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Mass Media and Health Practices

IMPLEMENTATION

9

DEVELOPMENTAL INVESTIGATION PROTOCOL

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MASS MEDIA & HEALTH PRACTICES

PROJECT IMPLEMENTATION

Academy for Educational Development, Inc.

Sponsored by the Office of Health and Office of Education
Development Support Bureau
UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT

Document #

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DEVELOPMENTAL INVESTIGATION PROTOCOL

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DEVELOPMENTAL INVESTIGATION PROTOCOL
HONDURAS SITE

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MASS MEDIA & HEALTH PRACTICES

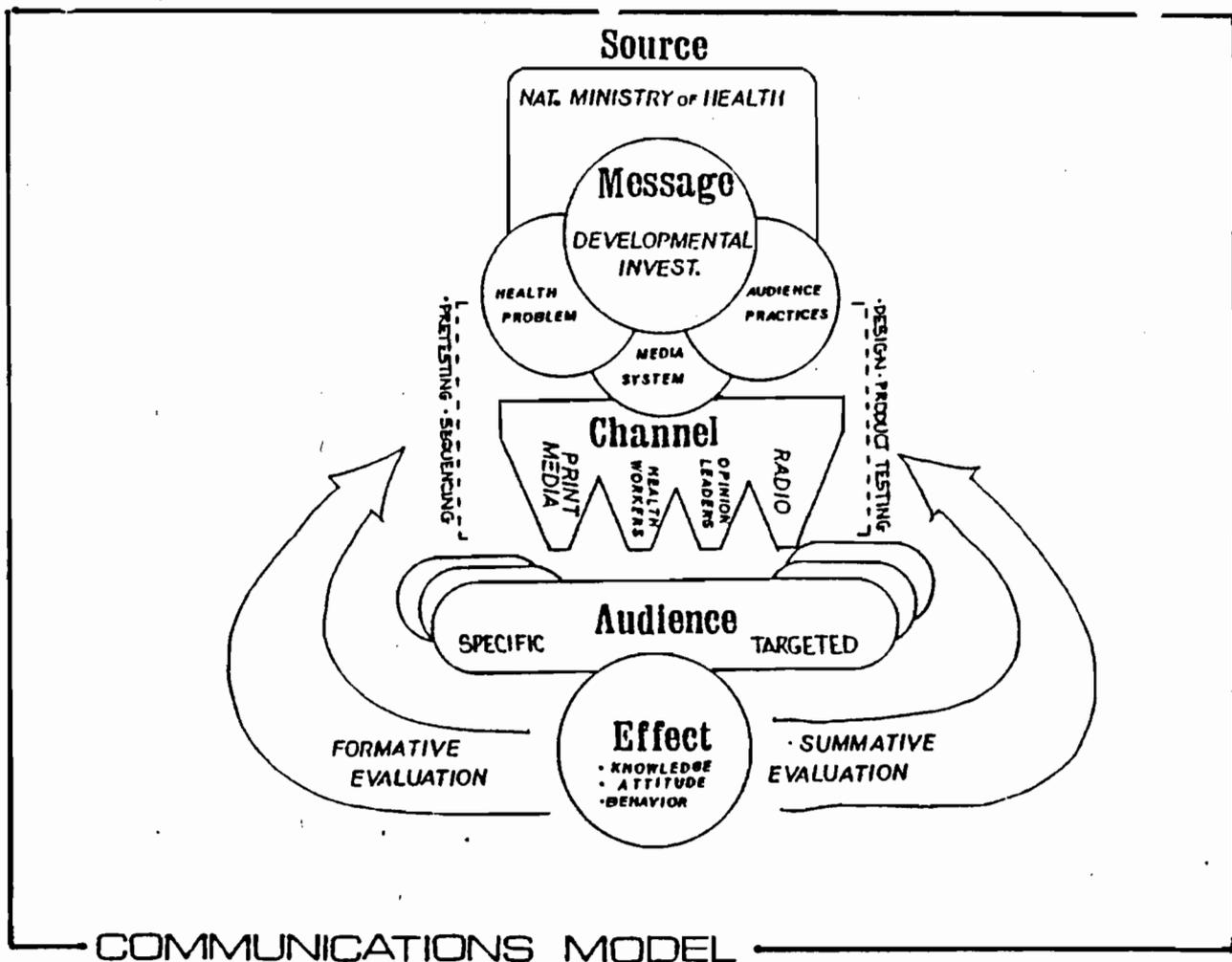
PROJECT IMPLEMENTATION

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A. BACKGROUND

On September 30, 1978, the Academy for Educational Development was contracted by the United States Agency for International Development to implement a five-year mass communication project. The project seeks to develop a methodology for the application of mass communication to the prevention and treatment of acute infant diarrhea in rural areas of two developing countries. The long-term development goal of the project is to strengthen the health education of two cooperating Ministries of Health. The project is divided into four sequential phases: Phase One - a developmental investigation of the problem; Phase Two - a public education campaign using radio, graphic material, and face-to-face support; Phase Three - analysis of project results; and Phase Four - dissemination of those results to the world community of development communication professionals. Stanford University was contracted to evaluate the project, which is a joint effort of the Office of Education and Office of Health within the AID Development Support Bureau.



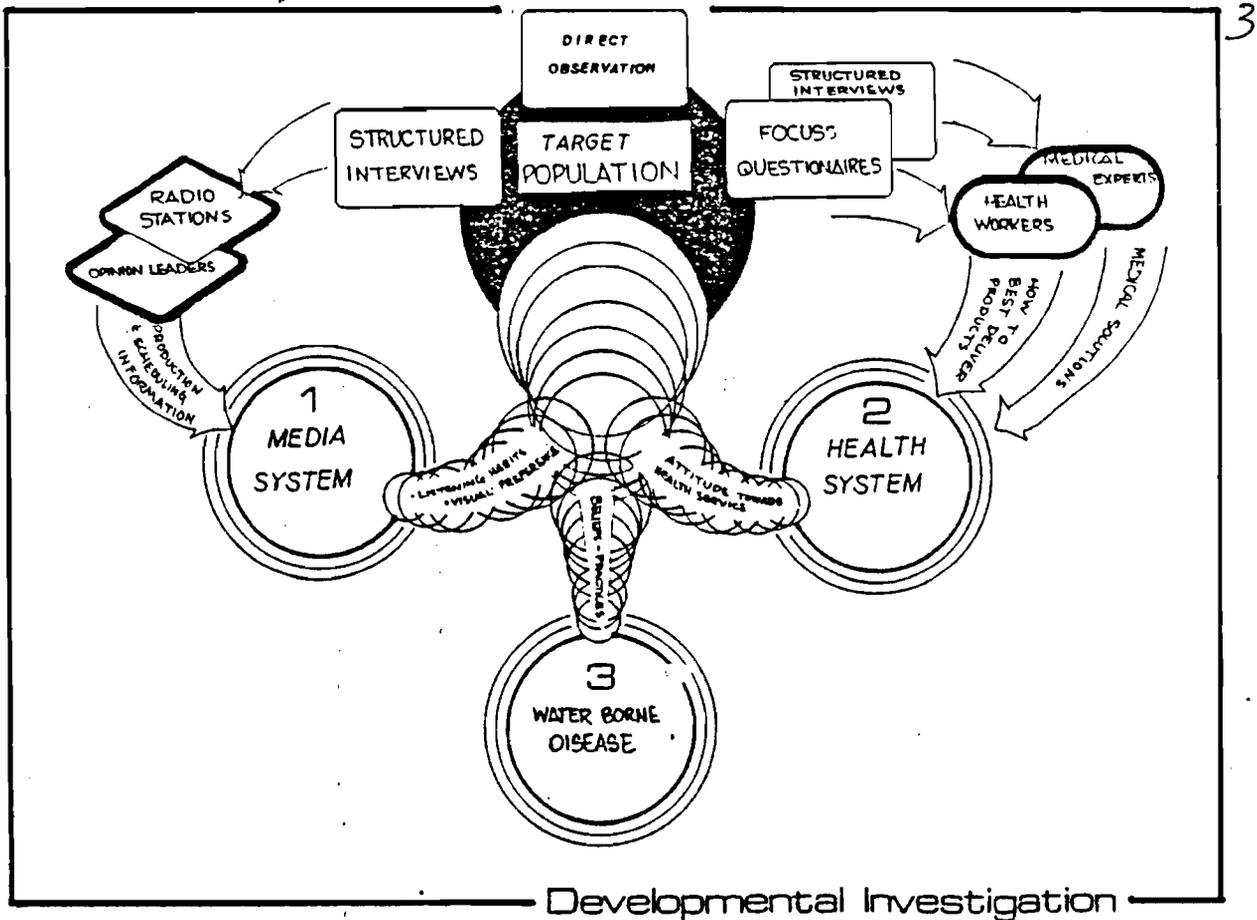
The above Communications Model represents the project's conceptualization of the communication process. The principle SOURCE is the Ministry of Health. Other supporting institutions will participate and provide assistance, but the Health Education Unit of the Ministry of Health remains the logical focus of project decision making and infrastructural development.

Message design will depend upon the sensitive and systematic collection and analysis of disparate information which includes an investigation of the health problem, an understanding of the audience's message-related beliefs, attitudes, and practices, and a thorough knowledge of how the media system operates.

This information will be synthesized into a minimal composite package which will be pretested, revised, sequenced, and distributed using four basic communications CHANNELS. Radio, print media, health workers at both the village and clinic levels, and opinion leaders will be used to transfer the messages to the target AUDIENCE.

The EFFECT of the composite instructional package on the AUDIENCE is measured during the course of the intervention itself through systematic Formative Evaluation techniques, and at the end of the intervention by structured Summative Evaluation which compares the knowledge, attitude, and behavior of the AUDIENCE before and after the intervention.

These five elements, SOURCE, MESSAGE, CHANNEL, AUDIENCE, and EFFECT combine in an ordered interrelationship to form the overall communication model described in this proposal.

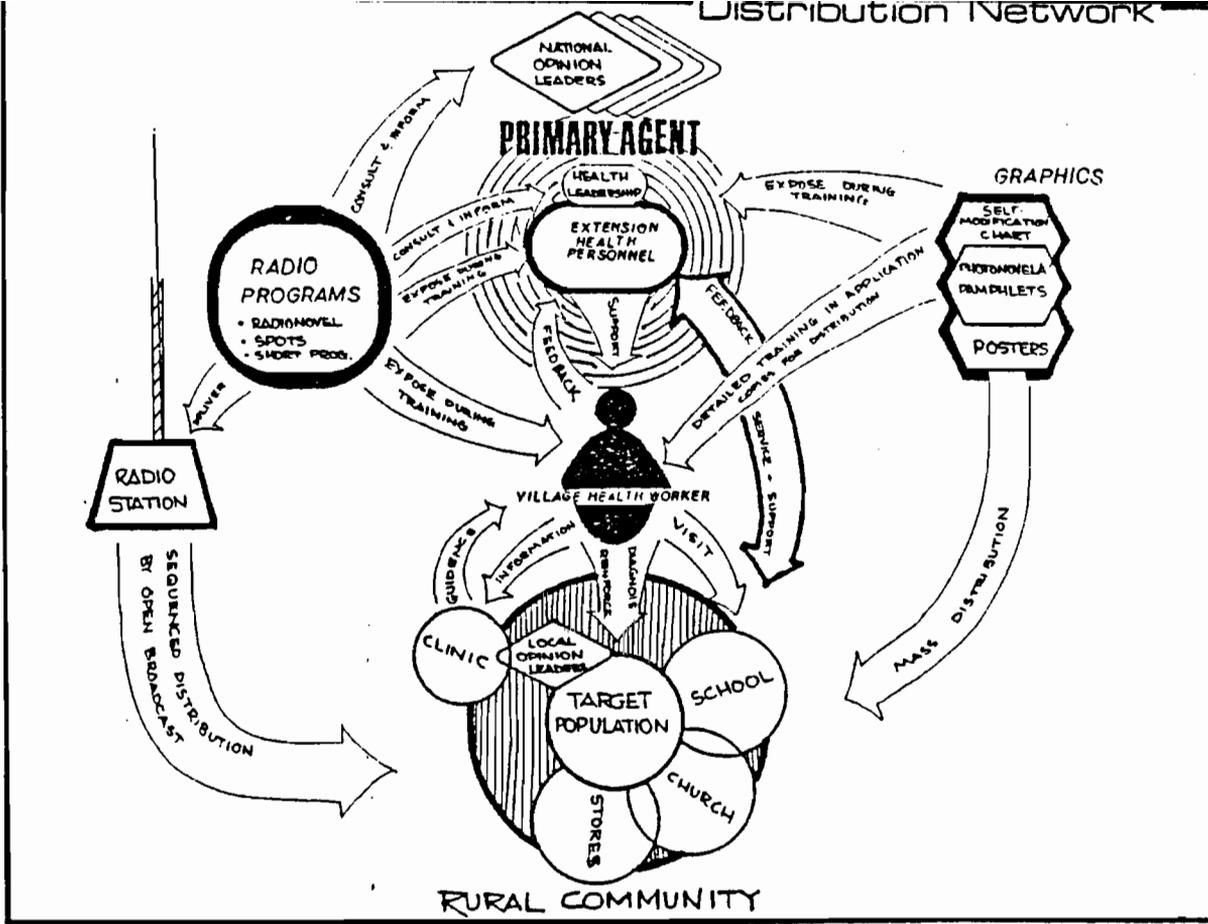


The above graphic demonstrates how the Developmental Investigation Phase brings together a wide range of information and focuses it upon the three basic project components: The Media System, the Health System, and the "Diarrhea Problem." The Target Population is surveyed using direct observation, structured interviews, and focused questionnaires to provide information about rural listening habits and visual preferences. Community beliefs and practices related to diarrhea are observed and recorded, as are attitudes towards health service and health personnel.

Radio station personnel and opinion leaders are also interviewed to provide needed information concerning practical production systems and schedules. Finally interviews are conducted with health workers and medical experts to determine how best to treat diarrhea and deliver the planned face-to-face interventions.

The developmental investigation begins as a broad-based study, but narrows to focus on specific problem-oriented behaviors which are critical to message development, and overall systems planning and integration.

The systematic collection and analysis of information at this stage will ensure fewer revisions and more effective products in later stages.



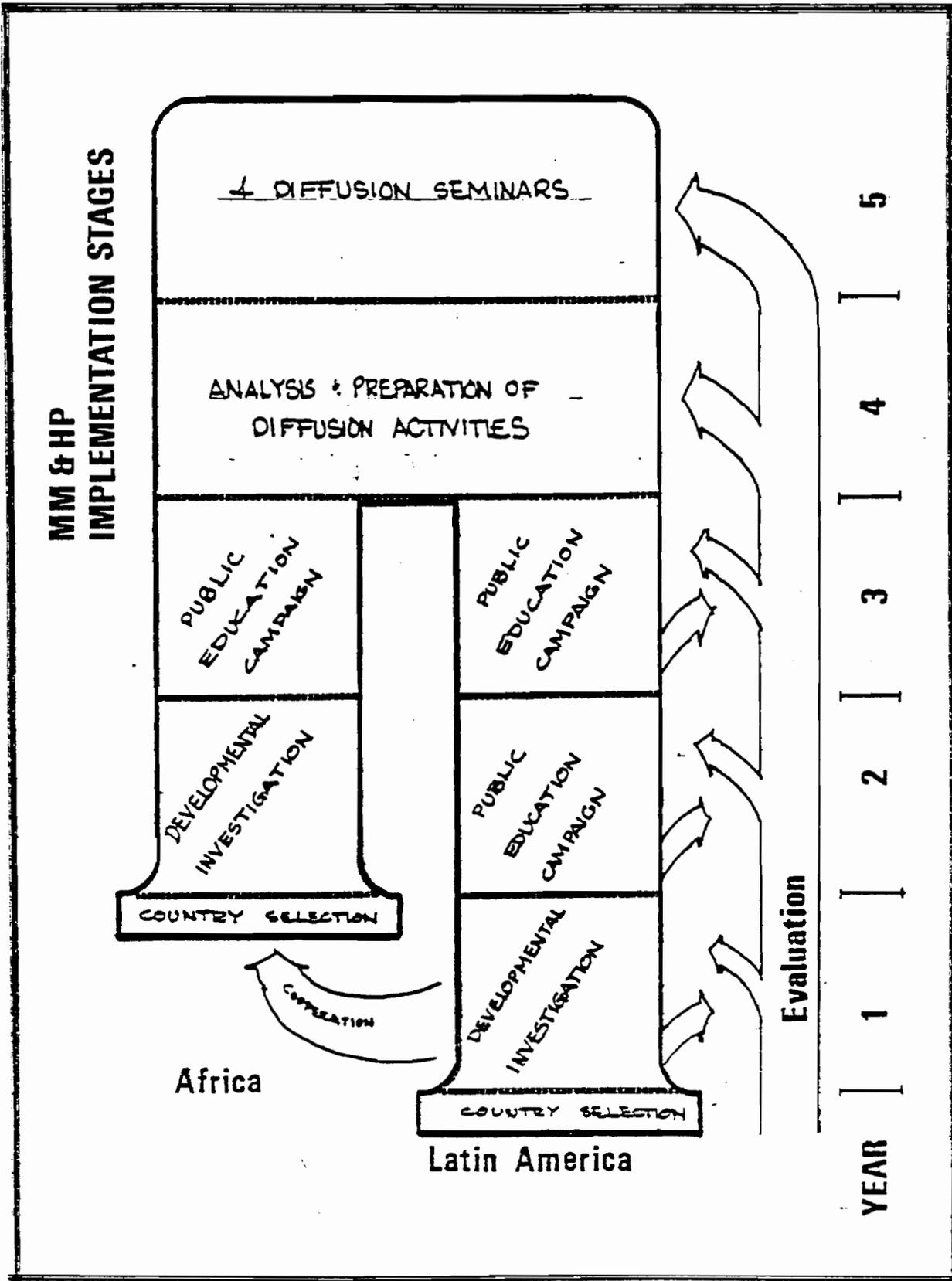
Once produced, the variety of radio programs, graphics, and training experiences must be distributed. The primary human agent in this process is the health extension agent, assisted by village health workers (midwives and health guardians).

Radio programs (spots and mini-programs) are distributed in a pre-planned sequence through open broadcast airwaves. But first, they are used in training sessions for both health personnel and village workers, as well as being presented to selected opinion leaders to ensure top-level support and understanding of the project.

Graphic materials are also introduced to health personnel and village workers during training sessions. Health workers will be given large numbers of materials at scheduled times during the intervention and asked to distribute them either directly, or through local contacts such as stores or schools.

The health personnel and village workers will also contact community groups, particularly the school where older siblings can take "the message" home and where a structured learning environment makes distribution of materials relatively easy. House visits will be combined with clinic contact where health workers will stress diagnosis of dehydration and provide important reinforcement to mothers who are practicing the suggested behaviors.

Again, community opinion leaders will be visited to ensure that they understand and support the program.



**MM & HP
IMPLEMENTATION STAGES**

4 DIFFUSION SEMINARS

ANALYSIS & PREPARATION OF
DIFFUSION ACTIVITIES

PUBLIC
EDUCATION
CAMPAIGN

PUBLIC
EDUCATION
CAMPAIGN

DEVELOPMENTAL
INVESTIGATION

PUBLIC
EDUCATION
CAMPAIGN

COUNTRY SELECTION

DEVELOPMENTAL
INVESTIGATION

COUNTRY SELECTION

COOPERATION

Africa

Latin America

Evaluation

YEAR | 1 | 2 | 3 | 4 | 5

This overview shows how each of the separate project components are brought together to form a single, cohesive project plan. The two large arrows represent the activities of the Implementation Contractor. Beginning in Latin America, the project follows a logical sequence which includes: Country Selection, Developmental Investigation, Project Testing, Overall Instructional and Project Design, Intervention/Treatment, Formative Evaluation, Handbook Development, and the Seminar Program. Each of these stages is used to guide the creation of the three principal intervention strategies: radio, graphic support material, and face-to-face intervention using health personnel and village workers.

The experience in Africa builds upon that in Latin America, following the same project phases, but making independent judgements on separate component design. Both experiences are used to create a practical handbook and orient a series of four regional seminars.

The smaller arrow at the bottom indicates the important relationship and coordination which must take place between Implementation and Evaluation Contractors.

The objective as defined in the contract scope of work specifies that:

"The contractor shall develop a system and methodology for the use of mass media by LDC personnel in health education which will be evolved during the implementation of programs in two countries aimed at the treatment and prevention of infant and early childhood acute diarrhea. The interventions will emphasize the adoption of salutary health practices."

During the first year of operation this contractual definition of project objectives was clarified in several ways. The resulting consensus includes the following points:

1. Scope

Though not mentioned above, rural areas are the project's primary concern. This does not mean that urban areas are to be excluded, but consistent with AID's mandate to help the rural poor, the Mass Media and Health Practices Project will concentrate project resources on developing a communication methodology especially appropriate for isolated rural areas.

2. Content

As indicated above, both prevention and treatment behaviors are to be included in the program. This means that the project is not limited to promoting

oral rehydration therapy but represents a much broader effort to promote a package of related behaviors.

3. Instructional Delivery

The "system and methodology" are a combination of elements from public education campaigns and social marketing programs. It uses radio, print materials, and face-to-face support to promote significant new behaviors in a large rural audience. While each of these elements is to play a role in the overall program, it is understood that radio must make an important instructional contribution. The rationale for this condition arises from the belief that mass communication can extend the effectiveness of fixed health care facilities beyond their present area of physical contact with the population. Radio must do more than increase the number of people using health centers. It must promote behavior change for a significant percent of people not reached by existing facilities. Again this does not mean that radio must teach oral rehydration therapy. The exact behaviors which rely on radio as the principal instructional channel are yet to be identified.

4. Success Indicators

In early discussions with AID project monitors, it was agreed that adoption of advocated behaviors, rather than changes in health status, would be used as the basic criteria for project success. This decision was based largely upon the belief that health status indicators are highly influenced by external factors not addressed by this program, and too costly to collect reliably. It was agreed that serious effort would be made to identify corollary health status indicators, but principal attention would be given to evaluating the degree to which target audience adoption of advocated behaviors was achieved.

B. SUMMARY PROTOCOL

At this moment there is no accepted "right way" to administer ORT to rural communities which do not have resident health workers. There is a great deal of opinion, much of it contradictory, and practically all of it based on anecdotal experience in specific settings.* There is greater agreement that behaviors such as water boiling, hand washing before infant food preparation, finger nail cleaning, reduced time between infant food preparation and feeding, continued breast-feeding, and addition of high calorie foods during post-diarrhea recovery are beneficial preventive and recuperative actions. But there is less agreement on their practicality in rural settings and less optimism that their advocacy will produce measurable health benefits.

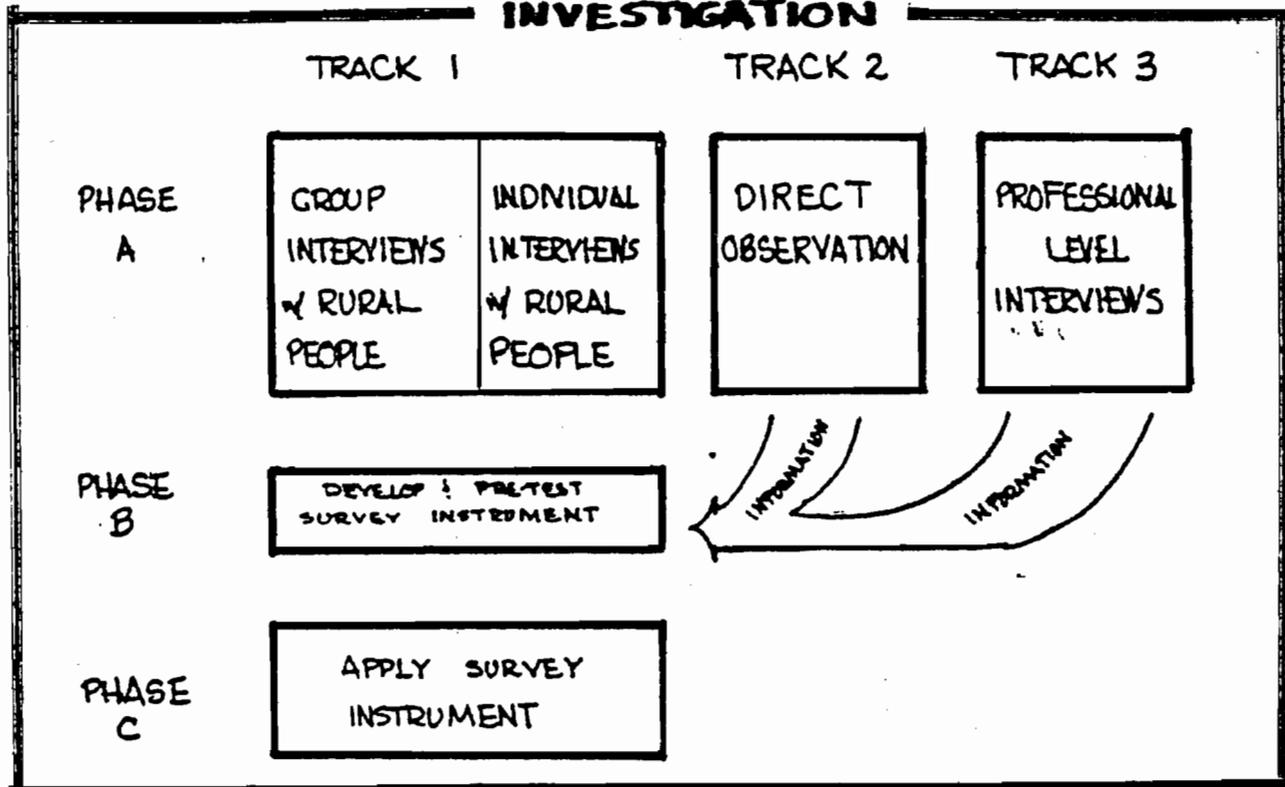
The MM&HP Program must make operational decisions on these and other issues within the specific cultural context of Honduras. To make these decisions, a six-month pre-program research activity, referred to as the Developmental Investigation, will collect information from rural mothers and other child caretakers; from health personnel both modern and traditional; from rural community leaders and commercial representatives; and from media broadcasters and producers.

* See Health Considerations for a Public Education Campaign on Prevention and Treatment of Infant Diarrhea

This information will explore (a) current diarrhea related beliefs and practices, (b) potential distribution systems for information and materials, (c) media usage habits, and (d) indigenous leadership structures. It will use open ended questions directed at small groups and selected individuals as well as direct observation and an empirical survey instrument.

The research will be divided into three tracks operated simultaneously during the six-month period. Each track will have a slightly different focus and will be subdivided into a series of sequential phases.

OVERVIEW of DEVELOPMENTAL INVESTIGATION



Track One will use structured questionnaires to probe relevant attitudes and knowledge of rural caretakers and local healers. Track Two will focus on the actual behavior of the same kinds of people, using direct observation of feeding, food preparation, mixing skills, and self-medication practices to identify potential constraints and rewards peculiar to the Honduran setting. Track Three will focus on potential support populations including official health system personnel, individuals associated with commodity distribution to rural areas, and broadcast and print media communities. It is expected that each track will require slightly different interview and observation skills to meet the special needs of each respondent group. These tracks have been segmented in this way to permit differentiated training of data collectors.

The purpose of this research is to make specific programmatic decisions unique to the two project settings. It is not designed to contribute to the universal understanding of these issues, although it may provide important insights to future planners of similar projects. Information will be collected anonymously, and all respondents will be selected voluntarily.

An independent research activity relying on both ethnographic and survey research will be conducted by the Evaluation Contractor. This information will be made available to AED and used to verify and supplement information collected during the Developmental Investigation.

To organize a coherent pre-program research process, it is necessary to have a clear understanding of the questions which the research is designed to answer. Five broad areas have been identified and listed below. Each area has been subdivided into a set of topics around which specific protocol questions have been developed.

1. What prevention, treatment, and recovery behaviors should be advocated for which specific population?

- a. Expressed beliefs about how a healthy child acts.
- b. Ability to recognize infant diarrhea as a serious problem.
- c. Traditionally accepted causes for and means of preventing infant diarrhea.
- d. Popularly accepted remedies for infant diarrhea (purges, anti-diarrhetics, etc.).
- e. Expected outcomes for a successful diarrhea remedy.
- f. Ability to differentiate between early diarrhea, mild dehydration, and moderate to severe dehydration.
- g. General child care practices.
- h. Breast-feeding practices.
- i. Weaning food preparation and composition.
- j. Personal hygiene of mother and child.
- k. Environmental sanitation practices.
- l. Solution mixing and administration skills including traditional recipes and remedy preparation skills.
- m. Potential constraints and rewards peculiar to the target population in adopting the following behaviors:
 1. Breast-feeding during episodes of diarrhea.
 2. Adding oil to weaning foods for three days after bouts of diarrhea.
 3. Washing hands before preparing weaning foods and before feeding child.
 4. Boiling consumable water during rainy season.
 5. Eliminating purges and anti-diarrheal agents in treatment of diarrhea.
 6. Giving weaning foods to child within one hour of its preparation.
- n. Experience with self-medication.

2. What physical objects (packets, latrines, water taps, etc.) with what particular characteristics are needed to make adoption of the advocated behaviors possible?
 - a. Size of target population and number of diarrheal episodes with information on relative severity.
 - b. Availability and quality of ORT ingredients locally (sugar, salt, potassium, and bicarbonate).
 - c. Ability of population to purchase packaged medicines.
 - d. Population perceptions of acceptable and preferred medicines.
 - e. Characteristics of any new remedies, particularly competing diarrhea remedies which have become popular during past five to ten years.
 - f. Existing water sources and sanitation facilities.
 - g. Resources available for infrastructural improvements in water and sanitation facilities during the life of the project.
3. How can these objects be delivered to the appropriate location effectively?
 - a. Commodities presently available and how they are distributed to, and within the community?
 - b. Ministry of Health distribution system.
4. Which communication channels (radio, print, face-to-face) should be used to deliver each advocated behavior?
 - a. Acceptance levels of different communication channels as sources of health information.
 - b. Availability of radios in rural communities.
 - c. Access to radio by rural mothers/caretakers.
 - d. Quality of reception and strength of broadcast signal.
 - e. Access to broadcast facilities including considerations of cost, reliability of access to appropriate broadcast schedules, and management support.
 - f. Literacy levels of target population.
5. How must the instructional messages be crafted to have the greatest positive effect?
 - a. Perceived benefits of advocated behaviors to audience (including secondary benefits such as packaging as well as direct benefits like effectiveness).
 - b. Perceived benefits of competing remedies and behaviors.
 - c. Perceived disadvantages of advocated behaviors and competing remedies.

- d. Relative buying or acquiring influence of various roles (men vs. women, grandparents vs. parents, parents vs. other family members, etc.).
- e. Accepted sources of information.
- f. Popular media characters.
- g. Preferred programs.

C. CONSIDERATION FOR THE PROTECTION OF HUMAN SUBJECTS

This section of the protocol seeks to address the most important considerations for the protection of human subjects in this research. It describes who the subjects are, why they are being researched, and the potential risks and benefits to them. It describes how they will be selected, how consent will be obtained, and how confidentiality will be handled.

1. Research Population

The research population is divided into two broad groups. The first group is comprised of largely illiterate rural people (family members with children under five and local health care agents). The second group consists of literate, educated professionals, many working in urban areas of the country.

The first group includes rural people: male and female, adults, adolescent, and children in Health Region No. One of Honduras. It is expected that some 328 rural individuals will be interviewed in group and individual settings and some 50 will be observed during daily activities in their homes. Special attention will be given to families with children under five years of age. While no special effort will be made to identify pregnant women, it is expected that a significant percentage, perhaps five to fifteen percent of women interviewed, will be pregnant during the interview period.

For the most part, these individuals are illiterate or semi-illiterate. They are subsistence farmers living in small rural communities, clustered in groups of 10 to 200 families. The majority will not have been interviewed or systematically observed previously. They all speak Spanish as a first language, are largely Roman Catholic, have annual incomes less than \$400, and conform in broad terms to a general stereotype of the Latin American mestizo peasant.

Local health agents, (Ministry-supported workers such as midwives, health representatives, and primary health care agents) along with traditional healers (non-MOH midwives and herbalists) comprise a sub-set of the largely illiterate rural group. These individuals also conform to the basic characteristics listed above, but have a special status in the community related to their health role.

In addition to this primary research group, several other groups will be interviewed during the research phase. These include physicians (both private

and government), nurses, nurse auxiliaries, pharmacy and small store owners, radio station operators, and commercial printers. These individuals are literate. Many are urban, highly educated professionals. Their first language is Spanish, and some will have been interviewed for similar programs.

2. Research Objective

The central purpose of this research is to provide specific information for the development of (a) educational messages, (b) delivery system components, and (c) monitoring techniques for the subsequent phases of the MM&HP Project. It is not meant to contribute to the general understanding of rural behavior or the effectiveness of mass communication. In this sense it is clearly operational research designed for limited application.

3. Test Period

The research described here will be conducted over a six-month period which includes (a) training of interviewers, (b) testing of instruments, (c) pre-research logistics, and (d) actual application of instruments. Individual questioning of any respondent is not expected to last more than three hours and may be as short as 30 minutes. In those cases where direct observation is used, respondent contact will not exceed four days and will normally last one to three days.

4. Selection, Recruitment, and Compensation of Respondents

a. Selection of rural illiterate respondents will conform to pre-established criteria related to the nature of the information required. In some cases, for example, it will be necessary to identify families who have a child actually sick with diarrhea, or a group of midwives who have been trained by the MOH. Within these limits, an effort will be made to select representative groups from the region. The basic criteria for representativeness will include: degree of isolation, level of poverty, geographic distribution in the region, and presence of health workers and water supply.

Recruitment will be through individual contact. Respondents will be given an explanation of the purpose of the research, and how much of their time is requested. They will be told that participation is purely voluntary and no coercion or enticement will be used.

No monetary compensation will be given to respondents whose contact with the project lasts less than one day. Appropriate compensation will be given to families during the observation phase, during which interviewers will be staying two to three days with a family. The compensation will cover actual costs of food plus a slight additional amount not to exceed five US dollars.

It is recognized that the mere presence of an outsider for three days is perceived by many rural people as a benefit and compensation in itself.

b. As regards the group of literate professionals, selection of physicians will be random with the exception of a bias towards identifying influential personalities. Selection of pharmacies and local store owners will be random respecting the basic criteria mentioned previously. Efforts will be made to interview all radio station operators in the region.

Recruitment of professionals will follow the same pattern as that of the illiterate audience. Care will be taken to explain the voluntary nature of participation and the objectives of the research. No monetary or other explicit compensation will be offered to this group of respondents.

5. Confidentiality of Data

All information will be collected anonymously. In no instance will it be necessary to relate the names of people interviewed to the information collected. Raw data will be available for review by other professional institutions, by authorized government agencies, and by private individuals.

6. Consent

In all cases, verbal consent will be explicitly required before the interview or observation begins. Written consent has been eliminated as a possibility for two reasons. First, the largest group of respondents are illiterate and written consent would be meaningless. Secondly, written consent would create serious bias by introducing a condition uncommon and threatening to most respondents. Because so much of this research relies upon conversational rapport with respondents, written consent is considered inappropriate in this setting. This follows MOH operating procedures for similar research.

7. Risks and Benefits

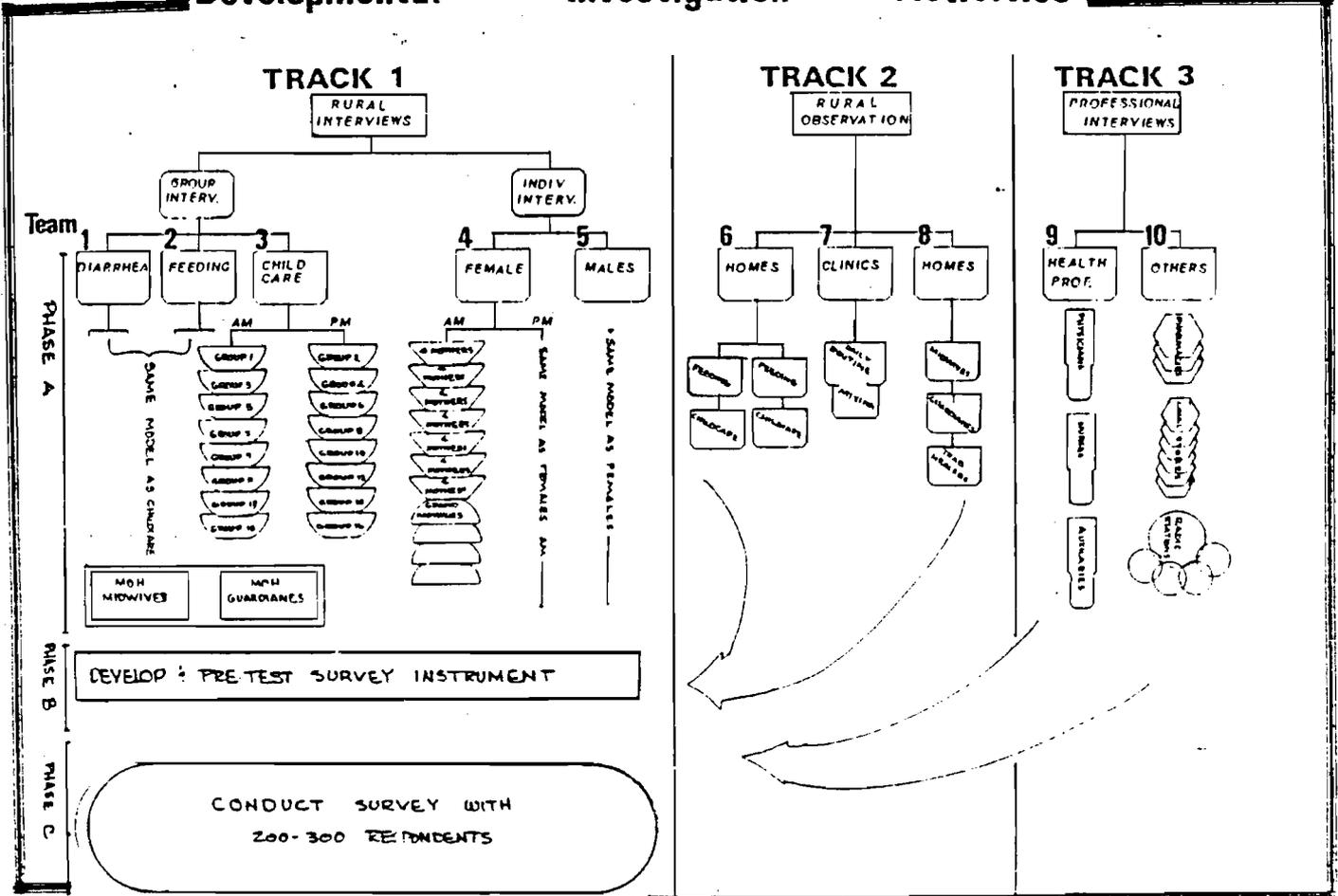
Potential risks to subjects appear to be small. The information being collected does not appear to be particularly sensitive. All information is collected anonymously so that it will be impossible to identify individual responses. None of the interviews or observational activities represents a hardship to the individuals. There is a potential risk that during the observation of families with a sick child, the interviewer might withhold some useful information from the mother for purposes of observational purity. It has been agreed that if any observer recognizes a life-threatening action they will intervene.

Benefits include the opportunity to discuss with friends and respected outsiders an important health problem. Contact with outsiders is in itself highly valued in many isolated areas. Finally, respondents will benefit through their subsequent participation in a more effective educational program than could have been expected without their assistance.

D. DETAILED INVESTIGATION METHODOLOGY

As described earlier, the Developmental Investigation will be divided into three research tracks conducted simultaneously. Each track will have an independent group of data collectors trained to meet the specific needs of that track. Track One will collect information on the attitudes and knowledge of those members of village society who come in direct contact with the sick child. Track Two will use individuals selected from the same general group, but will focus on observing and recording critical behaviors such as food preparation, mixing skills, and self-medication practices. Track Three will shift focus away from village caretakers to a broad range of individuals who influence the delivery of specific treatment components as well as the actions of village caretakers.

Developmental Investigation Activities



In addition to the investigation activities defined in this protocol, the MM&HP Project will use the following studies to contribute to overall program planning.

- MOH study of diarrheal disease in Danlí Region (1979).
- AID sponsored study of MOH distribution systems for medicines (1980).
- AID sponsored anthropological study of use and acceptance of MOH facilities and community health workers (1980).
- AID sponsored evaluation of midwives program to be completed (1980).
- MOH annual health statistics (1978-1979).
- Study of media structure and usage in public sector of Honduras (1979).
- Study of visual literacy in campesinos (1978).

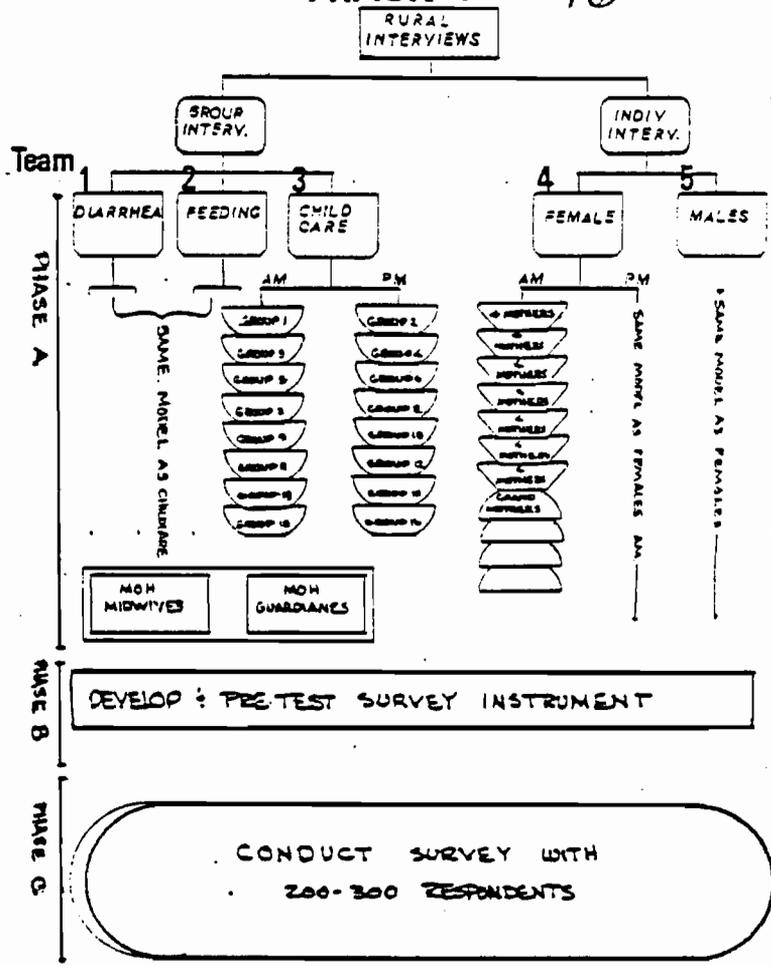
1. Track One

The overall design of Track One includes three sequential phases:

Phase A is a broad-brush effort to collect information from groups and selected individuals using open-ended probing questions. The effort here is to identify the parameters of important issues, rather than quantitative validation of specific information.

Phase B is a much shorter period of survey instrument development. Based upon the information collected in Phase A, important areas will be targeted and a draft survey instrument prepared. During Phase B this instrument will be pretested and validated.

Phase C is the application of the survey instrument to a representative sample of the target population. The instrument will be highly focused on areas which have been identified as particularly critical. This document is limited to describing Phase A activities along with similar activities in Tracks Two and Three.



The principle concern of Track One is the attitudes and knowledge of those individuals within a rural community who most affect the sick child. This group is expected to include parents, older siblings, grandparents, and opinion leaders. Special emphasis will be given to families who have children under five years of age and who have children actually ill with diarrhea.

Because the focus of Track One is attitudes and knowledge of a largely illiterate audience, the instruments will rely on verbal interviews. The interviews in all phases will be pre-structured, but those in Phase A will rely more heavily on probing, open-ended questioning, while emphasis in Phase C will be on codable responses. Supplemental materials such as visual protocols to stimulate probing responses in small groups will be developed. These will include a set of visuals of sick children. Sample instruments for Phase A have been included in Section E. Because the survey instrument will be developed as a result of Phase A and B, it has not been included here.

The same set of interviewers will be used for all phases of Track One. This is true even though Phase A activities will center on open-ended questions and interviewer probing skills, while Phases B and C will focus on formal survey questioning. The important common denominator is the interviewer's ability to understand and establish rapport with rural people, particularly rural women. Effort will be made to identify only female interviewers; a total of ten will be required. Likely candidates include rural school teachers, health workers

from rural backgrounds, and female high school graduates from rural areas. These individuals will be trained in practice sessions prior to each phase of Track One activity. They will work in pairs so that one member of the pair may observe and provide feedback to the other. Pairs will regularly reverse roles so that both become experienced interviewers.

Information to be collected will center around three broad areas: diarrhea understanding, feeding, and child care. Specific investigation activities have been keyed to issues identified on pp. 9-11 and represent areas which the Academy feels are critical priorities.

Phase A

Both individual and group interview sessions have been included in Phase A because they provide slightly different qualities of information which at this early stage are both important. In small groups some rural women may feel more willing to discuss sensitive issues, while individually, they will be less influenced by peer responses. The same women will not be interviewed in both group and individual settings, but the combination of both settings will help compensate for the deficiencies of each one.

Looking only at the small group probing sessions, three sets of question topics have been developed. Each set of questions will be administered by one team of two interviewers.

Team one - diarrhea related beliefs/knowledge

Team two - feeding

Team three - child care

All three sets of questions will include a few selected questions on media usage and community leadership structure. The teams will work in a single community conducting two separate group sessions of five to eight women each day, one in the morning and one in the evening. They will conduct sessions for four days a week, tabulating results on the fifth day. This will continue for two weeks, totalling 16 groups or approximately 96 mothers interviewed for each of the three sets of questions. These sessions will be tape recorded, and analysis will center on the critical issues identified at the beginning of each instrument.

In the case of the individual probing questions, two additional teams will be organized around characteristics of the individuals to be interviewed, rather than topics to be discussed. Three separate open-ended questionnaires will be prepared. Team four will focus on mothers of children with diarrhea and grandmothers, while team five interviews fathers of children under five

years of age and community leaders. Community leaders will be identified during interviews with mothers and fathers. Each set of questions will cover the same four topics--diarrhea attitudes, feeding, child care, and media usage--but will be slightly changed to use the vocabulary of the specific audience.

Each team of two interviewers will work in the same community but conduct interviews separately. Two interviews each morning and two interviews each afternoon will be organized. Team four will interview 56 mothers and then 24 grandmothers. Team five will interview 56 fathers and 24 community leaders. Female interviewers will be recruited for team four and male interviewers for team five.

At the end of these probing interviews, the group interviewers will use a slightly modified version of the individual interview instrument with small groups of MOH parteras (midwives) and guardianes (primary health care workers). These group probes will be conducted during the regular monthly meeting of parteras and guardianes sponsored by the Ministry.

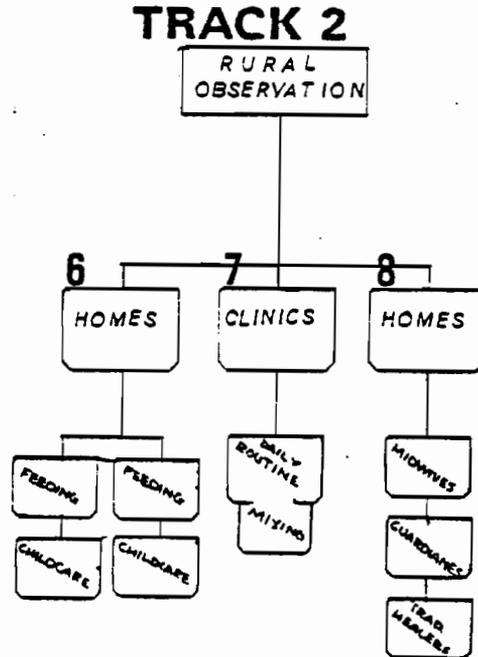
2. Track Two

Because Track One relies entirely on reported attitudes and knowledge and only by extension on behavior, Track Two seeks to collect direct observational information on six critical areas. These areas are as follows:

- Feeding practices.
- Child care during diarrhea.
- Health clinic routine.
- Solution mixing; ability of mothers, parteras, and guardianes.
- Daily routine of midwives.
- Daily routine of guardianes and traditional healers.

To collect this information, three teams of two individuals each (teams six, seven, and eight) will be formed.

The graph on the next page indicates how the team's activity is distributed.



Team members will not administer a questionnaire, but will use an observation guide to select and later record important activities. In the case of solution mixing, team seven, after working for two days at a health clinic, will ask mothers on the third and fourth days to prepare a pre-packaged OR solution.

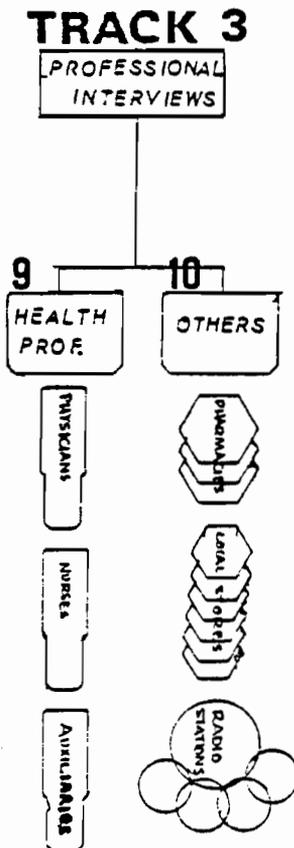
Interviewers will be identified from groups of anthropology students, with some experience in rural areas. These will be local nationals familiar with language and able to establish rapport quickly with rural people. Teams six and eight will work individually. Team seven will work together alternating management and observational roles.

Information collected in Track Two will be analyzed in group sessions conducted regularly during the investigation as well as in written reports prepared weekly by the interview teams. The reports will be structured around answers to specific questions identified in the instrument section of this protocol.

In addition to an Observation Guide, each interviewer will have a series of critical probing questions to be used in each setting. These will duplicate earlier questions asked in Track One and will provide additional input to the process. Observed and reported behaviors will be clearly separated on the tabulation sheets.

3. Track Three

In addition to village level individuals directly affected by the MM&HP Project, there are a number of support roles, ranging from physicians to local radio station operators who influence the effectiveness of the program. These individuals tend to have a different interview mentality, and for this reason a separate interview track has been designed for them. Track three will use structured, open-ended questionnaires administered by two teams of interviewers (teams nine and ten). Each team will be composed of two individuals, but each team member will work independently. Team nine will focus on MOH physicians, private pediatricians, nurses, and auxiliary nurses. Team ten will interview pharmacists and representatives of the media community, principally radio station operators. The following graph represents how interviews will be distributed.



University students and project staff will be used as interviewers and will meet regularly with their team counterparts to compare observations and tabulate results. The specific information to be collected is detailed in the instrument section of this document.

E. PROPOSED INSTRUMENTS

This section of the Protocol includes first draft copies of all instruments being proposed for the first phases of the Developmental Investigation. These instruments were developed after three months experience in Honduras. They represent the work of MOH counterparts and AED project staff. They are largely translated versions of interview and observation guides drafted in Spanish. They have yet to be subjected to field testing and consequently they are not phrased in the exact manner as the final version. It is expected, however, that only minor changes in vocabulary and expression will be necessary. Some questions may be excluded or added as a result of the pretest. If significant changes are made after the pretest, the guides will be resubmitted to the Academy's IRB. The survey instrument for Phase three of Track One will be based upon the results of these earlier phases, and consequently it is not included here.

1. Track One: Probing Questions

The following introductory remarks will be made to each respondent and respondent group in Track One. They are intended to explain the purpose and nature of the research, to alert respondents to its voluntary nature, and to seek explicit verbal agreement from respondents.

First I would like to say that we truly appreciate your help in spending a few moments with us. As you probably guessed we work in Tegucigalpa. We are trying to design a new kind of radio program there which we hope will bring some helpful ideas to people just like yourselves. We believe that these radio programs will be a lot better if we can get your ideas into them. And that really is why we are here today. We have been talking with several groups of women trying to find out how they feel about things. We just want to talk, interchange ideas and hopefully learn a little from each other.

- I should say that this is not a survey. We don't need to write your names down, or know how old you are, or how much money you make. We have written down a few questions on these sheets here, but they are just to help us remember some of the things we want to talk about with you. If you don't mind we would like to tape record the meeting so that we don't miss anything of importance. Would that be all right?
- As we explained, your help here is purely voluntary. Please feel free to leave the group at any time, but we hope that you will stay and share your ideas and experiences with us.
- We work with the Ministry of Health, so as you might guess we want to talk about the kind of health problems you have here. But we

know that health is not something apart from the rest of our lives, so we may talk about a lot of other things that you think are important too.

- This is not a school and we are not teachers. We've come to learn from you, so feel free to interrupt or speak up if you want to share an idea. We have time for everyone to contribute from their own experience.
- I wonder if you have any questions about us before we begin? Do you feel comfortable with what I've said? Does it make sense?

The following instruments have been designed to be used in Track One. They have been divided by the Team (1, 2, 3, 4, and 5) which will administer them.

TEAM ONE-FIVE - GROUP AND INDIVIDUAL PROBING OF
DIARRHEA RELATED BELIEFS AND PRACTICES

The general questions to be answered in this phase of investigation include:

1. What attitudes, and knowledge:
 - Related to infant diarrhea present obstacles or opportunities to the promotion of salutary preventive and treatment behaviors?
 - About infant feedings suggest potential sources of contamination?
 - About infant feeding during episodes of diarrhea produce negative recuperative and treatment results?
 - About childcare during bouts of infant diarrhea produce negative recuperative or treatment results?
2. Who in the family should be the principle target of treatment information during bouts of diarrhea?
3. What is the best way to reach caretakers with persuasive new information?
4. How can radio, print, and face-to-face support best be used to get information to caretakers?
5. Which of the various health agents is the most respected and used for care of infant diarrhea?
6. What are the most appropriate new behaviors which could best help a caretaker treat and prevent infant diarrhea?
7. What rewards are caretakers most pleased to receive?
8. Which of these would be appropriate to support correct adoption of advocated behavior?

TEAM ONE - GROUP INTERVIEW GUIDE FOR CARETAKERS
ON DIARRHEA BELIEFS AND KNOWLEDGE

A set of 11 X 14 black and white photographs will be used to stimulate group discussions during the early phases of this instrument. The photographs will be labeled A, B, and C respectively and visualize the following content:

- A. A healthy child, sitting up, not smiling.
- B. A moderately dehydrated child, sitting up, not smiling.
- C. A severely dehydrated child, laying down, not smiling.

The purpose for photographing children who are not smiling is to see if mothers can distinguish any characteristic other than contentedness or happiness as a sign of good health.

1. What makes a healthy baby? How can we know when a baby is really healthy? What does he do? How does he act? Which of these pictures looks like a healthy baby to you? Why?
2. What sickness do you think the baby in this picture has? (Indicate photograph B and then C) Record first responses. If diarrhea is not mentioned, suggest it as a possibility?
3. Why do you think the baby might have diarrhea?
4. How serious do you think diarrhea is?
5. I've heard there are many names for diarrhea? What are some of the names you have heard?
6. Are some of these names given to types of diarrhea which are more serious?
7. What do you think made this baby sick with diarrhea? What could have caused his illness?
8. What should this mother do to help her child? What should she give him? Where should she take him? Is he sick enough to go for help? How can you tell the baby needs some medicine?
9. Have you ever had a baby sick with diarrhea? What happens when the baby gets sick? What did you do? When did you go for medicine? How did you know what you should do? Is there someone in your community who knows a good cure for diarrhea? Does it really work, or do you think it works just sometimes?

10. Have you ever heard of a "suero casero" something about sugar and salt in water? Do you think sugar and salt might be good for a baby sick with diarrhea?
11. How do you know when a good diarrhea medicine is really working? What tells you the baby is getting better?
12. What about food when a child has diarrhea? We have heard so many different ideas? Should this mother feed her baby when he has diarrhea? Why? Why not? What would happen if she does feed her baby?
13. What if the baby is older? Can she feed him then? What about an adult? Do you eat when you have diarrhea? What about water? Should a baby drink water when he has diarrhea?
14. If I had a good remedy for diarrhea where would be a good place in the community to put it so everyone could use it?
15. Have you ever noticed that when a baby gets diarrhea he becomes dry? Is there any name or word you use to describe that dryness? Have you ever heard the word dehydration? What do you think that might mean?

Media Usage and Opinion Leadership

16. Do you have a radio in the house? How many?
17. Does your husband take the radio to work with him?
18. Do you ever listen to the radio?
19. How often each day do you listen to the radio?
20. What time of the day is the best to listen to radio?
21. Do you have a favorite program? What is it?
22. What kinds of programs do you like best?
23. What radio station do most people listen to in the community?
24. What is your favorite radio station?
25. Do you ever listen to radio commercials? Do you remember hearing one about dengue or malaria? What did they say?
26. Do you think you can believe what they tell you on the radio?

27. Do you ever talk about radio programs with a neighbor? Which ones? Can you remember what you discussed?
28. What kind of program would you like to hear on the radio?
29. Do you think people learn anything from radio? Can you think of anything specific that you learned from radio?
30. Who are the most influential people in this community? Who do people here really listen to? Who do they go to for advice or help with a problem?
31. If you need to borrow some money who would you go to for help?
32. Let's pretend for a minute that your brother was sent to jail for being drunk, who would help you talk to the police and clear up the problem?
33. Can you think of something that made you especially proud or happy during the last month?

TEAM TWO - GROUP INTERVIEW GUIDE FOR CARETAKERS
ON FEEDING PRACTICES

1. Let's talk for a moment about how to feed a baby. We are interested in knowing what you think is best. After all, you are all mothers and no one knows their baby better than its mother. How old are your children?
2. What do you think about breastfeeding? Is it a good thing? How long should a mother breastfeed her baby? Do you think that breastmilk can sometimes make a baby sick? What kind of sickness can it cause? Why do you think this happens? When you get sick and can not breastfeed, how do you feed your baby?
3. When do you think a mother should start giving her child other foods than breastmilk? What kinds of other foods are good for a baby? Do you give your baby these things? It seems as though they might be expensive. How can you afford to give them this every day?
4. Are there any foods which are bad to give your baby? Have you ever given your child something that made him sick? Why do you think it made him sick?
5. How often do you have to feed your child? And do you always give him breastmilk? Do you sometimes just give him solid food? Which does he like best? Why do you think the baby likes it best?
6. What is your favorite food? If you have a little extra money sometimes, what do you try to fix special for your family? What does your husband like to eat best?
7. How do you make the baby's food? What ingredients do you use? Should the baby eat first or last in the family? If your husband is tired when he comes home, does he like to wait while you feed the baby?
8. What do you do when your child does not want to eat?
9. Do you ever give your baby banana? How do you fix it? What about lemon juice? Do you think your baby would drink lemon juice if it were put in a lemonade drink with sugar?

Media Usage and Opinion Leadership

10. Do you have a radio in the house? How many?
11. Does your husband take the radio to work with him?
12. Do you ever listen to the radio?

13. How often each day do you listen to the radio?
14. What time of the day is the best to listen to radio?
15. Do you have a favorite program? What is it?
16. What kinds of programs do you like best?
17. What radio station do most people listen to in the community?
18. What is your favorite station?
19. Do you ever listen to radio commercials?
20. Do you remember hearing about dengue or malaria on radio? What did they say?
21. Do you think you can believe what they tell you on the radio?
22. Do you ever talk about radio programs with a neighbor? Which ones? Can you remember?
23. What kinds of programs would you like to hear on the radio?
24. Do you think people learn anything from radio? Can you think of anything specific that you learned from radio?
25. Who are the most influential people in this community? Who do people here really list to? Who do they go to for advice or help with a problem?
26. If you need to borrow some money who would you go to for help?
27. Let's pretend for a minute that your brother was sent to jail for being drunk, who would help you talk to the police and clear up the problem?
28. Can you think of something that made you especially proud or happy during the last month?

TEAM THREE - GROUP INTERVIEW GUIDE FOR
CARETAKERS ON DIARRHEA-RELATED CHILDCARE PRACTICES

1. Who should be the one to look after a baby? But what if the mother is working? Do you ever leave your baby with anyone? Who?
2. What do you think is the most important thing a baby needs to grow strong and healthy?
3. Is there anything we can do to keep a baby from getting sick? Do you think most people really do those things? Why don't you think they do? Well what about yourself? Do you do all those things? Why not? You can be honest; we all have the same problems.
4. (Show mother a one litre bottle of water). How much of this water do you think a baby would drink in about one hour?
5. Why do you think it is good for people to wash their hands? How often do you think a person should wash their hands?
6. We would like to ask you to work together for a few minutes and try to think of some way to get information on how to treat diarrhea to everyone in the community. What do you think would be the best way for everyone to learn how to care for a baby who has diarrhea?

Media Usage and Opinion Leadership

7. Do you have radio in the house? How many?
8. Does your husband take the radio to work with him?
9. Do you ever listen to the radio?
10. How often each day do you listen to the radio?
11. What time of the day is the best to listen to radio?
12. Do you have a favorite program? What is it?
13. What kinds of programs do you like best?
14. What radio station do most people listen to in the community?
15. What is your favorite station?
16. Do you ever listen to radio commercials?
17. Do you remember hearing about dengue or malaria on the radio? What did they say?

18. Do you think you can believe what they tell you on the radio?
19. Do you ever talk about radio programs with a neighbor? Which ones?
Can you remember?
20. What kinds of programs would you like to hear on the radio?
21. Do you think people learn anything from radio? Can you think of
anything specific that you learned from radio?
22. Who are the most influential people in this community? Who do people
here really listen to? Who do they go to for advice or help with a
problem?
23. If you need to borrow some money who would you go to for help?
24. Let's pretend for a minute that your brother was sent to jail for
being drunk, who would help you talk to the police and clear up the
problem?
25. Can you think of something that made you especially proud or happy
during the last month?

Collect the following information on each mother and father interviewed by Team four and five.

1. Age of Parent _____
2. No. of children _____
3. Age of each child _____
4. No. of people in the household _____
5. No. of Latrines _____
6. Water source _____

TEAM FOUR - INDIVIDUAL INTERVIEW GUIDE FOR MOTHERS AND GRANDMOTHERS

General Health

1. How do you know when your baby is really healthy?
2. How many times has your baby been sick?
3. What kinds of sickness has he/she had?
4. What is the most dangerous sickness your baby can get?
5. What is it that makes your baby sick most often?
6. How does your baby look or act when he/she is sick?

Diarrhea

7. Has your baby ever had diarrhea?
8. How did you know that he/she had diarrhea?
9. How many times would you say he/she has diarrhea?
10. We're trying to find out what causes diarrhea, and wondered what you feel might cause diarrhea?
11. Do you know any good remedies for diarrhea?
12. Do these things really (always) work?
13. What did you do for your baby when he/she had diarrhea? Where did you learn to do this?
14. Did you give him/her some special food or medicine?
15. Do you feel a purge is helpful?
16. What kind of purge is best?
17. Is there someone in the community who really knows how to cure diarrhea? Who?
18. Do you think diarrhea is very serious? Can it really hurt your baby?
19. Is there anything that can be done to keep a baby from getting diarrhea?

Feeding

20. What do you think is the very best food you can give your baby?
21. Are there any foods that you feel are harmful for babies?
22. What do you feed your baby when he/she has diarrhea?
23. Are there any foods that make a baby worse when he has diarrhea?
24. Do you breastfeed your baby? How many times a day?
25. Do you give your baby any other food? What?
26. When did you give your baby its first solid food?
27. When did you stop breastfeeding?

Childcare

28. When you are busy who do you leave your baby with?
29. When your baby becomes sick who in the family takes care of him/her? And if you are busy, who knows most about how to make the baby well?
30. What is the most important thing to do in order to keep your baby well? To keep him from becoming sick?

Health Care

31. If you need to buy some medicine for the baby, who in your family decides what to buy?
32. Who is the person in the community who knows most about helping people when they are sick?
33. Who is the person who knows most about diarrhea in the community?
34. Do you ever go to the health center?
35. How many times have you been there?
36. What did you go there for?
37. What do you think is the best hospital around?
38. If your baby had diarrhea, where would you go for help?
39. Do you ever mix any medicines in your home? What kinds?

Sugar/Salt/Oil

40. Is sugar available easily here? Is it expensive?
41. Are there times during the year when sugar is hard to find or very expensive?
42. What about salt? Is it easily available? Is it ever hard to find or expensive?
43. Do you use any cooking oil? What kind? How do you use it? Do you give it to your child?

Media Usage and Opinion Leadership

44. Do you have a radio in the house? How many?
45. Does your husband take the radio to work with him?
46. Do you ever listen to a radio?
47. How often each day do you listen to the radio?
48. What time of the day is the best to listen to radio?
49. Do you have a favorite program? What is it?
50. What kind of program do you like best?
51. What radio station do most people listen to in the community?
52. What is your favorite radio station?
53. Do you ever listen to commercials?
54. Do you think you can believe what they tell you on the radio?
55. Do you ever talk about radio programs with a neighbor? Which ones? Can you remember?
56. What kind of program would you like to hear on the radio?
57. Do you think people learn anything from radio? Can you think of anything specific that you learned from radio?
58. Who are the most influential people in the community? Who do people listen to? Who do they go to for advice or help with a problem?
59. If you need to borrow some money who would you go to for help?

60. Let's pretend for a minute that your brother was sent to jail for being drunk, who would help you talk to the police and clear up the problem?
61. Can you think of something that made you especially proud or happy during the last month?

TEAM FIVE - INDIVIDUAL INTERVIEW GUIDE FOR FATHERS OF CHILDREN 5 YR.

General Health

1. How do you know when your baby is really healthy?
2. How many times has your baby been sick?
3. What kinds of sicknesses has he/she had?
4. What is the most dangerous sickness your baby can get.
5. What is it that makes your baby sick most often?
6. How does your baby look or act when he/she is sick?

Diarrhea

7. Has your baby ever had diarrhea?
8. How did you know that he/she had diarrhea?
9. We're trying to find out what causes diarrhea, and wondered what you thought might cause diarrhea?
10. Do you know any good remedies for diarrhea?
11. Do these things really (always) work?
12. What did you do for your baby when he/she had diarrhea? Where did you learn this?
13. Did you give him/her some special food or medicine?
14. Do you feel a purge is helpful?
15. What kind of purge is best?
16. Is there someone in the community who really knows how to cure diarrhea? Who?
17. Do you think diarrhea is very serious? Can it really hurt your baby?
18. Is there anything that can be done to keep a baby from getting diarrhea?

Feeding

19. What do you think is the very best food you can give your baby?
20. Are there any foods that you feel are harmful for babies?
21. What do you feed your baby when he/she has diarrhea?
22. Are there any foods that make a baby worse when he has diarrhea?
23. Does your wife breastfeed? Do you think that breastfeeding is good?
24. Do you give your baby any other food? What?
25. When did you give your baby its first solid food?

Childcare

26. When your baby becomes sick who in the family takes care of the baby?
27. What is the most important thing to do in order to keep your baby well?
To keep him from becoming sick?

Health Care

28. If you need to buy some medicine for the baby, who in your family decides what to buy?
29. Who is the person in the community who knows most about helping people when they are sick?
30. Who is the person who knows most about diarrhea in the community?
31. Do you ever go to the health center?
32. How many times have you been there?
33. What did you go there for ?
34. What do you think is the best hospital around?
35. If your baby had diarrhea, where would you go for help?
36. Do you ever mix any medicines in your home? What kinds?

Sugar/Salt/Oil

37. Is sugar available easily here? It it expensive?

38. Are there times during the year when sugar is hard to find or very expensive?
39. What about salt? Is it easily available? Is it ever hard to find or expensive?

Media Usage and Opinion Leadership

40. Do you have a radio in the house? How many?
41. What radio station do most people listen to in the community?
42. What is your favorite radio station?
43. Do you ever listen to commercials?
44. Do you think you can believe what they tell you on the radio?
45. Do you ever talk about radio programs with a neighbor? Which ones? Can you remember?
46. Who should decide in the family what radio station to listen to?
47. Does your wife ever listen to radio? What kind of program does she like best?

TEAM FIVE - INDIVIDUAL INTERVIEWS WITH COMMUNITY OPINION LEADERS

The general question to be answered through this phase of the investigation is:

- What role can community opinion leaders play in supporting the proposed public education campaign?

To answer this question the following general information is needed:

- What are the principle characteristics which distinguished an opinion leader from other members of the community?
- Do opinion leaders see themselves as sources of health information?
- What potential obstacles or support might opinion leaders generate for the program?
- What is the best way to identify, contact, and support opinion leaders?
- What are credible rewards for opinion leaders?
- What are commonly held beliefs about diarrhea among opinion leaders?

TEAM FIVE - INDIVIDUAL INTERVIEW GUIDE FOR COMMUNITY OPINION LEADERS

We especially wanted to meet and talk with you because so many people in the community have told us how they respect your opinion and listen to your advice.

1. How long have you lived in the community?
2. What do you think it takes to be a community leader?
3. What is the most important thing that a leader should do?
4. How do you become a leader? What do you have to do?
5. Was your father recognized as a leader here?
6. When did you start to become involved in community affairs?
7. Can you tell us something about the kind of problems you have faced?
8. What do you think is this community's biggest problem now?
9. Are there any health problems that you think are particularly important?
10. What causes these problems?
11. What do you think should be done to solve them?
12. What about children? Babies? What kind of sicknesses do they get? What about diarrhea, is that much of a problem? What do you think causes diarrhea? Are there any good medicines for diarrhea? Who knows most about how to cure diarrhea? Who would you go to if your baby gets sick?
13. Do the mothers here have help when they need it for their problems?
14. What kind of help do they need?
15. Could you help out by telling mothers what they should do when their baby is sick?
16. Do you travel to town often? How often? What do you do there?
17. Do you have a radio? What kinds of programs do you like? What kinds of programs do most people listen to in the community? Do you think people learn things from radio? Can you think of anything specific you learned from radio that helped you?

18. What is the thing that gives you the most pride here in the community?

In addition to asking these questions during the visit try to get the opinion leader to take you around the community. Try to observe the following things:

19. Are there any differences between him/her and the rest of the community?
(Better home, clothes, children's clothes, education, age, food, transportation, etc...)
20. How does he relate to the rest of the community?
Is he paternalistic?
cooperative?
competitive when he talks about and relates with other community members?
21. Do people seem to fear him, trust him, confide in him, depend upon him, like him?
22. How much time is spent discussing serious problems other than money?
- Personal Conflicts in the community.
 - Requests to the Opinion Leader for help
 - Questions to the O.L. concerning information
 - Others
23. How much time is spent discussing money problems?
24. What seems to please or give pride to opinion leaders?
25. How does she/he relate to official leaders like priests, auxiliaries, police, etc...?

2. Track Two - Direct Observation

The following introductory remarks will be made to each respondent in Track Two. They are intended to explain the purpose and nature of the research, to alert respondents to its voluntary nature, and to seek explicit verbal agreement from respondents.

First I would like to say that we truly appreciate your help. As you probably guessed we work in Tegucigalpa. We are trying to design a new kind of radio program there which we hope will bring some helpful ideas to people just like yourselves. We believe that these radio programs will be a lot better if we can get your ideas into them. And that really is why we are here today.

We have been talking with women like yourself, trying to find out how they feel about things. We just want to talk, interchange ideas and hopefully learn a little from each other.

- I should say that this is not a survey. We don't need to write your names down, or know how old you are, or how much money you make. We have written down a few questions on these sheets here, but they are just to help us remember some of the things we want to talk about with you. If you don't mind we would like to tape record the meeting so that we don't miss anything of importance. Would that be all right?
- As we explained, your help is purely voluntary. Please feel free to stop at any time, but we hope that you will stay and share your ideas and experiences with us.
- We work with the Ministry of Health, so as you might guess we want to talk about the kind of health problems you have here. But we know that health is not something apart from the rest of our lives, so we may talk about a lot of other things that you think are important too.
- This is not a school and we are not teachers. We've come to learn from you, so feel free to interrupt or speak up if you want to share an idea. We have time for you to contribute from your own experiences.
- I wonder if you have any questions about us before we begin? Do you feel comfortable with what I've said? Does it make sense?

The following instruments have been designed for use in Track Two. They have been divided by the Teams (6, 7, and 8) which will administer them.

TEAM SIX - DIRECT OBSERVATION OF FEEDING PRACTICES

The three critical questions to be answered in this phase of investigation are:

1. What are the principle sources of contamination and transmission within the home?
2. Do the appropriate elements exist within the home to prepare the simple sugar and salt and pre-packaged oral solutions?
3. What are the principle contact points of the rural home with outside information?

To answer these questions the following specific information is needed:

- What are the possible sources of food contamination?
- What are the possible sources of water contamination?
- What utensils are found commonly in the home and what use and volume do they have?
- Are salt, sugar, and cooking oil found commonly in the home?
- What is the relative importance of radio, print material and face-to-face contact as sources of credible information for the rural family?

TEAM SIX - OBSERVATION GUIDE FOR RURAL FEEDING PRACTICES

Use the following chart to record basic information about food use:

| List all foods seen during visit | 1 | 2 | 3 | | | 4 | 5 |
|----------------------------------|-------------------------|--------------------------------------|-----------------------------------|---------|-----------|---|--|
| | Origin | Consumption | Quantity Consumed | | | Preparation and Consumption | Seasonality |
| | ¹ Purchased | ¹ Exclusive for adults | | | | ¹ Cooked + then stored before eating | ¹ Available all year |
| | ² Home Grown | ² Children under 5 | ¹ Large amount | | | ² Cooked + eaten within 1 hr. | ² Unavailable only short period |
| | | ³ Children under 2 | ² Small amount | | | ³ Uncooked but washed before eaten | ³ available only short period |
| | | ⁴ Children under 6 months | ³ Did not see consumed | | | ⁴ Uncooked and unwashed before eaten | |
| | | ⁵ Children +adults | Ch 5 | Ch 2 | Ch 6mo | Other (explain) | |
| Tortilla de maiz | 2 | #5 but not #4 | 1 | 1 | 3 | 1 | 2 |
| Tortilla de maicillo | | | | | | | |
| Tortilla de maiz y maicillo | | | | | | | |
| Auga de arroz | | | | | | | |
| Arroz cocido | | | | | | | |
| Pan de arroz | | | | | | | |
| Sopa de verduras | | | | | | | |
| Water | | | | | | | |
| Breast-milk | | | | | | | |

6. For those foods which are stored between preparation and consumption give the approximate amount of storage time before consumed by children.

7. Describe how those foods given to children and stored before consumption are stored? How might they be contaminated?

Preparation of foods:

Utensils:

8. List all the utensils found in the home, their common use, and their names.
9. What utensils are used to measure liquid? Is there one with a litre volume?
10. Are they washed before use? With what quality of water?
 Boiled:
 Cleanest available:
 Clearly contaminated:
 With soap? Always:
 Sometimes:
 Never:
11. In what type of utensil is the food made? Are these washed before they are used?
 With what quality of water? With soap? Always? Sometimes? Never?
 Boiled:
 Cleanest available:
 Clearly contaminated:
 Which foods are peeled? What tool is used? How is it cleaned?
12. How long after being cooked is this food eaten? Does the amount of time between cooking and eating vary according to age? In what manner?

Consumption patterns:

13. Is there, at home, any place where the family usually eats? Describe its sanitary conditions?

Feeding practices:

14. Which family members washed their hands before eating?
15. Does the mother help any of the children while they eat? (age, sex)
16. If the mother feeds the baby:
 Does she wash the child's hands?
 What does she use to feed the baby? (bottle, dish, etc...) Does she clean it before she uses it?
17. Do parents give any food to children between meals? Is this a potential source of serious contamination?

Breastfeeding:

18. Are there any baby bottles in the home? What are they used for?
19. List the times when the baby was breastfeeding. For how long each time? Did the mother give the child any other food? What?
20. Did she clean her breast? How?
21. What does she do if the baby did not want to eat?
22. If the baby had diarrhea, did she stop breastfeeding?

Drinking water:

23. Where does the water that the family drinks come from? (Distance, problems).
24. Where is it kept? Do they cover it? Do they boil it? What is used to serve the water?
25. The water they use for other than drinking: where does it come from? Is it used also for cooking or drinking?

Salt, Sugar:

26. Do they have sugar? What form? Salt? In what form: granulated or in blocks?
27. Do they use it for other things beside foods?
28. With what foods do they usually use them?
29. What kind (size and name) of the utensils do they use to measure salt/sugar?
30. How expensive is the salt/sugar?
31. How often is it available?

Radio/Printed material

32. Number of radios in the house?
33. Number of working radios in the house?
34. If there are radios which do not work, why are they not working? Broken? Lack batteries?

35. How often does the mother say they do not have batteries for the radio?

36. How long was the radio without batteries?

| 37 Programs listened to | 38 Time of Program | 39 Degree of Attention | 40 People who listen | 41 Station Name |
|----------------------------|-----------------------|---|---------------------------------|--------------------|
| | | ² Radio on, but mother not listening | ¹ all family | |
| | | ² Radio on, mother working and listening | ² Principally father | |
| | | ³ Radio on + mother only listening | ³ Principally mother | |
| | | | Other | |
| Ranchero | 6am-7am | (1-30%) (3-5%) (2-65%) | 3 | HCRB |

42. Who decides what program will be listened to?

43. Where is the radio, physically, during the day?

44. Does the mother listen to spots?

At some moment during the day the observer should listen to a spot which the mother could have heard: some minutes later the observer should ask the mother some question which would indicate whether she heard the spot or not.
Example:

SPOT NARRATION: Fab Offers L 10.00 gift to all users.

QUESTION: Did you know who was offering a gift for buying soap? Who? How much?

This should be repeated 5 times a day for commercial and social spots.

This same process should be used to check attention to major information provided on radio, news, charlas, novelas, etc...

Graphic Arts:

45. What graphic materials are found in the house?
46. Where are they?
47. What are they used for?
48. Did anyone in the house read anything during the visit?
49. What do they read?
50. Where did they buy it?
51. Do they comment about any of the material? If so, what do they say?

Printed Material:

52. What kind of material is in the home, what is displayed on the walls? Where did individual acquire this material?
53. Was any material related to diarrhea?
54. Were any photonovels in the home? What kind?

Observer should take several photonovels along and:

55. See what happens when they are just laid about by the observer, but no attempt is made to present them.
56. See to what degree different family members can read them.
57. See which ones are most popular with different family members.

TEAM SIX - DIRECT OBSERVATION OF CHILDCARE DURING EPISODES OF DIARRHEA

The following general questions are to be answered in this phase of the investigation:

- Who is the principle caretaker of a child with diarrhea?
- What is done for the sick child during the episode?
- What are the different levels of perceived seriousness of the illness?
- What remedies are given at what perceived levels of seriousness?
- Who becomes involved in family decision-making during episodes of infant diarrhea?

In addition standard questions concerning media habits have been included.

TEAM SIX - OBSERVATION GUIDE FOR CHILDCARE DURING EPISODES OF DIARRHEA

Presence of Diarrhea

1. How many children in the family have diarrhea? (sex, age)
2. Severeness of diarrhea (mild, moderate, etc...)
3. How long has child had diarrhea?
4. No. of stools
5. Description of type of bowel movements?
Soft
Liquid

Attention

6. Was any special concern shown to the fact that the child had diarrhea?
7. How was this concern shown?

Dress

8. What is used for diapers?
9. Where are the used diapers kept?
10. How often are they changed? Do they or do they not have diapers?
Age when they stop using them.
11. Are they washed daily? Where? How, who washes them? Where are they stored while dirty? Are they a potential source of contamination for other children in the family?

Treatment

Make a detailed list of what was given to the child to eat or drink during the day.

12. Is some special food given? What is it? Is it prepared in any special way? How is it given to the child?
13. Was the solid food or breastfeeding stopped? For how long?
14. Is the child awoken for feeding?
15. Who changes the child?

Medicines

16. Herbs: which? how prepared? how administered? Results _____
17. Purges: which? how prepared? how administered? Results _____
18. Suero Casero: what preparation? how administered? Results _____
19. Other solution: name? how administered? Results _____
20. Commercial Medicines: name? how administered? Results _____
21. Preparation: look for utensils used, mixing/ingredients.
22. Administration: look for utensils, frequency, quantity, hygiene.
23. Results: ~~look for~~ immediate child reaction, reaction time (one hour, two hours, three hours, etc...)

General Affect:

24. Does child demand attention? How does mother respond?
25. If child can walk, where does she/he go to defecate?
26. Does the mother change her way of attention to child; her work schedule?
27. Does she appear worried? (Can you notice if she is worried?)
28. What signs worry her? At what point did mother start giving special attention to child?
29. What did you notice that made the mother go to the Health Center?
30. Whose advice has she used in feeding, and treating the child?
31. What signs of improvement does the mother look for?
32. Who decides that the child must go seek outside help?
33. What role do other family members play in caring for the child?

Radio

34. Number of radios in the house?
35. Number of working radios in the house?
36. If there are radios which do not work, why are they not working?
(broken? lack of batteries)

37. How often does mother say that there are no batteries for the radio?

38. How long was the radio without batteries..

| 39 | 40 | 41 | 42 | 43 |
|---------------------|-----------------|---|---------------------------------|--------------|
| Program listened to | Time of Program | Degree of Attention | People who listen | Station Name |
| | | ¹ Radio on, but mother not listening | ¹ all family | |
| | | ² Radio on, mother working and listening | ² Principally father | |
| | | ³ Radio on + mother only listening | ³ Principally mother | |
| | | | Other | |
| Ranchero | 6 am- 7 am | (1-30%) (3-5%) (2-65%) | 3 | HCRB |

44. Who decides what programs will be listened to?

45. Where is the radio physically during the day?

46. Do mothers listen to radio spots?

At some moment during the day the observer should listen to a spot which the mother could have heard: some minutes later the observer should ask the mother some question which would indicate whether she heard the spot or not. Example:

SPOT NARRATION: Fab Offers £ 10.00 gift to all users.

QUESTION: Did you know who was offering a gift for buying soap? Who? How much.

This should be repeated 5 times a day for common and social spots.

This same process should be used to check attention to major information provided on radio, news, charlas, novelas, etc...

Printed Material:

47. What kind of material is in the house, what is displayed on the walls?
Where did individuals acquire this material?
48. Was any material related to diarrhea?
49. Were any photonovels in the house? What kind?

Observer should take several photonovels along and:

50. See what happens when they are just laid about by the observer, but no attempt is made to present them.
51. See to what degree different family members can read them?
52. See which ones are most popular with different family members?

PREPARATION OF A PACKET OF LITRO+SOL in order to observe the process and problems of preparing Litro-sol in the home and measure the ability of the partera to follow verbal instructions.

53. What utensils does the partera use to prepare and mix the packet?
54. What does he use to open the packet?
Does she lose any of the salts when she's opening it?
Does she have any problems in opening it?
55. Can the partera correctly identify a liter?
How many of these liter measures does she have in her home?
If she has the measure in her own home, where does she store it and what else does she use it for?
If she doesn't have one in her own home, where does she get one?
56. Is the measure clean?
57. If it's dirty does she wash it first?
58. How does she put the water in the liter measure?
59. Does she put the water or the salts in the measure first?
60. How does she put the salts into the liter measure?
Does she have any problems?
Does she use something on another utensil to help her put the salts in the liter?

Does she spill part of the salts or the water?

61. How does the partera mix the salts with the water?
Does she have any problems?
Does she lose part of the water?
Do all of the salts dissolve?
62. Where does she get and store the water that she uses to prepare the solution?

TEAM SEVEN - OBSERVATION IN HEALTH CLINIC

The general question to be answered in this phase of investigation is:

How can the clinic become a distribution point for health information?

This requires answers to the following specific questions:

- Do health personnel see themselves as health educators?
- Do they have time to give health education?
- What kind of acceptance do they have? Would people take their advice?
- Would other people work for them?
- What role could they play in health education?
- Where should posters be put to best attract patient attention?
- How could a radio be used in the clinic?
- How could print material best be used? Read there, given out, etc.
- What kind of patients come to the clinic? Are they repeaters? If so, do they have influence over more conservative people?
- Could OR salts be prepared in bulk and distributed from the clinic?

The observer should use the following guide to record information collected and the above list of items as a means to organize tabulated results?

TEAM SEVEN - OBSERVATION GUIDE FOR HEALTH CLINICS

Physical Infrastructure

1. Draw a floor plan indicating distribution of rooms, windows, doors, storage areas, shelving, and furniture.
2. Indicate on floor plan where patients wait. In a line or in a circle. Where they are treated.

3. Utilities:

Electricity: yes ____ no ____

Reliability: How frequently is it lost? _____

How long is it lost? _____

Water: Source? _____

Quality? _____

Latrine: What kind? _____

Where located? _____

How often used? _____

Are patients encouraged to use it? _____

4. Operating Schedule:

What hours is the clinic open for operation? _____

Regular _____

Emergency _____

5. When was the last batch of drugs delivered? _____

How frequently do health personnel report deliveries?*

How responsive to their needs do they report deliveries?*

* Refers to informaton collected through direct questioning rather than observation.

6. Is there a radio in the Clinic? _____

Who does it belong to? _____

How is it used? _____

How often? _____

What kind of programs are listened to? _____

What is clinic personnel's opinion of having radio on during hours of clinic operation?*

7. If there are any posters in the Clinic, indicate:

| Topic | Printed or Home Made | No. | Placement in Clinic | Relative % of words to pict. |
|-------|----------------------|-----|---------------------|------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

* Refers to information collected through direct questioning rather than observation.

8. What other printed material is in the clinic? _____

How is each used? _____

Are they distributed? _____ How? _____

Left for the taking? _____

Carefully stored? _____

Other? _____

9. What anti-diarrhetic medicine does the clinic have? _____

How much? _____ How does the nurse decide how much to give to whom? _____

10. Does the clinic have a litre container? _____

What kind? _____

11. Does clinic have measuring spoon? _____

What kind? _____

12. Does clinic have some way to boil water? _____

How? _____

13. Does clinic have large vessels for storing bulk volumes of pre-mixed ORS? _____

Personnel

| 14. <u>Level of Training</u> | <u>No.</u> | <u>Length of Time</u> | |
|------------------------------|------------|-----------------------|-------------------|
| | | <u>in Site</u> | <u>M</u> <u>F</u> |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

15. Answer the following questions for each of the individuals on the previous page.

What is their daily work schedule? _____

How much time is spent:

Treating patients _____

Completing records _____

Cleaning up _____

Resting _____

Visiting with community _____

Other _____

Group teaching _____

16. Where do they sleep? _____

17. What do they do when the clinic is closed? _____

18. Do they have friends in the community with whom they discuss their health work? _____

Interaction with Patients:*

19. During treatment how much time is spent:

Questioning the patient _____

Telling the patient _____

Quietly treating the patient _____

Ignoring the patient _____

Other _____

20. How much time is spent:

Criticizing the patient _____

Supporting the patient _____

* Patient refers to caretaker if infant is the patient.

21. How often does the personnel:

Smile at the patient _____

Ask patient does she/he understand _____

Repeat important advice _____

22. What is the average duration of treatment? _____

23. What advice does health personnel give to a patient with infant diarrhea? Be specific? _____

24. What questions do caretakers ask about this advice? _____

What questions do caretakers ask about diarrhea in general?

25. Total number of patients treated

Number of patients in number of hours _____ patients in _____ hrs.

26. For the total number of non-staff people in the clinic, list the following information:

Number of: Adult males _____ Adult females _____

Children under 15 _____ Under 10 _____ Under 5 _____

Under 2 _____

27. Of total number of patients, how many come to clinic alone?

28. How long does the average patient wait to be treated?

29. What do patients do while waiting?

30. How long did it take most patients to arrive at the clinic?

Longest _____

Shortest _____

Average _____

31. Would it be possible for patients in the waiting area to:

Hear and pay attention to a radio broadcast _____

Read a pamphlet _____

Look at a poster _____

32. What kinds of questions do patients ask of each other?

What kinds of questions do patients ask of the health personnel?

33. Did you notice anything which particularly bothered the patients?

34. Did you notice anything which particularly pleased the patients?

35. How many patients carried something away with them?

Medicine _____

Printed material _____

Other _____

TEAM SEVEN - SOLUTION MIXING

The critical information to be collected from this experience includes:

- The principle points where rural mothers commonly make errors in mixing ORT solutions.
- Common vocabulary related to spoon size.
- The ability of respondents to distinguish a one litre container from other volume measures.
- The ability of respondents to follow tape recorded, direct verbal, and visual instruction.

Solution mixing will be conducted on the third and fourth days of activity at the Health Clinic. The observation team will ask three individual mothers each day to assist them in preparing a remedy for diarrhea. In each clinic three different conditions will be composed; two mothers with each condition.

- Condition one will be to mix a pre-packaged OR solution using direct verbal instructions from one of the observers.
- Condition two will be to mix a pre-packaged OR solution using pre-recorded instructions on a cassette tape.
- Condition three will be to mix a pre-packaged OR solution using only graphic instructions from a small printed page.

MIXING GRAPH

| | Treatment* | No. of Mother's Daily | No. of Days Per Clinic | Total No. of Mother's Per Day |
|----------|------------|-----------------------------|---------------------------|-------------------------------------|
| CESAMO 1 | A, B, C | 3 | 2 | 6 |
| CESAMO 2 | A, B, C | 3 | 2 | 6 |
| CESAR 1 | A, B, C | 3 | 2 | 6 |
| CESAR 2 | A, B, C | 3 | 2 | 6 |
| CESAR 3 | A, B, C | 3 | 2 | 6 |
| CESAR 4 | A, B, C | 3 | 2 | 6 |

Treatment*

Cassette = A

Direct Verbal = B

Bisual = C

In each case the mother will have three common bottles of different sizes labeled only A, B, and C; only one of which will be a litre volume. She will have a supply of water, a packet, and several other common utensils (spoon, cup, glass, knife, and bowl) found in the home. The verbal instructions will say:

We want you to prepare this simple remedy for diarrhea. Please find an empty bottle which will hold exactly one litre. Fill it with clean water. Open the packet of medicine and add it all to the bottle of water. Then mix the powder in the bottle so that it dissolves completely.

The visual instructions to be used will be similar in format to those below:



TEAM SEVEN - OBSERVATION GUIDE FOR SOLUTION MIXING

The important points to look for include:

1. Does the mother select the right volume bottle?
Which of the three bottles does she choose A ___ b ___ C ___?
2. Does she do so with confidence?
3. How long does it take her to decide?
4. How does she put the water in the bottle?
Does she use a cup, or other instrument?
5. Does she have difficulty opening the packet?
6. Does she use any utensil to help open it?
7. Does she have difficulty putting the salts into the bottle without spilling them? How much of the packet does she add?
8. How does she add the salts to the bottle?
9. How does she go about mixing the salts?
Shaking, stirring, etc.
10. Does the mother complain that she lacks some utensils she needs to follow the instructions?
11. What questions does she ask?
12. How much overall confidence does she demonstrate during the test?
13. What gave her the most difficulties during the process?

TEAM EIGHT - DIRECT OBSERVATION OF MIDWIVES (PARTERAS)
PRIMARY HEALTH CARE WORKERS (GUARDIANES)
AND TRADITIONAL HEALERS (CURANDEROS)

The important questions to be answered about each of these groups in this phase of investigation include:

- To what degree is each a reliable and accepted source of health information for a significant percentage of the community concerning post natal problems such as infant diarrhea.
- If not presently, what is needed to transform them into such a source of information?
- Are these individuals potentially good distribution points for packets?
- What are the significant obstacles to using each as opinion leaders in this area?
- What potential rewards could be offered each for their participation in such a program?

TEAM EIGHT
OBSERVATION GUIDE FOR MIDWIVES'S (PARTERA'S) DAILY ROUTINE

1. Who does the partera live with?
2. Where is the house located in relation to the other houses in the community?
3. Does the partera work at anything else besides being a partera?
4. How much time does the partera spend in one day in each of the following activities?

Work outside the house _____

Housework _____

Deliveries (including pre- and post-delivery house visits) _____

Treatment of illnesses _____

Conversations with others in the community (in the partera's home and in neighbor's homes) _____

Conversations with other parteras _____

Other _____

Visits to the Partera's House

5. How many people visit the partera in one week and who are they?
6. Do they talk about children's problems or illnesses?
7. Do parents take their children to the partera's house for observation or treatment of problems or illnesses?

How many people? _____

What problems or illnesses? Diarrhea? _____

What treatment does the partera recommend for infant diarrhea?

8. What does the partera recommend concerning administration of food and milk during the diarrhea episode? _____

Does the partera prepare and administer the treatment or does she tell the parent how to do it?

If the partera prepares the treatment, what utensils does she use and what does she use to measure the substances?

9. If the partera recommends or suggests something, does the other person do what she recommends?

Visits by the Partera to Homes of Other People

10. How many homes does the partera visit in one day?
One week? _____

11. Does the partera visit some people regularly?

Who are they? _____

Why does she visit them? _____

12. How long does the partera visit the home? _____

13. During the visit do they talk about children's problems or illnesses?

14. Does the partera recommend a treatment for a problem or illness of the children?

15. What illnesses? (diarrhea) _____

What treatment does she recommend? _____

Does the partera prepare the treatment herself or does she tell/teach the other person how to do it? _____

If the partera prepares the treatment, what utensils does she use to measure and prepare it? _____

If the partera recommends something, does the other person do what seem to understand? _____

Is there any evidence that she applies what the partera recommends?

Does the person seem to respond positively to the partera's advice?

Medicines

16. What medicines does the partera use for diarrhea?

17. Does the partera have salt and sugar in her house?

In what form? _____

Where does she store them? _____

What does she use them for? _____

18. Does she use salt or sugar in the treatment of any illness?

If so, how does she measure them?

Utensils

19. What does the partera use to measure a liter?

How many of these measures are found in her home? _____

20. What type of spoons are found in her home?

What name does she have for each type of spoon? _____

What does she use them for? _____

21. What is the complete list of utensils that are found in the partera's house?

22. Is soap found in the partera's house?

What type of soap? _____

For what and how often does she use each type of soap? _____

Vocabulary

23. What vocabulary does the partera have for:

Diarrhea? _____

The causes of diarrhea? _____

The treatments of diarrhea? _____

Spoons and other utensils found in the home? _____

Aspects of child rearing (including infant foods)?

Radio

24. Number of radios in the house?
25. Number of working radios in the house?
26. If there are radios which do not work, why are they not working?
Broken? Lacking batteries?
27. How often does a mother say they do not have batteries for radio?

| 28. Programs listen to | 29. Time of program | 30. Degree of attention | 31. People who listen | 32. Station name |
|---------------------------|------------------------|--|--------------------------|---------------------|
| | | 1 radio on, but mother not listening | 1 all family | |
| | | 2 radio on, mother working and listening | 2 principally father | |
| | | 3 radio on + mother only listening | 3 principally mother | |
| | | | other | |
| Rancharo | 6 am 7 am | (1-30%) (3-5%) (2-65%) | 3 | HCRB |

33. Who decides what program will be listened to?
34. Where is the radio physically located during the day?
35. Do mothers pay attention to radio spots?
36. At some moment during the day the observer should listen to a spot which the mother could have heard. Some minutes later the observer should ask the mother some questions which would indicate whether she heard the spot or not. Example:

SPOT NARRATION: "Fab offers a prize of 10 limpiras to everyone who brings the giant size."

QUESTION: "Have heard about any special offer Fab is making? What is it exactly?"

This should be repeated five times a day for common instructional spots.

The same process should be used to check attention to major information provided on radio. News, charlas, novelas, etc.

Graphic Arts

37. What graphic materials are found in the house?
38. Where are they?
39. What are they used for?
40. Did anyone in the house read anything during the visit?
41. What do they read?
42. Where did they buy it?
43. Do they comment about any of the materials? If so, what did they say?

Printed Material

44. What kind of material is in the home? What is displayed on the walls? Where did the individual acquire this material?
45. Was any material related to diarrhea?
46. Were there any photonovels in the home? What kind?

Observer Should Take Several Photonovels along and:

47. See what happens when they are just laid about by the observer, but no attempt is made to present them.
48. See to what degree different family members can read them?
49. See which ones are most popular with different family members?

Preparation of a packet of Litro-sol in order to observe the process and problems of preparing Litro-sol in the home and measure the ability of the partera to follow verbal instructions. The partera is given a packet and the following verbal instructions.

We want you to prepare this simple remedy for diarrhea. Please find an empty bottle which will hold exactly one liter. Fill it with clean water. Open the packet of medicine and add it all to the bottle of water. Then mix the powder in the bottle so that it dissolves completely.

During the the mixing observe the following points:

50. What utensils does the partera use to prepare and mix the packet?
51. What does she use to open the packet?
Does she lose any of the salt when she is opening it?
Does she have any problems opening it?
52. Can the partera correctly identify a liter?
How many of these liter measures does she have in her home?
If she has the measures in her own home, where does she store them, and what else does she use it for?
If she doesn't have one in her own home, where does she get one?
53. Is the measure clean?
54. If it's dirty, does she wash it first?
55. How does she put the water in the liter measure?

56. Does she put the water or salts in the measure first?

57. How does she put the salts into the liter measure?

Does she have any problems?

Does she use something on another utensil to help put the salts in the liter?

Does she spill part of the salts or the water?

58. How does the partera mix the salt with the water?

Does she have any problems?

Does she lose part of the water?

Do all of the salts dissolve?

59. Where does she get and store the water that she uses to prepare the solution?

Treatment Preparation

Ask the partera to prepare a good remedy for diarrhea. During the process try to observe:

60. What materials does the partera use in her treatments (herbs, pharmaceutical products, other)?

61. What utensils does she use to prepare the treatment?

62. Does she measure any of the materials in the treatment?

What does she use to measure?

63. Where is the partera when she is preparing the treatment?

64. Does she heat or cook any of the treatments?

TEAM EIGHT
INTERVIEW GUIDE FOR DIRECT QUESTIONING DURING THE PARTERA'S OBSERVATION

Deliveries

1. How many births does the partera attend in one month?
In one year? _____
2. Does she make home visits to her patients before and after the delivery? _____
How many per delivery? _____
How frequently? _____
How long after delivery does she continue to visit them? _____
3. Has the partera changed the ideas or methods of her work in the past few years?
What changes? _____
Why? _____
4. In how wide an area of the community does the partera attend deliveries? _____

Relationship With Other Parteras in the Area

5. How many parteras practice in the area?
6. Does she visit the other parteras? _____
How frequently? _____
Does she overlap her physical area of influence with other parteras or is her territory clearly defined? _____

Diarrhea

7. What does the partera believe are the causes of infant diarrhea?

8. What treatment does she recommend for infant diarrhea? _____
9. What does the partera think rural people believe is the cause of, and best treatment for infant diarrhea? _____
10. Does she differentiate between mild diarrhea and severe diarrhea?

With what signs? _____

Relationship With Other People in the Community

11. Does the partera believe that other women listen to her opinion about things other than birthing?
12. Who does the partera believe is the person in the community who is best able to explain a new idea? _____
- Who is most influential? _____
13. Does the partera believe that she could explain a new idea to the community? _____
14. Does the partera believe that if she asks or tells someone to do something that they will do it? _____
15. What names does the partera have for all of the cooking utensils in the house? _____
16. What would the partera use to measure a litre of water? _____

Medicines

17. Where and how does the partera get the medicine she uses? _____
- _____

Other

18. What kinds of complaints does the partera have about her work?
19. What does she say is her greatest reward from being a partera?
- _____
20. What does she seem to enjoy most during the time the observer is there? _____

TEAM EIGHT - OBSERVATION GUIDE FOR THE DAILY ROUTINE OF THE
PRIMARY HEALTH CARE WORKERS AND TRADITIONAL HEALERS (GUARDIANES Y CURANDEROS)

1. Where and with whom does he live?
2. Does he work in something else as well as medical treatment?
3. How much time does he spend on each of the following activities?

Work in and around the home

Work outside the home

Treatment of illnesses in his own home

Treatment of illnesses in the patient's home

Conversations with others in the community (in his own home and
in the neighbor's homes)

Conversations with other health care workers or traditional healers

Other

Treatment

4. How many people does he treat in one day? In one week?
5. Where does he treat people?
6. How frequently does he treat people?
7. Who accompanies the patient for treatment?
8. How many children does he treat for diarrhea in one day? In one week?
9. What treatment does he recommend for infant diarrhea?
10. What does he do?
11. Where does he go to get help if he needs it during treatment?
12. Does he prepare the treatment or only tell the patient how to do it?
13. What other treatment does he recommend besides medicine?

14. What does he recommend concerning administration of food and liquids (milk) during the diarrhea episode?
15. What utensils does he use to prepare the treatment?
16. Does he use anything to measure the ingredients of the treatment?
17. Does he use a litre measure?
18. What is it?
19. Where does he store it?

Visits to Homes of Other Persons

20. How many times a week does he visit other people?
21. Does he visit some people regularly?
22. Who are they and why does he visit them?
23. How much time does he spend in the home during each visit?
24. During the visit, do patients talk about children's problems or illnesses (even if he is not in the home treating a sick child)?

Medicines

25. What medicines are found in his home?
26. What medicines does he use for diarrhea?
27. Does he have salt and sugar in his home?
28. In what form?
29. Where and in what does he store them?
30. What does he use them for?
31. Does he use salt or sugar in the treatment for any illnesses?
If so, how does he measure them?

Utensils

32. What does he use to measure a liter?
How many of these measures are found in his home?
33. What types of spoons are found in his home?
What name does he have for each type of spoon?
What does he use them for?
34. What is the complete list of utensils that are found in the guardianes/curanderos home?
35. Is soap found in his home?
What type of soap?
For what and how often does he use each type of soap?

Vocabulary

36. What vocabulary does the guardianes/curanderos have for:
- . Diarrhea?
 - . The causes of diarrhea?
 - . The treatments of diarrhea?
 - . Spoons and other utensils found in the home?
 - . Aspects of child rearing (including infant foods)?

Radio

37. Number of radios in the house?
38. Number of working radios in the house?
39. If there are radios which do not work, why are they not working?
Broken? Lacking batteries?
40. How often do they say they do not have batteries for radio?

| 41. Programs listen to | 42. Time of program | 43. Degree of attention | 44. People who listen | 45. Station name |
|---------------------------|------------------------|--|--------------------------|---------------------|
| | | 1 radio on, but mother not listening | 1 all family | |
| | | 2 radio on, mother working and listening | 2 principally father | |
| | | 3 radio on + mother only listening | 3 principally mother | |
| | | | other | |
| Rancharo | 6 am 7 am | (1-30%) (3-5%) (2-65%) | 3 | HCRB |

46. Who decides what program will be listened to?
47. Where is the radio physically located during the day?
48. Do they pay attention to radio spots?
49. At some moment during the day the observer should listen to a spot which they could have heard. Some minutes later the observer should ask the some questions which would indicate whether they heard the spot or not. Example:

SPOT NARRATION: "Fab offers a prize of 10 limpiras to everyone who brings the giant size."

QUESTION: "Have heard about any special offer Fab is making? What is it exactly?"

This should be repeated five times a day for common instructional spots.

The same process should be used to check attention to major information provided on radio. News, charlas, novelas, etc.

Graphic Arts

50. What graphic materials are found in the house?
51. Where are they?
52. What are they used for?
53. Did anyone in the house read anything during the visit?
54. What do they read?
55. Where did they buy it?
56. Do they comment about any of the materials? If so, what did they say?

Printed Material

57. What kind of material is in the home? What is displayed on the walls? Where did the individual acquire this material?
58. Was any material related to diarrhea?
59. Were there any photonovels in the home? What kind?

Observer Should Take Several Photonovels along and:

60. See what happens when they are just laid about by the observer, but not attempt is made to present them.
61. See to what degree different family members can read them?
62. See which ones are most popular with different family members?

Preparation of a packet of Litro-sol in order to observe the process and problems of preparing Litro-sol in the home and measure the ability of the guardianes/curanderos to follow verbal instructions. The guardianes/curanderos are given a packet and the following verbal instructions will say:

We want you to prepare this simple remedy for diarrhea. Please find an empty bottle which will hold exactly one liter. Fill it with clean water. Open the packet of medicine and add it all to the bottle of water. Then mix the powder in the bottle so that it dissolves completely.

During the mixing observe the following points:

63. What utensils does he use to prepare and mix the packet?
64. What does he use to open the packet?
Does he lose any of the salts when she he is opening it?
Does he have any problems opening it?
65. Can he correctly identify a liter?
How many of these liter measures does he have in his home?
If she has the measures in his own home, where does he store them, and what else does he use it for?
If he doesn't have one in his own home, where does he get it?
66. Is the measure clean?
67. If it's dirty, does he wash it first?
68. How does he put the water in the liter measure?
69. Does he put the water or salts in the measure first?

70. How does he put the salts into the liter measure?

Does he have any problems?

Does he use something on another utensil to help put the salts in the liter?

Does he spill part of the salts or the water?

71. How does he mix the salts with the water?

Does he have any problems?

Does he lose part of the water?

Do all of the salts dissolve?

72. Where does he get and store the water that he uses to prepare the solution?

Treatment Preparation

Ask the guardianes/curanderos to prepare a good remedy for diarrhea. During the process try to observe:

73. What materials does he use in his treatments (herbs, pharmaceutical products, others)?

74. What utensils does he use to prepare the treatment?

75. Does he measure any of the materials in the treatment?

What does he use to measure?

76. Where is he when the mother is preparing the treatment?

77. Does he heat or cook any of the treatments?

TEAM EIGHT - INTERVIEW GUIDE FOR DIRECT QUESTIONING OF THE PRIMARY
HEALTH CARE WORKERS AND TRADITIONAL HEALERS DURING OBSERVATION
(GUARDIANES Y CURANDEROS)

Treatment

1. How many people does he treat in one month? One year?
2. How many children with diarrhea does he treat in one month?
One year?
3. Does he make home visits to his patients after treatment?
4. How many visits per illness?
5. With what frequency?
6. Where do people come for treatment?
7. What signs does he look for when the child is slightly ill,
moderately ill, or severely ill?
8. Has he changed the ideas or methods of his treatment in the past
few years?
9. What changes?
10. Why?

Relationship With Other Health Care Workers and Traditional Healers

11. Who are they in the area?
12. Does he visit the other health care workers and traditional healers
in the areas?
13. How frequently does he visit them?

Diarrhea

14. What does he believe is the cause of infant diarrhea?
15. Does he differentiate between mild diarrhea and severe diarrhea?
16. With what signs?

Relationship With Other People In The Community

17. Does he believe that other people listen to his opinion?
18. Does he believe that other women listen to his opinion about things other than birthing?
19. Who does he believe is the person in the community who is best able to explain a new idea; who is most influential?
20. Does he believe that if he asks or tells someone to do something, they will do it?
21. What names does he has for all of the cooking utensils in the house?
22. What woud he use to measure a liter of water?

Printed Material

23. What kinds of printed material does he think the women like the best?

Other

24. What kinds of complaints does he have about her work?
25. What does he feel is his greatest reward from being a guardian/curandero?
26. What does he seem to enjoy most during the time the observer is there?

Medicines

27. Where and how does he get the medicines that he uses?

TEAM NINE - INTERVIEWS WITH MEDICAL PROFESSIONALS

3. Track Three - Interviews With Professionals

The critical questions to be answered during this phase of investigation include:

- What are the most common practices of local medical professionals in terms of treatment and prevention of infant diarrhea?

Salient points here include:

Level of understanding of oral rehydration therapy.

Opinion regarding oral therapy's appropriations.

Treatment and prevention advice which they promote with their patients.

Feeding practices during episodes of diarrhea which they recommend?

- Of those practices identified above, which are counter to appropriate treatment and prevention; which ones are more susceptible to change; and which ones are least susceptible to change?
- What advice does the medical community promote regarding breast-feeding?
- What is the relative influence on the opinion and action of the professional medical community of the following channels:

Publications

Meetings

Training seminars

Mass Media

Official Policy

Work of Mouth

Other

- Who are the key opinion leaders among the pediatric community in Honduras?

TEAM NINE - INTERVIEW GUIDE FOR PHYSICIANS

These interviews will be conducted by a physician in a conversational manner.

1. What is your general concept of infant diarrhea?
2. In your experience, what are the principle causes of infant diarrhea?
3. Which kind of diarrhea do you find most common here?
4. There has been a lot of discussion of how dehydration should be treated. What do you think is the best appropriate treatment?
5. What treatment do you find yourself using most commonly?
6. Have you had any experience with oral therapy? How did it work? What mixture do you use?
7. What problems did you have with the oral solution? What do you think are its greatest drawbacks? Have you had difficulty with children who vomit?
8. What percentage of the children that you treat receive oral therapy?
9. Do you give recommendations to the mother when she has a baby with diarrhea. Or, does the auxiliary does that?
10. If you are the person who gives the advice to the mother, on what aspects do you give recommendations?

On oral solution
On hygienic practices
On feeding during and after diarrhea
If the child is vomiting
If the diarrhea is not ceased

What is your opinion on breastfeeding? Do you recommend it? Do you recommend it all the time?

11. Up to what age do you think breast-feeding should stop? Do you recommend it?
12. At what age do you recommend the mother to start giving solid foods?

13. What programs is the Centro de Salud carrying out to help prevent diarrhea (for physicians who work in the Centros de Salud).
14. Do you have any subscriptions to medical magazines?
15. Which ones? Which ones do you find most reliable or most useful?
16. Where do you get information on medicines, or new practices?

Medical magazines

Meetings

Colleagues

Bulletins

Advertisements on radio

17. Have you had any experience with radio or with audiovisuals?
18. Which of the home treatment that rural people use do you feel are harmful for the child's health? Do you notice that many children who come in dehydrated have received purges? What do they use as a purge?
19. Have you had any difficulties with the use of intravenous fluid?
20. Who, in your opinion, are the most respected and most influential pediatricians in the country?

TEAM NINE - INTERVIEW GUIDE FOR NURSES AND NURSE AUXILIARIES

These interviews will be conducted by a nurse in a conversational manner.

1. What is your general concept of infant diarrhea?
2. In your experience, what are the principle causes of infant diarrhea?
3. Which kind of diarrhea do you find most common here?
4. There has been a lot of discussion of how dehydration should be treated. What do you think is the best appropriate treatment?
5. What treatment do you find yourself using most commonly?
6. Have you had any experience with oral therapy? How did it work? What mixture do you use?
7. What problems did you have with the oral solution? What do you think are its greatest drawbacks? Have you had difficulty with children who vomit?
8. What percentage of the children that you treat receive oral therapy?
9. Do you give recommendations to the mother when she has a baby with diarrhea? Or, does the auxiliary does that?
10. If you are the person who gives the advice to the mother, on what aspects do you give recommendations?

On oral solution

On hygienic practices

On feeding during and after diarrhea

If the child is vomiting

If the diarrhea is not ceased

What is your opinion on breastfeeding? Do you recommend it? Do you recommend it all the time?

11. Up to what age do you think breast-feeding should stop? Do you recommend it?
12. At what age do you recommend the mother start giving solid foods?

13. What programs is the Centro de Salud carrying out to help prevent diarrhea (for physicians who work in the Centros de Salud).
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Medical magazines

Meetings

Colleagues

Bulletins

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17. Have you had any experience with radio or with audiovisuals?
18. Which of the home treatment that rural people use do you feel are harmful for the child's health? Do you notice that many children who comes in dehydrated have received purges? What do they use as a purge?
19. Have you had any difficulties with the use of intravenous fluid?
20. Who, in your opinion, are the most respected and most influential pediatricians in the country?
21. How much of your time do you spend actually teaching groups of women new health information? Do you ever have classes where women come in groups, or do you give information as you treat patients?
22. What kind of materials would be helpful to you as an educator?
23. What have you found the people like the best?
 - Posters
 - Pamphlets
 - Flipcharts
 - Other
24. What medicines do you use the most?
25. Do people who come for diarrheal treatment ask for any specific medicine? What kinds of medicine? Where do you think they learned about this medicine?

26. I would like to ask you to pick three words from the following list which you think best describes most of the rural people who come to the clinic?

Dirty
Poor
Ignorant
Hardworking
Honest
Unfriendly
Stubborn
Helpful
Understanding
Kind

27. How many of the people you see each month are repeaters? Do you find the same people coming for treatment over and over again?
28. Have you found that they take your advice, or do you suspect they don't do what you tell them?
29. Could you tell us something about your training? How long have you studied? Where? What special courses have you had in the last year? Did you ever receive any instruction about oral rehydration? Where? When?
30. What do you feel you need most in the way of support? What is the biggest problem you are facing here in the clinic?
31. What do you like best about your work?
What gives you the greatest pleasure?
32. What kind of relationship do you have with the parteras? How many are there in your area? Do they come to regular monthly meetings? What kind of problems are they having?
33. What kind of relationship do you have with the primary care workers? How many are there in your area? Do they come to regular monthly meetings? What kind of problems are they having?
34. What kind of relationship do you have with health representatives? How many are there in your area? Do they come to regular monthly meetings? What kind of problems are they having?
35. Which of the three--parteras, guardianes, or representatives--do you think are the most effective? Which do you enjoy working with the most?

36. What do you think they need in order to be really effective?

While at the clinic the interviewer should review health records for the following information?

During the last month (30 days)

37. Number of patients
38. Number of patients with diarrhea
39. Number of children with diarrhea by age - five, two, and six months
40. Severity of diarrhea
41. Number of people who are repeaters
42. List the top three illnesses reported during this period.

TEAM NINE - INTERVIEWS WITH PHARMACY, DEPOT, AND RURAL STORE PERSONNEL

The critical questions to be answered during the phase of investigation include:

- What are the most common competing remedies for infant diarrhea?
- Where are these remedies produced?
- What is their relative level of popularity?
- What oral therapy remedies are now available commercially?
- What is the present level of understanding of, and support for, oral therapy among pharmacy, depot, and rural store personnel?
- What role does the pharmacy, depot, and rural store personnel play in providing information on prevention and treatment of diarrhea?
- What recent successful promotional campaigns for medicine have been run? What were the best elements in their success at the rural level?

TEAM TEN - INTERVIEW GUIDE FOR PHARMACY, DEPOT, AND RURAL STORE PERSONNEL

1. What do you think is the best remedy to give a mother who has a child with diarrhea for one day, for two days, for three days?
2. If the child is very dehydrated, what would you suggest the mother gives to the child?
3. How many remedies for diarrhea do you stock here? Which of them do you think is the very best?
4. What companies make these remedies?
5. Which of them is the most popular with rural people? Do they have one they ask for frequently? How many of these would you sell in a week?
6. Why do you think they like that one the best?
7. Do you think the kind of diarrhea that rural children have is different from the city children? Does it need a different remedy from the ones that the city children may need?
8. When rural people come in to the clinic, do they ask your advice on what to do about diarrhea? What do you tell them? What should they do to keep from getting diarrhea? What do you think causes most of their diarrhea? How many people come to you on a weekly basis to buy durgs? How many of those would you say are from the campo?
9. Have you ever had any experience with this oral therapy? What do you think? Does it work? Does it work in all cases, or have you seen problems with it? What kind of problems?
10. What kind of medicines do you find that are most popular? (Injectables, powders, syrups, liquids, etc.) Why do you think people prefer one over the other?
11. Do you stock any medicines that are produced locally? (Herbs, teas, etc.) What are they used for? Are any of them good for diarrhea? Who makes them for you? Are they very popular?
12. I wonder if you have seen in the past few years any really successful new promotional campaigns for medicines? Have you seen any new medicines that have become popular? Why do you think the promotion worked so well? What did they do? Did any of these campaigns use radio? Do you think people believe what they hear about medicines on the radio? Did anyone ever tell you they heard about a medicine on the radio? Do you remember which medicine?

Do you ever listen to the radio? How much? Have you heard any of the spots on dengue or malaria? (Ask specific questions about content.)

13. Would you be willing to attend a short seminar some evening with other pharmacists (depot and rural store personnel) and learn about a new remedy for diarrhea? This would be sponsored by the MOH and would only take one hour or so?

14. Especially for depots and rural stores:

How often do you get medicines? How are they delivered? Have you had problems with getting medicines? What is the most important thing you do to make sure you have the medicines you need?

What are the biggest complaints you get from the community? What bothers them the most about medicines? What health problems do they complain about the most?

What gives you the most satisfaction? What has given you particular pride in the last year? Can you remember a specific incident that made you feel good about being a pharmacist here in this country?

TEAM TEN - INTERVIEWS WITH RADIO STATION OWNERS AND OPERATORS

The critical questions to be answered during this phase of investigation include:

- In the opinion of the radio station personnel, what are the most popular listening times for rural people; the most popular programs among rural people; the largest rural audience which this station reaches, and the broadcast potential of this this station?
- What is the system for establishing radio broadcast costs and what are those costs for spot and mini-program formats?
- What is the most accepted and used program recording format?
- To what degree can the radio station be a distribution point for printed material and/or packets?
- What is the opinion of most radio station owners toward social vs. commercial programming?
- What type of programming do they feel would be best to meet this project's goals?
- What role could the Radiophonic schools play in this project?

TEAM TEN - INTERVIEWS WITH RADIO STATIONS PERSONNEL

1. Name of radio station

Power: kwts. or megahertz

2. Number of transmitters

3. Do they have recording studios?

Dimensions
Microphones
What kind?
How many?

4. Type of recording equipment

Quantity

Turntable _____ How many? _____ General condition _____

Tape Recorder _____ How many? _____ General condition _____

Reel _____ Cassette _____ Cartridge _____

Professional _____ Professional _____ Professional _____

Domestic _____ Domestic _____ Domestic _____

5. Do they broadcast in AM or FM?

Medium wave _____ Short wave _____

Stereo _____ Mono _____

6. Transmitters:

Quantity _____ Use _____

7. Time for transmission

8. Total hours per day

9. Is it their own electric plant?

Government _____ Community _____

10. Program casts:

| | | |
|-------------------------|----------|----------|
| Prices for the program: | 1 hour | L. _____ |
| | 1/2 hour | L. _____ |
| | 10 Min. | L. _____ |

| | | |
|------------------------------|---------|----------|
| Prices for commercial spots: | 20 Sec. | L. _____ |
| | 30 Sec. | L. _____ |
| | 45 Sec. | L. _____ |

Per day: Per month: Per year:

11. Which programs are most popular?

Rural area _____ Broadcast times _____

Community area _____ Broadcast times _____

12. What is the coverage of your radio station?

13. In which manner would you prefer to receive the material to be transmitted?

Cassette _____ Reel _____ Cartridge _____ Record _____ Live _____

14. Do you have a price list?

Do you have a discount list?

Do you have a percentage on purchases?

15. Do rural people visit your radio station? For what purposes? How many in the last 30 days? What experience has your radio station had with promotions in rural areas?

Do you feel they were unsuccessful? Why? What were the main difficulties?

16. Do you or your staff travel to rural areas for any purpose? What kind of activity?

17. Could your radio station be a source of distribution for printed educational material and medical packets?

18. Have you ever distributed printed material to your audience before?

19. Could you show us the material?
(Write amount of material and name of product?)

20. Do you make use of rural people to take part in some programs?
In which programs?
What is the acceptance to this program?
21. At what times do people most listen to your programs?
People _____ Time _____
Community _____ Time _____
23. What is the most popular program among rural people. Mark sex:
Rural people _____ Community _____
Number of audience _____ Number of audience _____
24. What is the percentage of your programs for social service?
25. What do you think of this obligation to broadcast social service programs? Does it present you with any difficulties?

TEAM TEN - INTERVIEW GUIDE FOR REPRESENTATIVES OF RADIOPHONIC SCHOOLS

1. Is there a program of radiophonic schools in the Health Region number one?
2. If it does exist:

How many schools are functioning?

In which areas are they functioning?
3. What is the main activity of radiophonic schools in this area?
4. Would they have any programs or activities regarding health or on diarrheal control specifically?
5. Would you like to include such activities in your programs?
6. How do you think you might collaborate with our program?
7. In your experience, what kind of programs have you found to be most popular among rural people?
8. Do you find that rural women listen more to one kind of program?
9. Do you have access to the family radio? Who tends to control the radio in the family?
10. What kind of difficulties have you experienced in using radio?
11. Do you think rural people listen to commercials and accept them as a source of information?
12. Can you think of any one commercial that becomes especially popular (people thought it was funny (comic) or talked about)?
13. What advice would you give us to make sure we had programs which rural people understood and believed in?

