7) preventive health, and 8) final exam.

We (Kristin Zwicklbauer, Grace Styklunas, and Briana Williams) make up the first part of our women's reproductive health team through UVA GI, as we were the first to arrive in Guatemala in June to get started with the project. The second part of our team is comprised of CNL students Darrah Dickerson and Andrea Valdez, who arrived to Guatemala recently in July and are currently transitioning into the project site to pick up where we left off. Our goal was first to evaluate the effectiveness of this pilot course in meeting the needs of the women of San Martin and in increasing

¹ Bruni, L., Barrionuevo-Rosas, L., Albero, G., Serrano, B., Mena, M., Gómez, D., Muñoz, J., Bosch, F.X., de Sanjosé, S. (2017). Human Papillomavirus and Related Diseases in Guatemala. *ICO Information Centre on HPV and Cancer (HPV Information Centre)*. Retrieved from <http://www.hpvcentre.net/statistics/reports/GTM.pdf>

² Sankaranarayanan, R., Budukh, A.M., Rajkumar, R. (2001). Effective screening programmes for cervical cancer in low- and middle-income developing countries. *Bulletin of the World Health Organization*, 79, 954-962. Retrieved from [http://www.who.int/bulletin/archives/79\(10\)954.pdf](http://www.who.int/bulletin/archives/79(10)954.pdf)

³ Gakidou, E., Nordhagen, S., Obermeyer, Z. (2008). Coverage of cervical cancer screening in 57 countries: low average levels and large inequalities. *PLoS Medicine*, 5(6). Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2429949/pdf/pmed.0050132.pdf>

⁴ Hansen, L. K., Feigl, P., Modiano, M.R., Lopez, J.A., Sluder, S.E., Moinpour, C.M., Pauler, D.K., Meyskens, F.L. (2005). An educational program to increase cervical and breast cancer screening in Hispanic women: a Southwest oncology group study. *Cancer Nursing*, 28(1). Retrieved from <http://escholarship.org/uc/item/453494t7>

healthy reproductive health habits such as cervical cancer screenings by providing real-time feedback from participating women and the class facilitator, Felipa Archila. Eventual implementation of a more permanent program in other communities necessitates analyzing the strengths and weaknesses of the course, if the women felt the course was worthwhile, and whether it increased knowledge and healthy reproductive health habits.

We sat in, observed, and participated in the first three classes conducted by Felipa Archila and also conducted in-person interviews between classes of the Guatemalan women residing in San Martin who participated in the classes. Our interview questions attempted to evaluate the women's understanding of cervical cancer, preventative screening and reproductive health, barriers to learning and participating in the course, and most importantly what they liked and did not like about the classes they had been to. With our analysis of interviews and what we observed in class, we can propose modifications and further refine the pilot curriculum so that it can eventually be implemented as a more established course.

Breakdown of Our Project Process:

In the section to follow, we lay out all the steps that we took throughout our time working in San Lucas on our project.

1. Trip San Martin to get to know the town and meet with Magali, the community health promoter, in addition to other community leaders. We obtained permission to use the room in the community health post and bought curtains.

Before beginning our work, our entire team went up to San Martin to get to know the community and space in which we would be working. Felipa gave us a tour of San Martin, and we saw the important places of the community, including the salon in which the class would be held. After a tour we had a meeting with Doña Maga, the community health promoter of San Martin. She would be the person in charge of helping us organize the class, the women who would take the class, and anything else we may need to begin work in the community. She is known and respected by the entire community, and she was an essential part in informing the community of this class and gaining the women's confidence to take the class in the first place. In our first meeting we discussed what we needed in order to begin the next week and what problems we anticipated. We discussed a plan for gaining the mayor's permission to use the salon for the class, and we decided how we would get the other supplies necessary, such as curtains for the room. The curtains would serve to give more privacy to the salon, as the women did not want people to be able to see inside when we were having class. This is the first time in which we realized that we would have to figure out where the women would keep their children during class time. We did not reach a resolution at this point, as we needed the opinion of the women themselves. Furthermore, we discussed the possibility that the women would only want one class instead of two per week. After this meeting with Doña Maga we obtained permission from the mayor to use the salon in the community, got permission to get the keys for the space, and we discussed with the mayor who would buy and who would pay for the curtains for the salon. The mayor was very compliant with all of our requests, and we had no problems with these developments.

2. Informal visit to each of the women.

After our meetings with all of the community leaders, we went to each of the houses of the women that planned to attend our class. This visit involved knocking on their doors and telling them that the following day we would have our first meeting together to discuss the details of the class, principally the schedule. We asked a few women to inform the other women that we were not able to find in their house that day, or we left a note for them.

3. First meeting with the women of San Martin.

Later that week we held this first meeting, June 22nd, 2017. Eight women out of fifteen showed up to this meeting. With them we decided to have classes on Thursdays between 2:00 and 3:00 PM, and visits would be held every Wednesday in the morning in order to hold the interviews and remind them of the following class the next day. Many of the women wanted to have the class or interviews during the weekend, as these are their slower days, but our team was not able to do this. In this meeting we discussed where children would be during the class, and the women decided they only wanted one class per week.

4. First visit to the communities to remind them of our first class on Thursday.

The following week we had our first official visit to the women in San Martin. This visit, which took place on June 28, 2017, was simply to inform them of the class the following day. We left a note for any women that were not present, or told their friends to remind them of the class.

5. First class on Thursday: Introduction

On Thursday, June 29, 2017 we had our first class with the women of San Martin. Ten women were present. Most of them arrived very late, and thus the class begun at 2:45 rather than the planned 2:00. In this class we gave an introduction to the class and ourselves, and we reviewed the schedule of the class. This involved the dates, times, and subject of each class. We discussed the rules and expectations of the class, and asked if any women had anything to add, which they did not. Finally, we reached agreements on certain things such as punctuality (the women are not to arrive more than ten minutes late), bringing children to the class (it is best to leave the children at home, when possible), and personal questions (personal questions will be asked to Felipa on Wednesdays, during the interviews). After the class we discussed with Doña Maga who, out of the fifteen women registered for the class, we thought simply had not been able to make it and who was no longer interested. This informed how many more women we would ask the following week to join the class, because we did not want to go over our quota of fifteen but also wanted to give the opportunity to as many women as we could.

6. Second visit to the communities.

The following Wednesday we held our second visit. This visit consisted of our usual interview questions with an added question about their thoughts of the size of the class as well as a question about their knowledge of each of the topics we would cover in the class. This served as a baseline assessment to know the level the women were starting off with. We reviewed the agreements we reached the first class, and reminded them of the class the following day. Nine women were present for these complete interviews. We also found three other women who agreed to participate in the future class, which was

one woman over our quota if all of them showed up. (This did not happen, as we expected, and we were still within quota. Two of the new women ended up attending the class) We reminded the women of the second class the following day.

7. Second class: Women's Anatomy

On July 6, 2017 we had our second class, although it was the first class where the women would be learning new information. Thirteen women showed up, and we made it known that this would be the final group of women to attend the class; no one was allowed to join later. Most of the women showed up ten minutes late, but within the accepted time. The class consisted of an introduction with an introductory activity, the lesson, and a review. Besides the introductory activity, this would be the plan for the rest of the classes going forward.

8. Third visit to the communities

For the third visit we asked our planned questions about the second class. Eight women were able to complete interviews, and five were not in their houses when we came at the planned time. (We were able to interview one of these women before the class the following day.) In this visit we realized the problems with our questions and thought of possible solutions, but asked all of the women the same questions in order to get consistent data. We reminded the women of the third class the following day.

9. Third class: Menstrual Cycle and Women's Life Cycle

On July 13, 2017 we had our third class. All of the original thirteen returned again for this class. Most of the women showed up at 2:10, which thus set a trend that the class would be held from 2:10-3:10. One woman had to leave early, before the review. Three women stayed after to ask Felipa follow-up questions about what we had learned. Kristin, Grace, and Briana said their goodbyes, and informed the women that two new women, Darrah and Andrea, would be arriving to continue with the class and interviews.

10. Team transition

On the Saturday in which Kristin, Grace, and Briana would leave San Lucas to return to Xela, Darrah and Andrea arrived in the morning so our teams would have a chance to overlap. We held a meeting with Felipa so Darrah and Andrea could get accustomed to her, the project, and San Lucas. We made plans for the manner of our analysis and discussed any problems, changes to the project, and ideas for the future. This overlap time was essential to having a smooth transition.

Challenges:

One challenge in our research was the change in the anticipated class schedule. We had originally expected that the class would be taught twice a week for four weeks. However, when we spoke with the women in the first meeting on June 22nd to set a schedule and time of day for the class, the women decided to have class once a week. This meant that Kristin and Grace would be present for three classes, Darrah and Andrea would be present for another three, and no teammates would be present for the last two classes or the final interviews. It is of utmost importance for the women to be able to determine the time of day and pace of the class; however, it did present some unique challenges for future teams to consider. For the research

team, it was more difficult to analyze data once back in the US due to different schedules and proximity of teammates. As for Felipa, she would not have the extra sets of hands to prepare class materials and take and transcribe class and interview notes. Hopefully Briana will be present for the final interviews, and as a staff member, she will be able to dedicate some time to help comprehensively analyze and refine the curriculum. We as a team recognize the need for flexibility and cooperation in order to adapt to the needs of the women we work with in addition to the reality of the naturally changing nature of community health.

_____ One final challenge was being able to connect with all 13 women during weekly interviews. On average, we were able to interview 8-9 of the women each week. The women sometimes had left for errands, an appointment, or were in another part of the community when we stopped by. While this is an accepted part of the reality of community health and with working with women with many responsibilities, we do recognize that this limits the consistency and generalizability of our data from a data analysis perspective. We were able to gather sufficient feedback about what worked to be able to modify the pilot course accordingly. However, if future teams wanted to improve interview attendance, some possible strategies may include the following: by exploring a different time of day for interviews or a different format of interviews (such as having appointment times), or by making up missed interview questions in future interviews.

Analysis and Findings:

1. First Meeting with the Women

The first meeting with the women was only an introduction to what we were offering to them. Here, with the women, we decided the date and time of the first actual class, which was to be the next Thursday and 2pm. It was also decided here that there would only be one class per week because of the time constraints of the women during the week. During this discussion, the women offered the weekend for a second class or both classes, but that was not possible due to the work hours of our team. Also, later Felipa told us that the weekend would not be a good time to have the class because the weekends are so variable for the women. So, it was decided to have the class once a week on Thursdays.

Something else that was decided in this meeting was what to do about child care. All of the women in the program have children, but we were concerned that the children would be a distraction. We presented them with the option to have one of the team look after all of the children, to bring one of their older children to watch the younger children, or to leave their children at home. The women seemed uncomfortable about the idea of having a stranger look after their children, but all of their older children would be in school at that time. Because of this, the women decided that they would arrange to leave their at home. Coming to these small agreements and telling the women once again when the class is wre the only real objectives of this meeting.

The last thing to note about this meeting is that the women showed up well past the designated time. The meeting was supposed to be at 10am, and many did not show up until around 10:45. Tardiness proved to be a problem as the course continued, but as a group we attempted to address it in the next class.

2. First Class: Introduction

The first class, which was actually programmed in the curriculum, was the next Thursday. It was designed to be an introductory class where goals and expectations for the class were created with the women. Another purpose of this class was to familiarize the women with the us as well as the content of the class. It began with introductions by each woman, Felipa, and the three of us. Everyone introduced themselves and stated their reason for being a part of the course. Each woman stated their reason for being in our class, and they were all versions of the same statement. All of the women joined our course because they think that women's health is very important, do not know much about it, and want to know more. This was important for us to hear because it reinforced the eagerness of the women to learn. They were all a part of our course because they were truly interested in what they were going to learn.

This is also where we decided on the rules of the class as a group. We came with suggestions for rules that we then went over with the women. This was an important part of the class because the women needed to feel ownership and responsibility of the rules of the class instead of feeling dictated to. As a group, with Felipa, they decided to place a special emphasis on punctuality, respect, and confidentiality. This emphasis was very interesting because it created a safe space for the women to speak freely, which is so important for a theme as sensitive as women's health. With respect to punctuality, because the women were once again late to the class, they decided as a group to give a 10 minute grace period for the women. They are allowed to show up to the class anywhere between 2:00 and 2:10 and will still be counted in the attendance. This was decided on because if Felipa were to be too strict on the time, the women would be too afraid to show up late. This seemed to be a reasonable compromise that the women have followed since the rule was made.

Another factor that encouraged the women to show up on time was the community health worker that has been working with us from the beginning of the program. Doña Magaly talked to all of the women after the class ended to further encourage them to show up to the class on time. She informed them that this was the pilot of the class, and she told them that they needed to set a good example if they wanted the class to continue. This instance shows the true importance of community liaison, because while the women respect Felipa, they may also need someone else close to them to further encourage. It obviously had an impact because the women did change their ways, although they were not perfectly on time for every class to follow.

Finally, it was decided that the women would save their personal questions for after class and during the visits. While some of them are comfortable sharing their personal stories and questions with the group, many of them are not. However, it was essential to ensure them they they could ask whatever was on their mind and that their questions would get answered one way or another.

While the first class did not teach the women any new concepts about their health, it was a crucial part of the course because it familiarized the women with the content and their expectations of themselves for the course. It was a good way to make the women a little more comfortable with Felipa and each other because the courses to follow were going to be full of very sensitive information.

3. Second Visit

One key insight we found via the interview responses of the second visit was that a majority of the women simply loved leaving their house for a little and being with other women in the community, albeit for only an hour. Many women commented that they loved the community feel of the class and the opportunity they have been given by our program to learn together about women's health information that is so relevant and important to all of them and

that they can share with their daughters and other women in their lives. We were also surprised to observe that women willingly brought up their husbands and the fact that they were excited and supportive of them attending our class. The fact that the husbands of these women are open to their learning about women's reproductive health could foreshadow or point to their possible openness or willingness to participate in a future women's reproductive health class geared to men.

In terms of the second question on the interview list, almost all women said that there was nothing about the class they did not like, and most of them felt anything was too uncomfortable to hear or learn. However, we did observe one main complaint, or better said suggestion, from only a few women on how the class could be improved for the future. These women shared with us that it would be better if in the future all women left their children that were of old enough age at home. They found that it would be a little uncomfortable and difficult to ask personal questions about women's anatomy for example in front of children that were of old enough age (8-10 years) to understand what was being said.

In regards to the question on class size, we found that all women commented positively on the size of the group. None felt overwhelmed or uncomfortable by the women in the group, and many commented that they liked the fact that all the women who showed up had genuine interest in the class. Furthermore, some women even commented that they think the group size was too small and that more should be able to come. Finally, in terms of what in-coming knowledge the women had of the class themes, almost none were familiar with technical terms such as 'anatomy', 'menstrual cycle', and 'preventive health.'

Once we clarified that menstrual cycle meant 'la regla' or their period, the resounding majority just responded that all they knew was that it is something that all women must go through and that it happens every month. Furthermore, we observed that most women know that cervical cancer is dangerous and that it has negative effects on a woman's uterus, yet they are not sure what it is or how it is caused or prevented. Interestingly enough, however, all women knew what a Papanicolaou is and knew of its importance in telling a woman if her uterus is healthy or not. BUT almost none could make the connection between a Papanicolaou and how it is a preventive health method to check for cancerous cells that could develop into cervical cancer. Perhaps this connection needs to be made more clear to them by community health leaders or physicians conducting Pap smears locally. Finally, when explained what preventive health was (that it is simply what one does to avoid sickness), a resounding majority of women answered correctly that it is practiced by eating well, drinking clean water, keeping oneself clean, and visiting the doctor regularly.

4. Second Class: Women's Anatomy

The first major observation we made in this class was occurred when some women asked Felipa to speak in a lower voice, as they were so concerned about people outside, especially men, possibly hearing what we were talking about. To us, this was very interesting and worth noting, as we essentially were observing a cultural taboo in action having an effect on the proceeding of the class. The women seem to be very concerned about intimacy and confidentiality as a result of the culturally sensitive topic that was being discussed: women's reproductive anatomy. This confidentiality and discretion will be absolutely essential in ensuring the effectiveness and success of the remaining classes, the pilot course as whole, and its future implementation into different communities.

We also made the more general observation that women who sit towards the front of the semi-circle closer to Felipa tend to be more respectful when she is talking, as they do not laugh

or disrupt as much as those women sitting farther towards the back of the room away from Felipa. They also tended to participate more in the activities we did. Maybe this observation would call for a change to the semi-circle chair arrangement in the room so that more women would participate and be less disruptive.

Perhaps the most important observation we made during this class was that when we split into smaller, more intimate groups for a class review activity on the different parts of the female anatomy (and when Felipa was not commanding the class), the women asked us more personal, specific, and targeted questions, *especially* about birth control. They were practically fighting to and talking over each other so that we would acknowledge and answer their specific questions. Most wanted to know about family planning, the usage of birth control, their effects on the uterus, how they prevent pregnancies, and myths about them damaging the uterus and causing cervical cancer. While we did our best to answer their questions in the most neutral and culturally sensitive manner, this will likely happen again in future classes with Darrah and Andrea and the way we answer their questions or which of their questions we choose to answer will most certainly have further implications.

Finally, once Felipa opened the floor for questions at the end of the class, we noted that instead of being shy and a little hesitant like we were expecting for the first real class, many women immediately started asking her more personalized questions pertaining to their personal health specifically out loud in front of everyone. They did not seem to be embarrassed in asking these questions out loud in front of the class for all to hear. This led us to believe that there is a fine, culturally-specific line between what is considered too personal to ask in front of everyone and what is not.

5. Third Visit

Immediately into the interviews we realized that some of our more abstract questions do not work (such as “how would you teach this information to a good friend or a sister...”). The women always responded by saying “I would teach what you told me” or “I would say everything.” The question asking “what did this class mean to you?” usually received an answer such as “I learned about __ (insert class topic name here) __.” Thus, more pointed, concrete questions are necessary. We immediately changed the first question to “Which specific information would you teach to a good friend or sister” in order to target which information they found most important. Still, the answers were fairly vague. It would have been difficult to bring and anatomy model, for example, and have the women try to teach back to us what they remember from the class, because the women do not want us walking into their house with an anatomy model; remember, what they are learning is meant to be kept private. It was also unsure if they simply did not know how to answer the question, or if they had not retained enough specific information from the previous week to answer it.

Most of the women did not have anything to say about something they didn't like. It was unsure if they truly liked everything, or did not want to insult us or Felipa. Thus, we are changing the question in future interviews to “If you had to change something about the previous class, what would you change?” This will get a more direct answer and encourage them to think a little deeper and come up with something.

Many of the women said that the uterus was the part that stuck with them the most. Although the uterus is very important, we noticed that only one of them also mentioned the cervix, which is one of the most essential parts of the body in this course, because it is the part that is susceptible to cancer. Only one woman stated that the fact she took away was that the cervix was susceptible to cervical cancer.

Two women told us that after the class she talked to her daughters about what she had learned to the class. This is very important, as an essential part to this course is that it will spread knowledge to more woman than just the ones taking the course. The women who take the course will hopefully teach their daughters and sisters as well as their friends, who then will teach their own daughters and sisters. This is our hope for the course, and thus it seemed a success when the women told us they had taught others what we had taught her.

Another wonderful thing from this visit was when one of the woman mentioned that she enjoyed Felipa's mirror activity, because it taught the women the importance of valuing ourselves and our bodies. This is a great success for the course, as the class is not just to learn about cervical cancer and pregnancy, it is to learn to take care of your body as a woman and love yourself.

It is important to note that women who did not like to speak in Spanish spoke in Kaqchikel to Felipa, who translated. This may be a reason for loss of true data and thoughts. Lastly, it is also important to note that only eight of the thirteen women were present for their interviews.

6. Third Class: Menstrual Cycle and Women's Life Cycle

Felipa's introduction to the topic of menstrual cycle began by everyone shouting out colloquial terms they had for a woman's menstruation. Most of these terms, such as "nuestros días" y "la costumbre" seem more subtle and abstract in nature, indicating that the period is not usually viewed in a medical sense. This also could be seen when some of the women in the second visit shared that a woman's period was something that God gave to woman. Thus, this class would be their first chance talking about menstruation in a medical sense.

Many of the women did not seem to understand the days of the menstrual cycle. They confused the day of ovulation with the first day of the fertile time, first day of cycle, first day of period, and more. For example, when quizzed on how long the menstrual cycle was at the end of the class, a woman said "5 days" (she was confusing it with the length of a period). Many of the women also did not grasp that the 14th day, the day of ovulation, was not the only day one could get pregnant, and furthermore that the "fertile time" was also not the only set of days that a woman could get pregnant. While it is important that the women know the best days to avoid having sex in order to avoid getting pregnant, our team was worried that they would take this as a hard truth that if they avoid this period of days, they avoid pregnancy completely. This, of course, is not true, and thus we doubted the effectiveness of the bracelets and the exercise. It was unclear how many women understood certain things, and to what extent.

One major observation of the class was that when the women did not understand something, they would whisper to each other and teach each other in Kaqchikel. This made it more difficult to understand what the women were understanding, and what they were not. When Felipa would ask the class if anyone had any questions, they would stop the side conversations. It is important here to find a way to decrease side chatter but still increase understanding. Smaller groups with one teacher within each group could have been helpful so they got their questions answered more one-on-one without disrupting class time. Furthermore, three of the women asked for clarification about the bracelets at the end of class, emphasizing that some of them had a difficult time understanding the material.

There were many questions, not just in this class but in previous conversations as well, about why certain women have pain and others do not, and why some women have longer periods than others or are not as "regular." Felipa did a good job explaining that everybody is different, and thus has different length of periods and different side effects. It is important to

avoid the use of the word “irregular/regular” and “normal/abnormal” as we do not want one woman to think that her body is “bad” or betraying her, unless something is really wrong. These questions are difficult to respond to, as there is no concrete answer to give the women. It is important to be wary of this in the future.

There was not enough time to fully cover menopause at the end of the class, because so much time had been spent on the menstrual cycle. Although the menstrual cycle was the more important topic, the pacing of the class or the amount to cover in the class could have been improved.

Overall observation of the class in general at this point: Felipa makes a lot of jokes, and the women love it. The class has an extremely fun, loving, communal environment that we thought was essential to the women’s engagement and decision to return to the following classes. The women *enjoy* the class. They find it entertaining as well as educational and empowering. Felipa is not too strict with them, such as arriving late or having side chatter or not being their for their interviews, because she wants them to still enjoy this process. Yelling at them would be counter-productive, as then they would not show up. Our team completely agrees with this. Felipa also has a commanding presence, though, and demands respect between each other. The women listen to her and want to learn, but also feel comfortable and enjoy themselves. This is essential to their learning, and in the future we see that it is important that we have a teacher that is trusted by the community, a respected teacher, and is knowledgeable but also fun.

Discussions with Felipa:

Throughout our time at the lake and the duration of our project work, we had various important and helpful conversations with Felipa, who is our UVA-GI project mentor in addition to the class facilitator. While we did not conduct formal interviews with her in regards to her experience as class instructor, she provided us with some key feedback and thoughts on the classes, how they could have gone better, and her qualms or doubts about continuing to teach the class in future years.

First of all, she emphasized the importance of privacy. The women do not want the entire community to know what they are talking about. The *machismo* in Guatemala is strong, and a woman can be viewed as *risqué* if she is heard discussing these topics.

Secondly, Felipa helped us to understand why teaching about birth control would be very risky. Many of the men do not like when women use birth control, as it is seen as overtly sexual and a sin. Many of the women also have many misconceptions about birth control and the harm it can cause to a body, and they are very religious. Thus, we avoided making a complete topic on birth control, and had to discuss in depth before deciding to have the women make their feby bracelets. It is important that the women get rid of these misconceptions, but if birth control is taught, it must be done in a very culturally sensitive way.

As mentioned in the observations of class three, Felipa strongly believes that being strict with the women, such as making sure they are home for their visits, would deter them from returning to the class. It is important to respect their time. Furthermore, she said that it usually takes about ten weeks for women to get used to a new schedule. They have things they are used to doing day to day, week to week, and adding in a class and an interview is a disruption to that, and we must understand that before we expect them to be present or on time for everything. Thus, we believe their returning to the class at all and paying attention was a welcomed success.

Felipa does not want to continue the class, as she does not want to be seen as a sexual or *risqué* woman by the community, and teaching about women’s health unfortunately might bring

upon that reputation in San Lucas or San Martin. It is important we find a new teacher that has a strong confidence with the community she works in, but is possibly more distant so this reputation is not as much of a concern.

Looking to the Future/Thoughts on Sustainability:

Before continuing with the course in the future, it is necessary to look at and address a few long term challenges. Each of these things is important, but they vary in the severity of the challenge as well as the feasibility to solve them.

There is a lot of side chatter during the class. This is something that is completely normal in classes with students who are friends. We want to continue to have women in the class that are comfortable with each other, otherwise the class will not flourish as first envisioned. Because of this, it is difficult to come up with a solution to this problem. It is possible that we could arrange the chairs in a different manner because the women sitting closest to Felipa tend not to talk as much. Another barrier to solving this problem is the language barrier. Most of the side chatter is in Kaqchikel, so we, as observers, do not know what the women are talking about. Possibly, if we knew what they were saying, we could help assess the problem a little better.

The next challenge that needs to be addressed is finding a new teacher. Felipa has made it very well known that she is not interested in continuing as the instructor after the pilot is finished. While this is so disappointing because of her unparalleled charm and charisma in front of a class, it is also completely understandable given her reasons. This then raises the question: who is going to continue teaching the class? We need someone who is respected by the community that they are also comfortable with but also someone who does not live within their community and is thus not overly involved in or privy to their personal lives. This is something that is hard to come by because that type of person needs to have had a relationship with the community before the beginning of the next cycle of the course. This person should also be fluent in Spanish and Kaqchikel. Also, this person should not be worried about the stigmas and taboos that will come along with teaching this course. These are a lot of requirements of the next teacher of this course, so if the search has not begun, it should because there are women in San Martin already ready to sign up for the next cycle. Something that will also help this process is that Felipa is willing to stay involved in the project in any other way that she can, so she will be there as a support for whoever is chosen to teach the next cycles of the course.

Next, the women showed a lot of intrigue into the topic of birth control methods. From the interviews conducted last year, it seemed as if birth control was too taboo to even mention in the class. However, in these past few classes, the women have been asking questions and talking about it because they have so many misconceptions about its usage and effects, especially in relation to cervical cancer. We discovered, with Felipa's help, that it may be necessary to add a class about birth control because the women have such strong, and mostly wrong, opinions of birth control and family planning in relation to cervical cancer and overall reproductive health. This is another very challenging problem because the need for the information is there, but we are not sure how to teach a topic as sensitive as this one in such a culturally appropriate and sensible manner so as to not offend the women or cause social problems within the community.

Finally, as is usually a challenge, we are not sure how sustainable the class will be in the future if strong cultural taboos like described in the previous paragraph continue to exist in the communities. The class was designed to be culturally appropriate, as it was designed using

methods that build from the ideas of the community. However, there are many taboos surrounding the subject of women's health, and we worry that we will not be able to give them the most complete and accurate picture of women's reproductive health because of these cultural barriers. Due to the strong cultural prevalence of machismo in Guatemala, it is hard to maintain an unbiased focus on women's health. This along with other ideas about women and their right to know about their bodies and their functions pose a threat to the class.

Conclusions:

In conclusion, this course proved an effective way to bridge knowledge gaps, and improve attitudes concerning WRH care in San Martin, however this research found that many participants were still unable to seek care due to the current lack of accessible resources. So while education is an effective way to address issues in WRH⁴, it should be combined with strategies to reduce barriers to screening and treatment. Finally, in order to be effective, both educators and health care providers in this population must be perceived as trustworthy. This research has highlighted the need for advocacy and community partnerships to improve WRH resources in the area. Future research should focus on refining this curriculum for use in other SLAB communities, offering a similar course for young women, and exploring the possibility of a mini course for men. Finally, future iterations of this course in other SLAB communities must adapt curriculum to the nuances of each community.