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TRIP REPORT

by

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ITINERARY

From May 16th to May 25th I worked with the other members of the SCB in Berkeley. This was followed by a one-day stop in Los Angeles for an informal consultation with Dr. Allen Johnson concerning the feasibility of using his method of time allocation studies in the project in the Solis Valley. On May 26th I flew to Mexico. My activities alternated between the field site in Solis and the National Institute of Nutrition in Mexico City.

DISCUSSIONS AND ACTIVITIES

While much of the time at the meetings in Berkeley was spent in group discussion (which resulted in the large report), each of us took responsibility for preparing specific sections of the report. My primary responsibility was to develop guidelines for the psychological (cognitive and social-emotional functioning) components of the report, based on the revised Cognitive TAG report.

Discussion with Dr. Johnson in Los Angeles helped to clarify specific features of his method of measuring time allocation. His method is primarily useful for describing community patterns, rather than individual behavior, so that it would be most useful for descriptive studies either prior to more individualized measurement or as an adjunct to core data, which could assist in

the interpretation of other measurements.

My activities in Mexico were heavily focussed in two areas:

- a) Reorganization of the research staff
- b) Development of the cognitive and social-emotional components of the study, including developing specific hypotheses and explicating the research model for the Mexican staff.

The necessity for reorganization became clear after a series of meetings with project staff, both individually and collectively. It was apparent that as we moved closer to Phase II data collection the work load and management responsibilities needed to be shared more widely than we had initially foreseen. After a series of meetings during which personnel requirements, data collection management and community relations management were all thoroughly discussed, a new organizational plan was developed. This plan calls for a series of section chiefs, each of whom is fully responsible for his or her area within the overall research plan. The chiefs are not only responsible for data collection and quality control, but also for recruitment and training of personnel involved in their area. Where data collection in different components utilizes the same research staff, procedures were established for collaborative management.

In preparing a detailed outline of data collection related to cognitive and social-emotional functioning, it was necessary to review and reanalyze the materials collected the previous fall in the pilot study in San Francisco Solis. I also spent many hours reviewing the field notes of Mr. Todd Walker, who is the research assistant working under the direction of Dr. Field.

Mr. Walker had carried out several months of research and training prior to my arrival. Chief among these activities was training one of the social workers on the staff to carry out Brazelton exams on newborns. He had also worked at translating protocols that were not available in Spanish. We discussed, at length, his experiences with administering the Brazelton and his observations of playground behavior of school children.

In addition to meetings at Solis with the field staff, I also spent time at INN in discussion with Dr .Chavez concerning his experiences with cognitive testing in other research projects. It was also valuable to review his findings from other projects, as well as findings of other Mexican researchers.

Following these activities I prepared a document outlining the specific measurements (their timing, personnel requirements, etc.) of data collection in the cognitive/social-emotional domain, which was shared with the research staff in a series of meetings. A primary purpose of the documents and the meetings was to explain the rationale for the measurements. Since most of the staff are trained in biological-medical sciences, and not in social research, we felt it was important for our Mexican colleagues to understand more fully the strengths and weaknesses of psychological data in the context of this type of holistic research. Thus, the time spent in these activities was not only for the purpose of developing better data collection for Phase II but is also part of institution-building, a component of the CRSP to which we are strongly committed. As a result of this work, we feel that the staff was well-prepared for the visits of Drs. Field and Finley when they arrived later in the summer.

In early July we recruited a section chief for the psychological component, and when she arrived at the field site, it was my responsibility to familiarize her with the project and with the work that had taken place prior to her arrival. We also discussed plans for her recruitment of a field team and the division of her labor between the two North American co-investigators.

When Dr. Finley arrived in mid-July I briefed him about the earlier developments and shared with him the materials we had developed. Following that he began working with the psychology section chief, primarily revising the cognitive test battery in order to shorten it without compromising unduly the breadth of measurement.

Another activity during July, which was carried out at INN, was a review of materials on food intake patterns and methodologies from other studies in Mexico, primarily those at INN. The desirability of this review came clear as we worked on developing the protocol for household-level food intake. Since a great deal of household level studies had been carried out in other rural areas in the country, we wanted to assess the pattern of findings to help us make decisions about what to measure and how to measure it.

Later in July I participated, together with Drs. Allen, Pelto, Mata and Chavez in meetings with Dr. Javier Barba and his colleagues, in a series of meetings concerning measurement of alcohol intake and alcohol-related problems in the research area. Since alcohol consumption affects many families in the region, we discussed ways to reduce the impact of this problem, including

techniques for identifying high alcohol users so that they can be excluded from the sample.

Dr. P. J. Pelto has primary responsibility for developing the research instruments for socio-economic and cultural data collection (as specified in our initial research proposal), so that my role with respect to this domain of data collection was mainly that of reviewing instruments in relation to other data collection procedures and materials.

PEOPLE CONTACTED

Throughout the summer I was in continuous contact with all of our field staff as well as research staff at INN (see previous reports). In addition important contacts included Dr. Barba and his staff, Drs. Luis and Leticia Vargas, concerning measurement of nutrition and health beliefs, Drs. Larissa Lomnitz and Claudio Lomnitz Adler concerning staff recruitment and Dr. Allen Johnson at UCLA.

ACCOMPLISHMENTS

My accomplishments during this trip have to be summarized in relation to the work of many other people. The trip reports of Drs. Allen and P. J. Pelto describe and summarize many aspects of the activities of this period. The quarterly report and annual report should also be referred to. Thus, the accomplishments noted below are limited to those activities described above, rather than to total accomplishments over the summer period:

1. The field team has been organized to promote more efficient data collection, with improved communication and

lines of authority.

2. The cognitive and social-emotional components of the study have been thoroughly reviewed and a section chief has been hired.

3. The socio-cultural and socio-economic data collection procedures have been thoroughly reviewed, and very effectively pre-tested and all of these are now ready for phase II data collection.

4. Household -level data and research procedures for the study of household food use in Mexico have been carefully reviewed, an activity that helped to guide the drafting of a household food intake protocol.

5. The impact of alcohol use on study objectives has been reviewed and steps are being taken to identify high users in order to eliminate them from the sample.

6. Although extensive efforts have been made to identify a female social scientist to carry out household case studies, we have, as yet, been unable to locate an individual with the appropriate qualifications who is available to work on the project.

COMMENT

Throughout the summer Dr. Allen and I participated in weekly meetings of the research staff, as well as meetings with individual members of the staff, which were held very frequently. We also met frequently with Dr. Chavez, both at INN and at the field site. Meetings with staff were intended not only to meet specific objectives (problem-solving, protocol development issues, etc.) but also to maintain maximum communication and

rapport among the staff. Many hours were spent discussing and evaluating the report from the SCB meeting in Berkeley, alternatively explaining the rationale for particular decisions and collectively assessing those decisions against the background of our field experiences. The results of those discussions are reflected in the report we sent to Berkeley in July. We feel that this process of review and communication not only advances the quality of the research, it also exemplifies the spirit of CRSP projects, stressing the development of collaborative research and institution-building. Thus, we believe that the accomplishments of the project, to date, go beyond the massive efforts of developing data collection materials, rapport-building in the communities and the ethnographic data base that have been achieved, to encompass less visible but vital accomplishments in building a committed and sophisticated research team.