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**DESIGNING A
BASELINE STUDY AND EVALUATION SYSTEM
FOR HEALTH EDUCATION IN NUTRITION
IN COSTA RICA**

**Prepared By:
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I. BACKGROUND

The request for this project evolved out of a discussion between Dr. Robert Stickney (USAID/Costa Rica, Nutrition) and Mr. Sam Taylor (AID Washington, Population). USAID had recently concluded negotiations for a six million dollar nutrition loan to the Costa Rican Government. The loan was to cover work in five areas: information management, research, nutrition field services, nutrition education, and environmental sanitation (See Project Paper - Costa Rica Nutrition Program AID-DLC/P 2134 for additional details). Dr. Stickney was concerned that the groups working on the health education component of the project (The Ministry of Health and the Association Demografica Costarricense) would need some help in designing a baseline study and evaluation system for their component. As these groups were interested in doing far more than the traditional nutrition education program, and were also concerned with health, hygiene and family planning, Mr. Taylor felt that the Office of Population could supply the needed consultation.

My briefing for the project consisted of a brief meeting with Mr. Taylor in Boston on May 23 and a meeting in Washington, D.C. with Mr. William Bair of AID on May 25. Both agreed that from their point of view it was important to help the nutrition education program develop a family planning component and, in particular, address such problems as teenage pregnancy and the provision of acceptable contraceptives in a culturally acceptable format.

My briefing in Costa Rica consisted of written communication from Dr. Stickney, and several discussions with Ms. Marvis Knope, M. Leon Lopez, Mr. Cominsky, and Dr. Stickney. On the basis of these discussions it was clear that the situation was somewhat more delicate than had previously been assumed for the following reasons. First, there had been a change in government since the nutrition loan was negotiated, and most loan related activities (other than planning) were temporarily suspended so that the new government and the AID Mission could process the loan. Secondly, it appeared that the local group for the Health Education Division to carry out the design and execution of a baseline study and evaluation was the Nutrition Research group in the Ministry of Costa Rica (INISA), but there was some tension

between the two groups and the government was undecided about the extent to which the University should be brought into the Nutrition loan program. Finally, the government attitude towards technical assistance in general could best be described as wary, and I was asked to keep a low profile and to make it clear I was working for the Health Education Division, and not the other way around. This last request was complicated by the fact that the Health Education Division was extremely ambivalent about the need to do a baseline study at all.

Throughout the consultancy period the AID Mission staff were responsive to my requests for information and provided useful feedback on the work in progress.

II. THE SITUATION WITH THE PROJECT

In the Health Education Division, I worked primarily with Ms. Vilma Solano (Head of the Division) and with Pepe Sanchez, Federico Bonilla and Leda Badilla, health educators. In our initial meeting, they explained that they needed an evaluation of the nutrition education program which was about to begin as part of the loan activities in order to demonstrate its usefulness so that the Costa Rican Government would continue to allocate funds to it after the loan money ran out. They felt they did not need a baseline study, but that they did plan to go out to several communities and tape record people asking questions about health, nutrition and family planning, so that the questions and answers could be used in the radio programs they were planning to run. It was clear that a major reason the idea of a baseline study (and also the evaluation) was not acceptable was that no one in the group had any experience with doing such studies. When it was pointed out that a baseline study could help in the planning of the program and was also needed as a benchmark to make the evaluation more meaningful, the group was more positive on the subject.

The Health Education Division's assessment of what needed to be done included the following:

- 1) The specific priorities for the education program remained to be set. It turned out that the health education group did not feel that this was up to them, but to Dr. Carlos Diaz Amador, Head of the Nutrition Division in the Ministry of Health.
- 2) Once the priorities were set, major themes addressing those priorities needed to be developed. Radio programs would then be based on health education related to those themes.
- 3) A baseline study needed to be designed and carried out. Somehow, this study should include some opportunity for the nutrition education people to tape questions and ideas from the community.
- 4) Radio (and other) programs needed to be developed based on the existing attitudes, beliefs and behaviors as identified by the baseline study.
- 5) An evaluation plan needed to be developed.

It was never entirely clear where the idea that the nutrition education program was to be a radio program only came from. During my stay in Costa Rica, several public health workers at various levels in the health system requested

printed materials (pamphlets and posters) and suggested the use of television in addition to radio.

The radio program was to be developed and produced in conjunction with the Asociacion Demografica Costarricense (ADC), by means of a subcontract with them which was reportedly signed while I was in Costa Rica, although the key liason person was hospitalized and I never got the chance to talk with her. The ADC was already producing a radio program, called "Las Placticas de Don Rafael" with the Health Education Division of the MOH. Theoretically, the new radio program was to begin in August 1978, so there was pressure to design and conduct a baseline study as rapidly as possible.

During my initial assessment of the situation, as well as throughout my stay in Costa Rica, several things became evident. These were:

- 1) Lack of Communication: The Health Education Division was not in communications with several other groups which could have helped them with the design of a baseline study and evaluation. These included a research group (mostly fairly abstract survey research) in the Ministry of Health itself, the Nutrition Research Group in the University (INISA), and several private research groups such as CID. Also, there were existing studies on the subjects the radio program wanted to deal with (such as lactation) right in the Ministry of Health as well as in the University and in journals, and elsewhere (as with the Contraceptive Prevalence Survey commissioned by AID).
- 2) Family Planning: The Nutrition Education Division was already extremely motivated in favor of family planning, and had already produced and dissiminated educational materials on the topic. These included very good articles in their two book length pamphlets entitled Salud Para Todos (I and II) being distributed all over Costa Rica. In addition, I read 50 scripts for the radio show "Las Placticas de Don Rafael" and found that many of them either focussed directly on family planning or included it with other topics (such as child care). Examples of these programs include ones dealing with spacing, too many children, teen-age pregnancy, not getting pregnant when you are overweight, and getting pregnant only when your health is excellent.
- 3) Power: The Health Education Division had little influence, except through individual persuasion and contacts, over many relevant aspects of health care delivery. For example, they were unable to

stop or modify the milk give-away programs which are helping to reduce breast feeding, and they are unable to persuade the Ministry to liberalize its contraceptive distribution program so that community health workers could distribute contraceptives without waiting for infrequent physician visits to the health posts.

III. INITIAL PROCEDURES

A. Approach

I felt it was important to involve members of the Health Education Division in every aspect of the work for several reasons. First, they had the greatest knowledge of the existing programs and situations in Costa Rica. Secondly, they would be implementing any decisions made and so needed to participate in the decision making process and increase their skills in this type of project. Ideally, they would learn more about how to design a survey and evaluation, and know where in Costa Rica to go for help in such projects in the future.

Consequently, I asked that one person in particular be assigned to work with me on every aspect of the project and to continue to direct it. Vilma Solano assigned Pepe Sanchez to do this. Pepe had just returned from the School of Public Health in Sao Paulo, Brazil, and this project would give him a chance to apply some of his studies.

B. Priority Setting

On June 13, 1978 Federico Bonilla and I met with the Head of the Nutrition Division, Dr. Carlos Diaz Amador, in order to discuss the themes for the proposed radio program. Dr. Diaz identified lactation and the nutrition of the infant from 0 - 12 months as having the highest priority. The nutrition of children from one year to 5 years (the pre-school child) and nutrition during pregnancy were described as also important, but of lower priority. Dr. Diaz left the details of the program to be worked out by the Health Education Division and Ms. Celine Vargas, a nutritionist from the Nutrition Division already serving as liason between the two divisions on other educational efforts. During several meetings over the next few days, the following program priorities were established.

1. Primary objectives: The first year of life.

A. Lactation.

- 1) That more mothers should initiate breast feeding.
- 2) That more mothers should continue breast-feeding for at least six months.

- 3) That nursing mothers should be aware of and practice good nutrition for themselves.

B. Nutrition in the child 0 - 1 (in addition to breast-feeding).

- 1) That supplementary foods be introduced between 3 and 6 months.
- 2) That supplementary foods be of good nutritional quality.
- 3) That infants receive enough milk and other food for their needs.

C. Hygiene.

- 1) That good hygiene be observed in the preparation of infant's food.
- 2) That mothers maintain good personal hygiene for themselves and their children.

D. Family planning.

- 1) That women with children under 1 year of age avoid becoming pregnant (spacing).
- 2) That people be made aware of the risks of early (teenage) pregnancy (especially under age 16) and that efforts be made to help prevent these pregnancies.
- 3) That people be made aware of the risks of pregnancy in older women (particularly women over 39).

2. Secondary objectives.

A. Pregnancy.

- 1) That pregnant women be well-nourished in terms of both quantity and quality.
- 2) That pregnant women and health personnel be warned of the risks

of taking medications during pregnancy.

- 3) That pregnant women know how to prepare themselves for breast-feeding and how to initiate it.

B. Nutrition of the pre-school child.

- 1) That the children's diets be of good nutritional quality.
- 2) That children receive enough food.
- 3) That children learn personal hygiene.

After their approval by Ms. Solano, these expanded objectives were discussed with Dr. Diaz who also concurred with them. During discussions with Diaz and Solano and with the Health Education Division staff, the point was made that the proposed objectives were still very general. For example, it would be better to know how many mothers initiate lactation and to aim for a specific level of improvement. Ideally, the baseline study and other available information such as the recent Contraceptive Prevalence Survey should provide a clearer sense of current attitudes and behaviors and their frequency in order to set more specific program priorities and also to measure changes after the program has been operating for some time.

IV. THE BASELINE STUDY

A. Objectives

Plans for the baseline study evolved over the two week period as a result of meetings among the Health Education Division Staff and the Nutrition Division representative, and with P. Jose Carlo and Carlo Pena at COF (Catholic group which runs a sex and family planning education radio program). Marcos Bogan, Carlos Denton and Olga Acuna at IDESPO (Institute of Social Studies in Population) and Marcos Bogan at ADC (Costa Rican Demographic Association).

The specific aims of the baseline study were:

- 1). To establish the level of knowledge, beliefs, attitudes and actual behavior of the population (the radio program would be nationwide) with relation to:
 - a. Lactation.
 - b. Nutrition of the infant from 0 to 12 months.
 - c. Nutrition during pregnancy.
 - d. Nutrition of the pre-school child.
- 2). To utilize this information in developing the content of the radio programs.
- 3). To tape some conversations with people in the areas surveyed in order to use the taped conversations as part of some of the radio programs.

B. Methods

These specific aims were to be accomplished by the following methods:

1. To select at random three urban Health Centers and 12 rural Health Posts in all five health regions.
2. To obtain data from Health Workers by holding group discussions with the staff of the Health Posts and Centers in order to discuss their ideas on:

- a. The levels of knowledge and practices in their communities for the areas defined as priorities for the program.
 - b. Potential obstacles to components of the program.
 - c. Their suggestions for topics and ways of handling topics. More time would be spent with staff dealing directly with patients such as nurses, auxiliary nurses, sanitary inspectors, community health workers, rural health workers and nutrition workers than with administrative personnel.
3. In each community served by the Health Posts and Centers selected at random, to interview 30 women selected at random on the basis of the excellent household information maintained by the health system for each service area. The women would have to meet at least one of the following criteria: have recently formed sexual union, be pregnant, or have children under the age of six. This corresponds to the population on which the program would like to have the most impact. This would result in a nationwide sample of 450 women. The questionnaire would be based on the priorities of the program, but would also include questions on the usefulness of the existing radio program (Las Platicas de Don Rafael) and ideal times of the day for broadcasting this type of program.

C. Group Interviews with Health Workers.

The group interviews with health workers were introduced into the baseline study for several reasons. First, in my experience program planners and administrators often ignore their staff, particularly at lower levels (the people who are usually in closest contact with the community) in program planning and evaluation. Health workers can provide valuable information on community health behavior, and also reveal their own attitudes towards the community. It seemed that some direct contact with health workers would provide immediate input in planning both the program and the survey. Also, the Health Education staff were somewhat concerned about potentially controversial themes, such as family planning, feeling that health workers would not want to discuss them. It seemed important to see what the health workers thought.

Finally, by obtaining first the health workers' impressions of beliefs and behavior of women in a given community and then interviewing some women in the same community, an interesting comparison could be made between the two sets of information, which might be of use to the Ministry of Health in program planning.

During the course of my stay in Costa Rica, we designed an open-ended interview guide for group interviews with health workers, tested it in one rural and one urban setting, redesigned the instrument, and conducted interviews in four locations (two rural and two urban) which had been selected at random as part of the baseline study sample. During the course of doing this, three of the health educators were trained in the art of designing and conducting this type of interview. Data recording and analysis procedures were also established (see Appendix A).

Several interesting developments in this process were that we learned a great deal from clinic personnel about acceptance of the existing radio program, and about other materials prepared by the health education division (including the fact that there was a distribution problem in that some locations had never received some materials). Also, when health workers were asked which of the planned program aspects they considered most important, a strong concern with the need to prevent teenage pregnancies and closely spaced births emerged. Health workers also criticized restrictions on contraceptive distribution and the distribution of powdered milk which interferes with lactation.

D. The Community Survey.

During the course of my stay in Costa Rica, we designed, pre-tested, coded and modified a questionnaire for the community study. The questionnaire included questions on household membership, house construction (only three items to evaluate sanitation and socio-economic status), sanitation, the woman's age, number of births and living children, educational status, and beliefs and behaviors in relation to nutrition during pregnancy, lactation, infant and child nutrition, family planning, and response to illness in children. Questions are also asked on familiarity with and attitudes towards the current radio program (las Platicas de Don Rafael), and what sort of health information the women would like included in future radio programs, and ideal listening hours for such programs. The second version of the questionnaire was typed after I left Costa Rica, and is not available for inclusion in this report.

It was clear that the Health Education Division would need to contract out many details of the survey, such

as data collection and processing, and would also need additional technical assistance in planning and running the survey. A search for such resources within Costa Rica revealed several good possibilities. The two most appropriate seemed to be IDESPO and INISA (the nutrition group at the University headed by Dr. Leonardo Mata). Detailed discussions were held with both groups, but a final choice had not been made at the time of my departure. In my opinion, IDESPO would be the easiest to work with in terms of efficiency and compatibility of people and approaches, but as a private group it would be more difficult for the Ministry of Health to subcontract with IDESPO than with the University. Both groups appeared technically very strong, with INISA having greater strength in the subject matter of nutrition, and IDESPO in demography. Both groups have good records for the successful completion of similar projects.

V. EVALUATION

During discussions with the professionals in the Health Education Division, the following evaluation objectives and procedures were outlined.

A. Program Use: To measure the coverage (number of people exposed to the program and frequency of contact with it) of the radio program and to measure the people's understanding of the content.

1. Purpose

- a. Improve program content and its administration (when offered, etc.).
- b. Establish levels of program coverage and people's comprehension of content in order to establish the yield of the program.

2. Methodology

- a. Repeat the baseline study applying the same questionnaire to the same sample (IDESPO recently was very successful in locating people for reinterviews several years after an initial interview). Add same questions on the radio program in order to assess people's attitudes and understanding.
- b. Do a small evaluation of letters commenting on the program which are sent by listeners (COFF has experience with this kind of evaluation and is willing to help).

B. Program Impact

1. Purpose

- a. Measure changes in knowledge and attitudes.
- b. Measure changes in behavior.

2. Problems: The point was made that it is hardly ever possible to directly attribute changes in health beliefs and behaviors to a specific

program. Nevertheless, some change in the desired direction is worth noting (and conversely no change indicates some problems). In addition, it is difficult to measure actual behavior since surveys usually only tell the researcher what people say or think they do. The baseline study and evaluation will not attempt to use participant observation to measure behavior change, but the interviews with clinic personnel should be of some help in this regard. Also, anthropology and psychology students from the University could be encouraged to do relevant participation observation projects.

1. Methodology (To be applied approximately two years after the baseline study):
 - a. Repeat the baseline study, applying the same questionnaire to the same sample, adding questions on the radio program.
 - b. Repeat discussions with Health Center and Health Post personnel, adding questions on the radio program.
 - c. Compare the results of the baseline study with the results of the follow-up (evaluation survey).

As with the baseline study, it was clear that the Health Education Division would need ongoing help in planning and conducting the study, and would want to contract out much of the data collection and analysis. Ideally, this assistance would be obtained from the same group in both cases.

VI. ADDITIONAL OBSERVATIONS AND CONCLUSIONS

A. Family Planning.

During my briefing, I was asked to help include family planning aspects in the nutrition project and to assess responses to family planning programs and obstacles to them. As stated earlier in this report, the Health Education Division sees family planning as an important and integral part of health, and gives it extensive and well-produced coverage in health education materials, existing radio programs, etc. The staff mentioned that they sometimes find themselves defending family planning to other people in the Ministry. For example, they are arguing with some colleagues over the medical risks of teenage pregnancy, and would like to receive some scientific articles on the subject to help them make the point that early pregnancy can cause problems for mothers and their children. In sum, this group is already doing a good job in this respect.

The problems in Costa Rica in relation to access to contraception exist in areas which were not the focus of my work there, so I was not able to have many direct discussions on the topic with people. From the discussions I was able to have, and some other observations, the following points emerged:

- 1) It is still a sensitive topic in Costa Rica, and people in the Ministry of Health seem cautious about it.
- 2) Health workers we talked with seemed somewhat frustrated with the obstacles to contraception. This was particularly true for the health posts, where the rural health workers cannot distribute most contraceptives and must wait for the monthly (or less frequent) visit by an appropriate physician. In one health post I was told that the physician only worked a certain number of hours, and would leave even if there were women still waiting to be seen. In a health clinic I saw a woman who had traveled four hours to reach the center spend nearly all day there, most of it waiting for different people and procedures.
- 3) Health workers report a lot of problems

with method acceptability. For example, the condom is not well-accepted ("It's like taking a shower with a raincoat on") and women feel the IUD becomes embedded (se encarna). Lactating women are not given the pill. Workers asked for more types of methods and for better methods.

- 4) When I asked several different people why health workers at the health posts couldn't distribute most contraceptives using a simple screening questionnaire to identify women who should see a doctor (particularly for resupply), I was told that the national nurses organization was opposing the delegation of this type of authority to auxiliary nurses and other types of auxiliary health workers.
- 5) My general impression is that the idea of non-clinical distribution is opposed at clinical and administrative levels beyond the levels of auxiliary health workers and rural health workers and consumers. This is true both within and outside the Ministry of Health. Naturally, there are individual exceptions to this.

B. The Nutrition Education Radio Project.

In my opinion, the Nutrition Education radio project should be thought through more carefully in terms of the following considerations:

- 1). The existing radio program, "Las Platicas de Don Rafael", already has a lot of nutritional content. When I brought this up, I was told that the new program would go into much more detail.
- 2). "Las Platicas de Don Rafael" should be evaluated before final decisions are made on the nature, extent and structure of a new program.
- 3). Radio is not the only way to go. The Head of the Nutrition Division (Dr. Diaz) and several health workers thought some modest television spots should be attempted and that more printed material is needed. Unlike most of Latin America,

television has extremely wide coverage in Costa Rica. There is also a government educational station which could be used.

- 4). In terms of health problems in Costa Rica, is a nutrition radio program of the highest priority? It may be possible to answer this question positively because a broad program is envisioned, which would cover environmental sanitation, hygiene, family planning, etc., but then how is that different from the existing program and is it worth the time of the Health Education Division staff to put more time into this? Again, the depth of the program content may help justify it.

C. Communication

As noted at the beginning of this report, communication among programs and researchers in Costa Rica is not optimum. There is little attempt to find out what others have done before launching a project. There are also obstacles to working with other groups. For example, the Nutrition Loan has a provision for a research and evaluation group within the Ministry of Health. However, it was apparent that the group would not be able to respond to the Health Education Division's need for immediate input. In another instance, the Nutrition Division asked several anthropologists at the University to help design a baseline study. The proposal that was presented was interesting, but focussed on questions other than nutrition and would take several years before data would be available. It may still be possible to work with this group, but their research would have to be considered complimentary to the baseline study and evaluation rather than replacing them.

In the case of relationships between the Nutrition Education Division and COFF and the ADC more communication was evident. ADC and the Division were working together closely and harmoniously on the radio program. There was also good communication with COFF on some matters of educational material, and there is potential for communication on evaluation. COFF is about to initiate an evaluation survey and would be willing to include some questions on "Las Platicas de Don Rafael" in exchange for some questions in the baseline study of COFF's radio program. Also, Dr. Jose Oliva conducted an extensive evaluation of letters received by COFF in regard to their program, and COFF is willing to share their experience with that type of evaluation.

In general, AID and other technical assistance personnel

can help by trying to get people in touch with each other, while at the same time being careful not to force alliances which will not succeed.

E. Baseline Study and Evaluation.

I do not think the Health Education Division personnel should attempt to become experts in conducting this type of study, or that they should try to administer the data collection and analysis. This would mean spreading this capable group too thin in terms of time, energy and responsibility. I do think it important for some people in the Division to understand what such studies can and cannot accomplish, how to define what they want to study, and how to work with a research group on the design and executive of such a project, as well as on the interpretation of the findings. I believe several people in the Division, particularly P. Sanchez, are on their way to developing this capability. However, it is important that the Division contract a research group which is willing to work closely with them, and that P. Sanchez and others stay involved in the project.

F. Follow-up

The Health Education Division Head asked if I could return to help implement the baseline study and to work on the interpretation of the data. A return trip was scheduled for August, 1978, but was later cancelled because the project was not far enough along for it to be worthwhile.

A debriefing session was held at USAID, Office of Population, on July 11, 1978, where much of the content of this report was presented verbally:

D. Conclusions

The original purpose of the consultancy was to help the Nutrition Education Division of the Ministry of Health of Costa Rica plan a baseline study and evaluation for a nutrition education radio program funded under a nutrition loan from USAID to Costa Rica. I was also to help the health educators include family planning and other health messages along with the nutrition content of the program. At the same time, there was concern that this work be done in a low key manner. During the course of my stay, goals were established for the program (including a strong family planning component, particularly where spacing was concerned), a baseline study was designed, and a questionnaire designed, tested and pre-coded. Evaluation plans were discussed and outlined. Contact

was made between the Health Education Division and other groups doing similar work, and detailed discussions were held with two groups which might be subcontracted to conduct the baseline study and evaluation. The Health Education staff was also put in closer touch with health workers at the community level through group interviews with them. The Health Education staff was already so strongly committed to family planning that little needed to be done in that respect. Finally, I thoroughly enjoyed working with the Health Education staff, whom I found to be quite capable and dedicated. On the basis of their comments and the working relationships with them, I believe the Health Education Division staff also enjoyed and learned from our work on this project.

San José, 20 de Junio de 1978.

**GUIA PARA ENTREVISTAS CON EL PERSONAL DE
CENTROS Y PUESTOS DE SALUD.**

1. Estas preguntas se harán para fomentar discusiones en grupo con los grupos de personal :
 - a. Enfermeras
 - b. Inspectores de Saneamiento
 - c. Asistentes de Salud Comunitaria
 - d. Asistentes de Salud Rural.

2. Se grabarán las discusiones.

3. Se le dirá a los grupos que la grabación es para anotar no más. No se pondremos atención a la identidad de ellos sino a sus sugerencias.

4. Se deben conservar las grabaciones: tras anotar los aspectos importantes de la discusión.

G **Forma de Anotar los Aspectos Importantes de las**
Grabaciones

1. Escuchar la grabación, parándola y volviendo a escuchar una porción así es necesario.

2. Anotar todos los puntos. (Por ejemplo :
 " Traen a los niños al Centro de Salud sólo cuando están demasiado enfermos "
 " No piensan en espaciar los niños. Esperan para planificar hasta que ya no quieren más "
 " Toda medicina que se consigue sin receta médica no la ven como medicina y la toman durante el embarazo y la lactancia ".

3. Ordenar los puntos según el sujeto.

4. Comparar los puntos hechos entre todos los grupos. Anotar los más comunes.

5. Utilizar los puntos para escoger temas para el programa de radio.
 (No sólo el de nutrición sino también Las Pláticas de don Rafael)!

Guía para Entrevistas con el Personal de Centros y

Puestos de Salud

(Segunda versión)

A. INTRODUCCION :

Propósito es de buscar su consejo para el diseño de un programa de radio sobre nutrición.

B. EMBARAZO :

1.- Cuando se inicia el cuidado prenatal (cuando empiezan a llegar a Centros de Salud) ?

2.- Peso durante el embarazo:

a. Aumento ideal

-- Según las madres

-- Según ustedes

b. Creencias de las madres sobre el peso. Qué hacen ellas?
(Comportamiento).

3.- Alimentación durante el embarazo :

a. Creencias (qué se debe comer, cómo influye al niño, etc.)

b. Comportamiento

c. Quién guía la alimentación durante el embarazo (suegra, personal de salud, etc.)

d. La embarazada lactante. Deja rde lactar o no ?

-- Qué hace ?

-- Qué debe comer ?

B. Medicinas

— Se toman durante el embarazo ?

— Cuáles ?

4.- Edad

a. Creencias de la gente sobre el embarazo precoz.

(Existe la idea de una edad cuando una mujer es demasiado joven para el embarazo ?)

b. Comportamiento.

5.- Espaciamiento de embarazos

a. Creencias

b. Comportamiento

6.- Obstáculos al cambio de creencias y comportamiento acerca del embarazo.

C. LACTANCIA :

1.- Quiénes ?

a. Mujeres jóvenes ?

b. Mujeres de más edad ?

c. Otros criterios .

2.- Por qué ? (o por que no ?)

a. Creencias

- Sobre qué leche es mejor (de vaca, en polvo, materna)

- Sobre por qué no tienen leche

- Sobre por qué se seca la leche

- Otros:

Leche materna es rara

Madre enferma no puede amamantar

Preocupaciones disminuyen

Etc.

b. Comportamiento.

3.- Hasta qué edad del niño ?

a. A qué edad suplementan la alimentación. Por qué ?

b. Edad destete

c. Razones destete

d. Otras creencias. Por qué no tienen leche ?

4.- Alimentación de la madre

a. Creencias (qué produce leche,—qué ayuda a que baje, qué hace daño, etc.)

b. Comportamiento

- Medicinas : Cuáles no se deben tomar en el embarazo según ellas ?

- Líquidos : Ayudan a aumentar la leche ? Cuáles ?

5.- Método de planificación y la lactancia

a. Creen que la lactancia evita embarazo ?

b. Creen que existe un método que no se debe usar cuando está amamantando ?

D. ALIMENTACION DEL NIÑO :

1.- Qué deben comer los niños ?

a. Creencias niños 0-1 año

b. Comportamiento

- Preparación de leche

- Confitos

- Comidas pesadas, calientes, frescas

- Comidas buenas

- Comidas que hacen daño

c. Creencias niño 1-5

d. Comportamiento.

2.- Preparación de la comida

a- Higiene

b- Dilución de la leche

3.- Enfermedad

a. Cómo definen enfermedad ? Como saben ellas que un niño está enfermo ? Cuando llevan al niño al personal de salud ?

b. Qué hacen (esp. comida), cuando hay

- Diarrea

- Problemas respiratorios

- Calentura

- Vómitos

- Eruptivas (Sarampión y varicela)

- Parásitos.

F. PROGRAMA DE RADIO

- 1.- Ustedes (el personal) han escuchado las Pláticas de don Rafael?
- 2.- Qué les parece ?
- 3.- Saben si por aquí se escucha ?
- 4.- Saben qué opinión tendrá la gente por aquí sobre ese programa ?
- 5.- Por acá, durante qué horas del día se pondría más atención a un programa de radio ?

G. SUGERENCIAS

- 1.- Qué problemas relacionados a los temas que hemos discutido aquí les preocupan más ?
- 2.- Qué sugerencias tienen para el programa de radio ?

CHRONOLOGY

June 11 (Sunday)

Left Los Angeles 10:30 A.M.

Arrived San Jose 7:30 P.M.

June 12 (Monday)

1) At AID Mission:

- a) Met with Morris Knospe.
- b) Met with J. Cominsky, M. Knospe, and L. Lopez.
- c) Met with L. Lopez.
- d) Met with S. Knabel (Mission Director).

June 13 (Tuesday)

1) Ministry of Health:

- a) Briefing session with V. Solano, (Division Head, Health Education).
- b) Meeting with rest of health educators and C. Vargas, nutritionist.
- c) Reviewed current nutrition and family planning education materials.
- d) Met with C. Diaz Amador (Division Head, Nutrition)

June 14 (Wednesday)

1) Ministry of Health:

- a) Met with F. Bonilla, V. Solano, and P. Sanchez.
- b) Worked with F. Bonilla and C. Vargas on survey design.
- c) Read scripts for "Las Pláticas de Don Rafael".

2) With Bonilla, went to COFF and met with Padre J. Carlo to discuss their family planning-oriented radio program and their evaluation plans.

June 15 (Thursday)

1) Ministry of Health:

- a) Met with V. Solano for update and discussion.
- b) Worked on draft of questionnaire for survey and plans for evaluation.

Appendix B: Chronology, continued

June 15 (Thursday) - Cont'd.

- c) Met with V. Solano concerning evaluation plan.
- 2) Working session at COFF with Bonilla, P. Carlo, and R. Osorio concerning including some questions for the MOH on COFF's evaluation survey.

June 16 (Friday)

1) Ministry of Health:

- a) Worked on questionnaire.
- b) Met with F. Bonilla, L. Badilla and P. Sanchez concerning questionnaire and field trips.
- 2) With P. Sanchez and L. Badilla to urban clinic to pretest clinic interview guide and to get a sense of an urban clinic.

June 17 (Saturday)

- 1) Went to rural health post (Palmichal de Acosta) with L. Badilla to pretest clinic staff interview and get a sense of a rural area and and rural health post.

June 18 (Sunday)

Meeting with R. Stickney.

June 19 (Monday)

1) Ministry of Health:

- a) Met with F. Bonilla and nurse from the Rural Health Division to select sample of health Posts and Centers for the Survey.
- b) Went over project priorities with Health Ed staff and listened to tape from Friday's interview with them.
- c) Worked on questionnaire
- 2) Went to ADC (Asociacion Demografica Costarricense) with L. Badilla. Met with M. Bogan about Demografica's portion of the project.

June 20 (Tuesday)

1) Ministry of Health:

- a) Worked on questionnaire with L. Badilla.

2) University:

- a) Met with M.E. Bozzelide Wille and E. de Piza, anthropologists, re their potential involvement in the project.

Appendix B: Chronology, continued

June 20 (Tuesday) - Cont'd.

3) AID

- a) Meeting with R. Stickney.

June 21 (Wednesday)

Went to Puntarenas Health Center with F. Bonilla. Also to Health Post San Rafael de Esparza. Conducted group interviews with staff.

June 22 (Thursday)

1) Went to IDESPO with F. Bonilla. Met with C. Denton, O.M. Acuna and M. Bogan re the possibility of contracting out portions of the baseline study to them.

2) Ministry of Health:

a) Briefed V. Solano on the morning's discussion. Decision made to assign P. Sanchez to coordinate the project.

b) Met with a student of Mata's who had just completed a study of lactation.

c) Completed 1st draft of questionnaire.

3) Dinner with Stickneys and Mata.

June 23 (Friday)

1) Pretested questionnaire in nearby community (Santa Ana) with L. Badilla.

2) Revised questionnaire with health ed. division staff.

3) Met with Mata (Head of INISA) and V. Solano to discuss contracting out baseline study to INISA.

June 24 (Saturday)

1) Hospital San Juan de Dios: attended childbirth education class and spent several hours in labor and delivery rooms at the request of hospital staff.

2) Met with C. Vargas (Nutrition).

June 26 (Monday)

1) Ministry of Health:

a) Summary meeting with V. Solano, C. Diaz (Nutrition), M. Assis (Director of Health Services), R. Stickney, a representative from the ADC, and Health Education Staff to discuss progress over the past two weeks and future plans for the project.

Appendix B: Chronology, Continued

June 26 (Monday) - Cont'd.

- b) Met with Olga Acuña, V. Solano, P. Sanchez and F. Bonilla to discuss who should conduct the baseline study.
- c) Worked on revising questionnaire with Health Education staff.

2) AID:

- a) Met with R. Stickney, M. Knospe, J. Cominsky and L. Lopez for debriefing.
- b) Brief phone conversation with P. Carlo of COFF.

June 27 (Tuesday)

Left Costa Rica 7:30 A.M.

MINISTERIO DE SALUD
DEPARTAMENTO EDUCACION PARA LA SALUD
26 JUNIO 1978

PLAN DE ESTUDIO BASE Y EVALUACION DE
PROGRAMA RADIAL VOCES DEL PUEBLO

I PRIORIDADES DEL PROGRAMA (OBJETIVOS)

A. Objetivos principales: El primer año de vida del niño

1. Lactancia materna

- a. Que más madres inicien la lactancia
- b. Que más madres mantengan la lactancia por lo menos hasta los seis meses de vida del niño.
- c. Que se alimente bien la madre lactante.

2. Alimentación del niño 0-1 año

- a. Que se empiece a introducir los alimentos complementarios entre 3 y 6 meses de edad.
- b. Que sean de buena calidad nutricional los alimentos del niño.
- c. Que sea suficiente la cantidad de alimentos del niño.

3. Higiene

- a. Que haya buena higiene en la preparación de la leche y otras comidas.
- b. Que la madre mantenga buena higiene personal y la de sus hijos.

4. Planificación

- a. Que se evite un embarazo en la mujer que tiene un niño menor de un año (espaciamiento)
- b. Que el público este conciente de los riesgos del embarazo precoz (especialmente menor de 16 años), y que se eviten algunos de estos embarazos.
- c. Que el público esté conciente de los riesgos del embarazo en la mujer mayor de 39 años.

B. Objetivos secundarios (de menos prioridad que los anteriores)**1. Embarazo**

- a. Que tenga buena alimentación (calidad y cantidad) la mujer embarazada.
- b. Que las mujeres embarazadas hagan todo lo posible de no tomar medicamentos de ninguna clase.
- c. Que las mujeres embarazadas sepan como prepararse para la lactancia y como iniciarla.

2. Alimentación del niño pre-escolar

- a. Que sea de buena calidad
- b. Que sea de cantidad adecuada.
- c. Que se prepare higiénicamente
- d. Que el niño practique los hábitos de buena higiene (incluso higiene dental).

II ESTUDIO BASE

A. Propósito

1. Establecer el nivel de conocimiento, creencias y actitudes (comportamiento) de la población con respecto a:
 - a. Lactancia
 - b. Alimentación del niño de 0-1 año
 - c. Nutrición en el embarazo
 - d. Alimentación del niño pre-escolar.
2. Utilizar esta información como guía en el diseño del programa
3. Utilizar las respuestas grabadas durante algunas de las entrevistas, para el estudio base en el programa de radio.

B. Metodología (tentativa)

1. Escoger 3 Centros de Salud urbanos y 12 Puestos de Salud en las 5 Regiones de Salud.
2. En estos Centros y Puestos, reunir dos grupos (según el personal que tenga el Centro o Puesto) a fin de lograr su criterio sobre:
 - a. El nivel de conocimiento y las costumbres actuales en la comunidad sobre los temas del programa.
 - b. Posibles obstáculos a aspectos del programa
 - c. Sugerecias

d. Los grupos consistirán en:

Enfermeras

Auxiliares de Enfermería

Inspectores de Saneamiento

Asistentes de Salud Comunitaria

Asistentes de Salud Rural.

Asistentes de Nutrición

3. En las mismas comunidades, encuestar a 30 mujeres recién "casadas", embarazadas o con hijos menores de 5 años, seleccionadas al azar, si es posible, con el cuestionario para el estudio base.

Este cuestionario se basa en los temas del programa e incluye unas preguntas diseñadas para buscar respuestas que se utilizarían en el programa de radio.

III EVALUACION

A. Medir la cobertura (penetración) del programa y comprensión del contenido.

1. Propósito

- a. Ir mejorando el programa continuamente
- b. Establecer niveles de cobertura y comprensión para ayudar en el cálculo del rendimiento del programa.

2. Metodología

- a. Repetir la encuesta basada en términos de preguntas y de las personas encuestadas. Se debe añadir preguntas sobre el programa de radio.
- b. Hacer una pequeña evaluación de las cartas que llegan comentando y preguntando sobre el programa de radio.
- c. Usar a. y b. para evaluar también el contenido del programa.

B. Medir el impacto del programa

1. Propósitos

- a. Medir el cambio en conocimiento y creencias.
- b. Medir el cambio en las costumbres de la comunidad.
(comportamiento)

2. Metodología

- a. Repetir la encuesta base, entrevistando a las mismas señoras. Añadir preguntas sobre el programa de radio.
- b. Repetir las discusiones con el personal de los Centros y Puestos de Salud Rural. Agregar preguntas sobre el programa de radio.
- c. Comparar los resultados de la encuesta base con la encuesta de evaluación.