PN-AAG-223

RURAL HEALTH DELIVERY SYSTEM PROJECT IN HAITI

REPORT NO. 3

SUGGESTED LIST OF SOCIO-CULTURAL FACTORS TO USE IN BASELINE DATA COLLECTION FOR OBSERVING THE SOCIO-CULTURAL FACTORS AFFECTING RURAL HEALTH SERVICES DELIVERY

Suzanne Smith Saulniers
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AID/LAC-C-1269 Haiti

1. Goal: Identify client population

Variable: Household composition

Indicators: For each person who usually resides in the household, give

age

sex

relation to head of household

Hypotheses:

1. The younger the client population, the greater the readiness to accept health innovations.
2. Females are more likely to accept new health practices for children than males.
3. Number of "restez avec" (non-biological children) in household may decrease overall food intake and affect equal distribution of health care in household. (Warren Berggren, "Evaluation of the Effectiveness of Education and Rehabilitation Centers," 1971)
4. Children of a former union may receive less health care than children of present union.
5. Presence of male mate increases acceptance of efficient contraceptives.

Variable: Parental Working patterns

Indicators: <u>Usual occupation of women</u>

jade gâse (farming only)

Madam Sara (large commerce-market woman)

autre (other)

<u>Place of work of men</u>

bitasyô (village)

section rural de lakou (rural area of residence)

autre section rural (other rural area)

Port-au-Prince

autre (other)

Hypotheses: 1. Parental absence affects type and quality of food preparation.

2. Parental absence affects frequency and regularity of diet.

2. Goal: Identify Structural Factors Affecting Predisposition to Modern Health Care

a. Variable: Religious preference

Indicator: What is your present religion?

Kotolik frâ (Catholic only)

Kotolik -- sèvi lwa (Catholic and practices vodun)

Protestant (Levajil?)

Hypotheses: 1. Kotolik frâ may accept contraceptive practices less than other religiously affiliated persons.

2. Traditional religious practices may inhibit acceptance of modern health practices of severe illnesses (Weise, 1971; Murray and Alvarez, 1973)

b. Variable: Pattern of Unions (Marital Status)

Indicator: What is your union agreement?

Rinmin

Fiyansé

Viv avek

Placé

Maryé

Hypotheses: 1. Extra-residential mating is common and an almost universal practice in early union.

2. Union stability affects risk of pregnancy.

Bases of classification: Adaption of World Fertility Survey core questionnaire to Haitian context. See: S. Negjati-Allman, "Rapport sur le Questionnaire de l'Enquête Haitienne sur la Fecunditè: Etude Linguistique." London: World Fertility Survey, 1978, as cited in Allman, James and John May, "Fertility, Mortality, Migration and Family Planning in Haiti: Draft." March, 1978, pp. 9-10.

Union Types	cohabitation	economic support	strength of relation
Rinmin	no	none? slight?	may lead to plaçage
Fiyansé	no	slight? none?	may lead to plaçage
Viv avek	no	slight	slight
Plasé	yes, generally	yes	high
Maryé	yes	yes	high

c. Variable: Socio-economic status

Indicators: Quality of housing

1) material principal du mur (wall)

palisade (palm leaves)

klisaj (waddle)

bouzie (waddle and daub)

krepi (waddle and daub and lime based white wash

blok (cement)

2) material principal de couverture (roof)

tach

pay

tel

beton

3) material principal de sol (floor)

te

planch

ciman

brik

4) glacis (cemented area for drying crops)

oui

no

5) No. des pieces (No. of rooms)

Hypotheses: 1. Persons of higher socio-economic status adopt preventive health innovations more than persons of lower socio-economic status (environmental preventive innovations)

2. There is no difference by socio-economic status in adoption of free curative medicines.

3. There is no difference by socio-economic status in acceptance of efficient contraceptives.

Bases of classification: Alers, Ted, "Haiti Rural-Urban Migration: A Case Study in Four Small Towns," IICA, 1975. Discussion with the author suggested that housing characteristics were very high correlated with other status

variables; he is effectively using them in a simple index construction in an on-going study of internal migration in the North.

3. Goal: Identify enabling factors affecting predisposition to modern health care

Variable: Exposure to preventive medicines

Indicators: Vaccination receptors of household members

1) if ever had an innoculation
2) no. of innoculations received

Previous use of efficient contraceptive practices (use World Fertility Survey for indicators)

Awareness of efficient birth control measures (use household distribution of contraceptives in Haiti questionnaire in Fond Parisien by Division of Family Hygiene and Center for Population and Family Health of Columbia University)

Hypotheses:

1. Previous exposure to preventive measures increases predisposition towards preventive care.
2. Use of efficient contraceptive measures is highest in those villages where such contraception has been available the longest. (Robert Hanenberg, Progress Report #1. Household

Distribution of Contraceptives in Haiti,
May 23, 1978)

4. Goal: Determine Birth and Death Rates

Variable: Birth rate

Indicator: No. of infants born alive during the year
No. of infants born dead during the year

Variable: Death rate

Indicators: No. of infants born and died during the year
Total number of persons who died during the year

5. Goal: Determine Morbidity Rate

Variable: List diseases

Indicator: Presence of symptoms of diseases through observation of each household member

Purpose: To determine target areas
To determine prevalence of certain diseases in specific areas

6. Goal: Determine Ecological Factors Inhibiting Service

Variable: Proximity to nearest dispensary

Indicator: How many hours does it take to walk from your house to the nearest dispensary?

Hypothesis:
1. The closer the person to service, the more likely the contact.
2. Initial treatment at a dispensary is in part determined by proximity to dispensary.