

9-11-71

Mass Media and Health Practices

IMPLEMENTATION

12

DESCRIPTION OF FIELD INVESTIGATION ACTIVITY:

HONDURAS

DRAFT

ACADEMY FOR EDUCATIONAL DEVELOPMENT, INC.

1414 TWENTH STREET, N.W., WASHINGTON, D.C. 20037

ESTABLISHED 1955

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 #

12

DESCRIPTION OF FIELD INVESTIGATION ACTIVITY:

HONDURAS

Project Field Coordinators

Dr. Reynaldo Pareja
Ms. Elizabeth Booth

Project Director

Dr. William A. Smith

August 31, 1980

INTRODUCTION

Any field investigation, more than anything else, is process. Much of what is sorted through, fought with, never said, discarded, planned, carried out and analyzed is really what this process is all about.

The following pages don't pretend to be a field log, nor are they an analytical research essay. In this report we want to reflect some of the richness of the experience planned and lived during the first phase of field investigation. It tries to capture the development and dynamics of each phase as part of a process which had one overall basic goal: a deeper and more realistic understanding of the Honduran campesino with and for whom we are working. Knowing them, their surroundings, their everyday battle to survive, their anguishes and aspirations, their pains and beliefs is how we obtain the basic information used to produce radio programs, posters, written materials, and training courses.

This is a draft document presented for discussion. It does not include results of the investigation which is still being tabulated, but focuses on process.

CONTENTS

	<u>PAGE</u>
INTRODUCTION	
I. SELECTION AND TRAINING OF THE INTERVIEWERS, ANIMATORS, AND OBSERVERS OF TEAMS ONE-SEVEN	1
A. How Many?	1
B. Where Were They Recruited?	1
C. Why These Institutions?	2
D. How Were They Trained?	3
E. Final Selection.	5
II. DESCRIPTION OF THE FIELD INVESTIGATION OF TEAMS ONE-SEVEN: JULY 1980	9
A. Teams One, Two, and Three Group Interviews	10
B. Individual Interviews With Mothers and Grandmothers - Team Four	21
C. Team Five: Individual Interviews With Fathers of Children Under Five-Years Old and Individual Interviews With Community Opinion Leaders	26
D. Team Six: Direct Observation of Feeding Patterns of Children Under Five-Years-Old and Direct Observation of Children Under Five-Years-Old With Diarrhea	30
E. Direct Observation of Rural Health Centers - Team Seven	34
F. Administrative Problems - Teams One-Seven	35
G. Coding Phase	39

APPENDICES

- Appendix 1 - Seminario Entrevistadores
- Appendix 2 - Team Composition
- Appendix 3 - Sites Visited in Region 1 During the Field
Investigation
- Appendix 4 - Investigation Schedule
- Appendix 5 - Direct Observation of Health Centers
- Appendix 6 - Sites Visited

I. SELECTION AND TRAINING OF THE INTERVIEWERS, ANIMATORS AND OBSERVERS OF TEAMS ONE-SEVEN

A. HOW MANY?

According to the Filed Investigation Protocol we needed seven teams of two persons each. During the design and pre-test of the instruments Myriam Martinez, Procomsi staff, was made responsible for Team Seven, withdrawing the need for one observer. Hector Valladares, Procomsi staff, was elected to be a member of, and help supervise Team Six. During the training we decided that Team Six, Direct Observation of Feeding Pattern, should be made up of two persons since the observation work was very tedious and we wanted to observe as many homes as possible. We, therefore, needed to select four interviewers, six group animators, and three observers, or a total of 13 persons.

B. WHERE WERE THEY RECRUITED?

The candidates were recruited from various Honduran institutions: the University of Honduras, the Department of Urbanism and Development of the Secretary of Communication and Highways, the Nursing School, the Secondary Teacher's School, the Ministry of Education, the Medical School and ASEPADE, an independent research institution. (Asepade is basically oriented to social science and survey research and contracts short term consultancy in the research field. They provided the best guidelines for recruiting our

candidates, tips salary levels, institutions where the candidates could be recruited. If needed, this institution could be sub-contracted for the Project's formal survey.)

C. WHY THESE INSTITUTIONS?

The institutions were the most dependable sources of candidates for this type of work because the students had research theory or experience as a part of their curriculum. The largest number of candidates selected were students of Psychology (2) Social Work (3), and the Nursing School (5). One man was a member of a permanent research team with another ministry and the other was a possible candidate for the Projects radio position. All of those selected had some sort of exposure (theoretical or practical) to field research.

There were four additional factors which limited our selection to university students.

- a. They were available full time during the month of July when the Project needed them.
- b. They accepted the salary level the Project was able to offer.
- c. They accepted the hard field conditions of the investigation.
- d. They were more numerous and thus allowed for a broader selection of the best people.

The candidates proved to be good animators, interviewers and observers.

They managed to melt down some of the urban/rural cultural barriers which made the information obtained more complete and reliable. They also demonstrated from the beginning a noticeable capability to record what the campesino had said or done with a minimum of alteration caused by filtering the information through their personal values and beliefs.

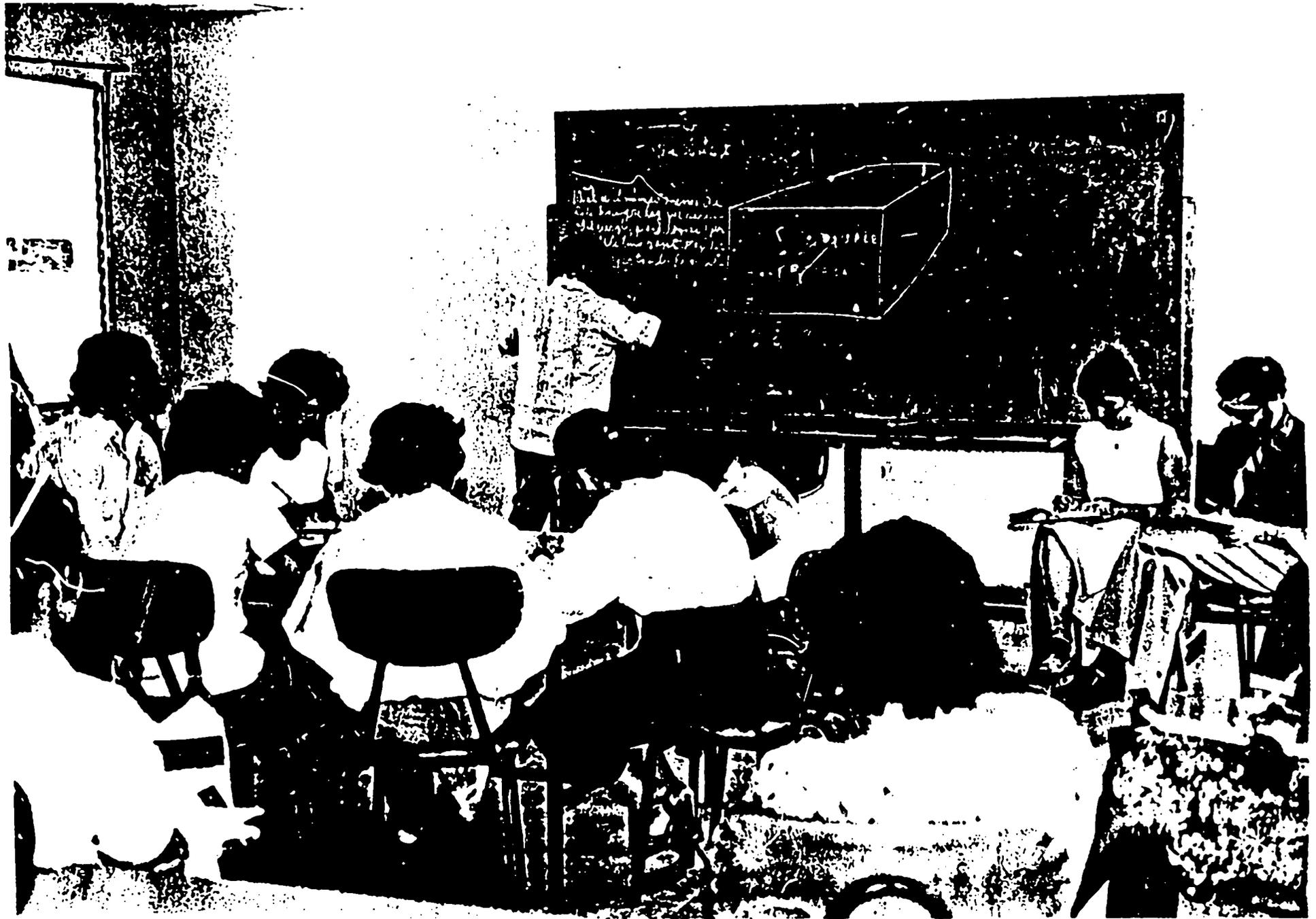
D. HOW WERE THEY TRAINED?

Initially 26 candidates were invited to compete for the 13 available positions by participating in a five day Training Seminar. The basic goals of the training were to:

- a. Make the candidates aware of their own prejudices and values and how they affect their perceptions.
- b. Give basic training in Questioning, Observation and group dynamics skills.
- c. Observe candidates in the field using the instruments.
- d. Selection of candidates.

The seminar began with a general explanation of the Ministry of Health infrastructure, presented by Dr. Arturo Zelaya, head of the Division of Education and Dr. Reynaldo Pareja, Coordinator of Procomsi, the Project and the diarrheal problem in Honduras. During the afternoon session the candidates participated in a group dynamics exercise in perception called "We Discover Ourselves". This exercise showed how people filter their perceptions, ideas and decisions through their own personal experiences prejudices and values.





At the end of the first day we explained the different positions available and divided the group into candidates for observer, animator and interviewer. After the first day the candidates were trained in two groups according to the skills needed-interviewers and group animators in one group and observers in the other.

The observers spend the second morning and afternoon with Dr. Ignacio Mata, an anthropologist with several years of experience in Honduras, reviewing the instruments they would be using. During the third and fourth days the candidates practiced observation and use of the instruments in a small rural community outside of Tegucigalpa under close supervision of Elizabeth Booth and Hector Valladares, Procomsi staff. This practice showed the areas in which the candidates were the weakest or had problems with the instrument. The last day of training before selection was spend reviewing those points and role playing. (See Appendix 1 - Seminar Schedule).

The candidates for interviewers and group animators were given a short course on questioning skills and how the manner in which questions are asked affect the answers. In the afternoon, a professional group animator with Asepade gave a session on group dynamics. On the morning of the third day the instruments were reviewed in detail and the candidates played the roles of campesinos in order to practice the instruments for the first time. This role playing allowed for corrections, refinement of the presentation and practice of the introduction as outlined in the Field Investigation Protocol. During the afternoon the group animators had an opportunity to practice with urban campesinas from the local marketplace. On the third and fourth day the

candidates practiced the instruments in rural sites close to Tegucigalpa. The group animators practiced in Cofradía under the supervision of Dr. Pareja. The candidates for Team Five practiced in Cofradía and La Venta under the supervision of Profesor Luis Sarmiento, Head of Education of the Division of Education. The candidates for Team Four practiced in San Juancito under the supervision of Myriam Martinez, Procomsi staff. The practice showed the strengths and weakness of each interviewer and the problems they had with the instruments. These were reviewed on the fifth day of training.

E. FINAL SELECTION

The selection of the 13 team members from the 26 candidates was made after the fifth day of training and the sixth and final day of training was dedicated to the administrative details of the trip. The criteria for the selection of the team members included:

- a. The candidates choice of instrument after the explanation of each instrument and the type of skills necessary.
- b. The individual abilities observed during the Seminar.
- c. The performance of the candidates during the practice in rural areas.

The final criteria proved to be the most important. The practice in the field gave the Procomsi and Division of Education staff an opportunity to observe and evaluate what each of the candidates was capable of in the somewhat stressful situation in the field. In this manner we were able to select the best qualified.

The 13 people selected were distributed into the six teams in the following manner: (Additional personal data of member in Appendix 2)

Track 1:	Group Interviews with Campesino Mothers:	Themes	Team	Members
		- Diarrhea	1	2 Females
		- Feeding practices	2	2 Females
		- Child Care	3	2 Females
	Individual Interview with:			
	- Mothers and Grandmothers	Diarrhea	4	2 Females
	- Father and Opinion Leaders	Feeding Practices	5	2 Males
		Childcare		
Track 2:	Direct Observation of Families	- Feeding practices and Childcare during Diarrhea Episodes	6	1 Males 3 Females
	Direct Observation of Health Centers	- Daily routine and Litrosol Mixture	7	1 Female
	Direct Observation of Midwives, Guardianes, and Traditional Healers	- Daily Routine and mixture of Litrosol	8	1 Female

Selection Criteria for Investigation Sites

The difficulties of truly randomizing the sample of communities to be visited required more effort than time allowed. In lieu of randomization, it was decided to identify several critical characteristics and to ensure that communities which each of these characteristics were included in the sample. The characteristics selected include:

1. Topography - While topographical variation in the region is not pronounced, the area is marked by important division between high valleys and mountain regions. Care was taken to include sites in both regions (see Map 1).

2. Indian Sub-culture - While Indian communities in the Guatemalan sense are prevalent in the region, one area appears to be more dominant by traditional Indian culture than most others. Several investigation sites were included in this area (see Map 2).

3. Physical Access - Some small communities are easy to reach by paved roads. Others are physically isolated requiring a four-wheel drive or a burro. Again care was taken to select communities in each of these areas (see Map 3). Particular attention was given to determine the influence of distance and isolation in affecting Tegucigalpa's importance as a health care center.

4. Development of Health Infrastructure - Sites were divided into two broad categories, those with an "implemented health structure," including either a health center, guardian, or trained parteras and those "unimplemented sites" without these facilities and individuals (see Map 4).

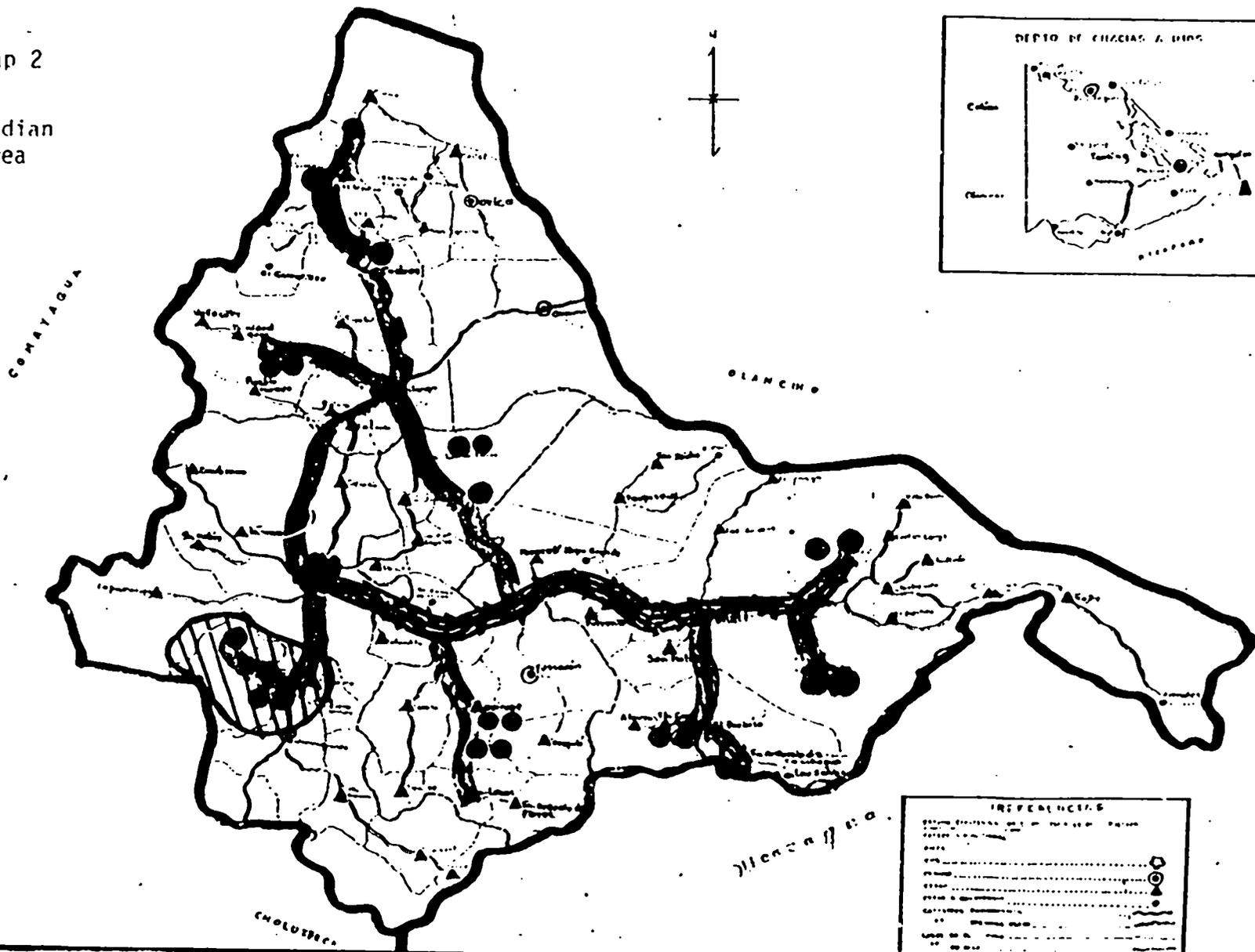
5. Sub-regional Diversity - Health Region I is divided into four sub-administrative units. We wanted to ensure that sample communities were selected in each of the four sub-regions to control for variations in administrative quality.

6. Influence of Foreign Radio - Care was taken to include sites in the southern border with Nicaragua to determine the potential influence of Nicaraguan radio.

HEALTH REGION Nº 1 - DISTRIBUTION OF INVESTIGATION SITES

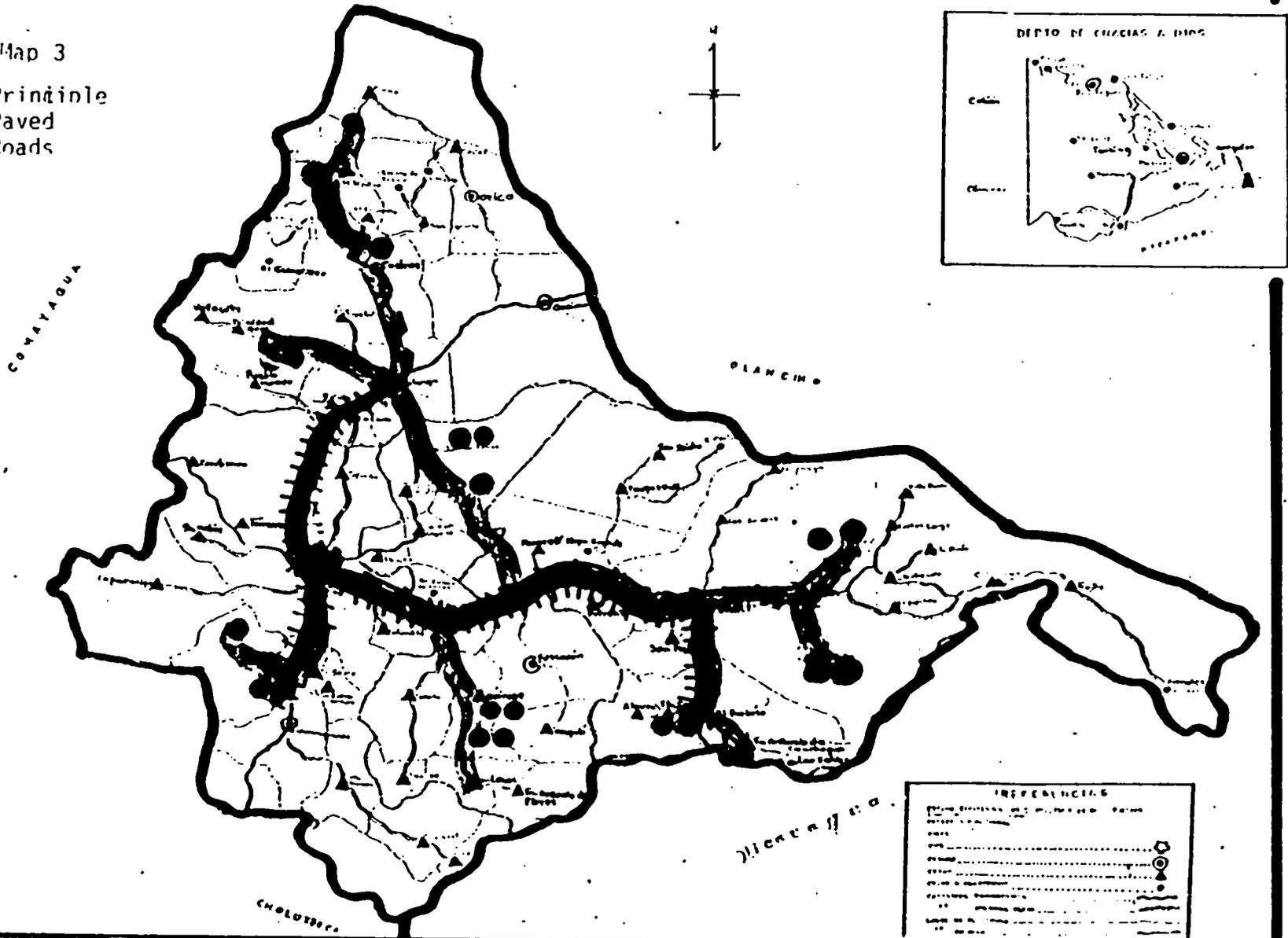
Map 2

Indian Area



HEALTH REGION Nº 1 : DISTRIBUTION OF INVESTIGATION SITES

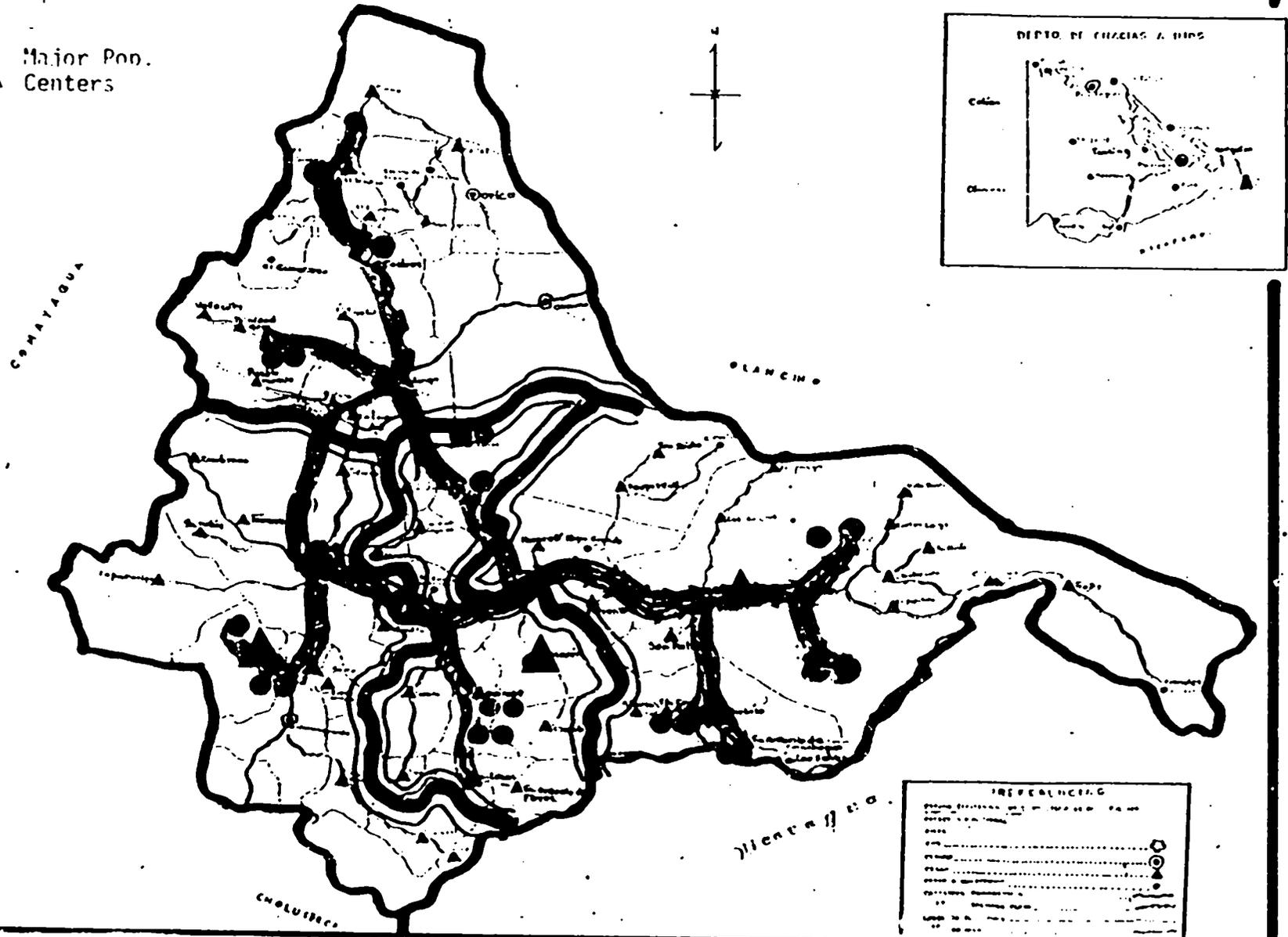
Map 3
Principle
Paved
Roads



HEALTH REGION Nº 1 : DISTRIBUTION OF INVESTIGATION SITES

Map 5

▲ Major Pop. Centers



Once the teams were formed, we began a 16 day tour throughout Region I, visiting sites selected with the criteria of representation of the 4 areas of the Region and differences in geography, access, isolation presence or absence of Ministry of Health infrastructure and population density.

A total of 38 villages, including municipios and aldeas, were visited. In some larger villages, such as Guinope, the teams visited three or four barrios, thus bringing the total number of sites to 43. The distribution of sites by health area is listed in Annex 3. A more detailed description of each site population, date visited, geographical characteristics and numbers of people interviewed is listed in Annex 4.

The total number of mothers that assisted in group sessions of Teams One, Two and Three was 402 mothers in 62 groups. This is especially high when we take into consideration that the normal campesino mother has four to five children, a house to tend, laundry, cooking, mending, and other household chores. These are sufficient and valid reasons to have refused our invitations. Team Five was able to individually interview 68 fathers and 22 Opinion Leaders while Team Four individually interviewed 63 mothers and 22 grandmothers.

Our plan, as outlined in the Field Investigation Protocol, was to obtain similar information through different research techniques. The

observation figures, aren't as numerous as the individual and group interviews due to the nature of the technique, but they give us an opportunity to compare what people say they practice and what they actually do. Team seven observed the normal routine in five rural Ministry Health Centers. (See Appendix 5) During this observation the team member also asked 23 mothers who attended the Health Centers to mix packets of oral rehydration solution in a controlled situation. Team Six observed 15 mothers prepare the packages in their homes with their own kitchen utensils in order to compare their behaviour in the two situations. Team Six spent long hours with 16 families, trying to record as much information about feeding practices and treatment of children during episodes of diarrhea as possible. Here again a word of gratitude must be expressed since those mothers responded us to intrude into the intimacy of their home for hours a day and collaborated freely with a patience that was commented on even by the observers. See Appendix 6 for a Summary Table of these figures.

II. DESCRIPTION OF THE FIELD INVESTIGATION OF TEAMS 1-7: JULY 1980

In terms of logistics, Team one, Group Interviews with Caretakers of Children about Beliefs and Knowledge of the Prevention and Treatment of Diarrhea, and Team Two, Feeding Patterns of Children under Five-Years-Old travelled in one car with Elizabeth Booth, PROCOMSI staff. This car had more or less the same route as the second car-load made up of Team Six, Observation of Feeding Patterns of Children under Five-Years-Old and Observation of Children under Five-Years-Old with Diarrhea (under the supervision of PROCOMSI staff Hector Valladares) and Team Seven, Observation of Rural Health Centers. Team Seven was made up of Myriam Martinez, PROCOMSI staff. The third car-load, which travelled independently of the other two cars was composed of Reynaldo Pareja, PROCOMSI staff; Team Three, Group Interviews with Caretakers of Children under Five-Years-Old; Team Four, Individual Interview of Mothers and Grandmothers of Children with Diarrhea, and Team Five, Individual Interviews with Opinion Leaders and Individual Interviews with Fathers of Children under Five-Years-Old.

Reynaldo Pareja supervised Teams Three, Four and Five, alternating direct observation of the actual interviews between the three teams. Elizabeth Booth supervised Teams One, Two, Six and seven alternating direct observation of the two group interviews with visits to the observers. Hector Valladares, PROCOMSI staff, also supervised the observers in the field when Ms. Booth was with two of the group interview teams.

The three car-loads met in Danli after one week of interviews to discuss problems, share experiences, and revise the registers.

A. TEAMS ONE, TWO, AND THREE GROUP INTERVIEWS

Team One was made up of two women, a university student in social work and a recent graduate of secondary education. Team Two was made up of two female social work students. All of the social work students had just completed a year of field work and only had to complete their thesis to graduate. Team Three was made up of a female psychology student in her fourth year of studies and a female third year nursing student. All of the women, except the psychology student, were born and raised in rural areas of Honduras. The psychology student, however, had extensive experience with immigrant farmers living in marginal barrios of Tegucigalpa.

The work plan for Teams One and Two included three days of interviews in Areas One, Two and Four and two and a half days in Area Three. The work plan for Team Three (and Teams Four and Five) included three days in Areas One and Two and five days in Area Four. (Area Four is the largest area and the one least known by the project personnel) Ideally the team members were to complete two group interviews a day for the first two days and one group interview the third day. This third day was designed to give the animators time to reach a more isolated community, either walking or on horseback, and to also give the teams time in the afternoon to wash clothes, catch up on revising the registers, and resting.

The sites for all of the teams were selected from a map with Dr. Zelaya's help, but without direct knowledge of the field reality. We realized that the sites would probably be changed during the investigation if access

proved impossible. The sites were, therefore, discussed with the Auxiliar and others in the community and sometimes re-selected, taking into account population, access and geography. In Area Two the site for Teams One and Two was changed from Manzaragua or Santa Rosa to Diquidamas and Las Pacallas due to a shortage of gas in the Ministry of Health vehicle. In Region Four we changed the site from El Guante to Siria and Guadalupe. After seeing the reality of the geography we felt that we were interviewing too many sites in mountainous areas. These sites were just as close to Cedros but were located in a valley. We also changed the last site in the area due to personal problems listed later in the report.

Once we arrived in a site, the animators usually looked for one home with a central location. They approached the woman in this home, explained the Project as outlined in the Field Investigation Protocol, and asked if they could use her home as a meeting place. They were never refused permission to use someone's home. The teams usually met with the mothers on front porches or in living rooms, sitting on simple stools and benches. Women frequently brought their children and the meetings were noisy, lively and fun.

In general we found that women are much busier in the morning, cleaning their homes and preparing the day's tortillas. It was much easier to get women together in the afternoon, especially from two to four o'clock when most of chores are finished and the women rest or visit family members before preparing their evening meals. This didn't mean that the response to our invitation was always enthusiastic. In several occasions it was

difficult, and a few times impossible to obtain a positive response to our invitations. Therefore, although the number of eight mothers had been set as the ideal number for the group interviews, we sometimes had to hold the session with as few as two women. On the other hand, mothers who originally refused the invitation sometimes attended the meeting. Some groups were even larger than expected, up to twelve mothers in one group.

Before each meeting the animators explained the voluntary nature of the meeting and obtained the women's verbal consent. After the first meetings we stopped recording the sessions; the tapes were mostly inaudible due to babies crying, chickens crowing, and mothers talking all at once.

The normal group session lasted from one hour to one hour forty minutes, depending on the size of the group, the time of day of the interview, the uneasiness of the children, the fatigue of the animators or the mothers, the presence of rain or too much sun. Some mothers had to leave towards the end of the interview to attend to family chores. Mothers usually left when we changed the theme, for example from Opinion Leaders to Radio. We, therefore, have a total of 276 mothers interviewed by Teams Two and Three, but only a total of 267 mothers interviewed by Teams Two and Three about Radio Photonovels.

During the interview one team member animated the group and the other noted the important points of the discussion on a previously designed and field tested register. After each interview (or in the evening) the two team members would review the register, noting changes or additions.







Each evening the Procomsi staff supervisors reviewed each register with the two team members, clarifying any confusing or interesting points. The registers were then stored until the coding phase of the investigation.

1. PROBLEMS DURING THE FIELD INVESTIGATION-TEAMS ONE AND TWO

There was only one site in the Region, located within the Indian sub-culture around Ojojona, that Teams One and Two met resistance and mothers refused to come to the meeting. Part of the problem was that the animators had inadvertently chosen as the meeting place the home of a woman that none of the other women in the aldea liked, but even when the animators offered to change the meeting place the women didn't accept the invitation. The reasons varied: "My three-month-old baby is too young to be carried out in the sun." "My husband won't let me go" "I think it's wonderful what you're doing but I have too much work to do." The Auxiliar at the Health Center explained that the people in this area are very closed and hesitant to talk with strangers.

Only four or five out the forty groups were closed or hesitant to talk with the animators. In general, once they were in the meeting place the women warmed up quickly to the animators. They especially enjoyed the photographs and usually a lively discussion broke out when the photographs were shown to the group. The good interaction is partially due to the Honduran culture, but is mostly due to the animators who maintained interest and energy even after the 19th interview.

We had anticipated problems in using university students as animators, especially in terms of relating to campesinos and campesino life and using appropriate vocabulary. The major reason we didn't have as many of these problems as anticipated was because almost all of the women had been raised outside of Tegucigalpa. The Honduran animators collected far more information on each question than the pre-test teams. This is partially because the pre-test teams were made up of one man and one woman instead of two women. The animators used many excellent techniques to encourage women to talk "woman to woman about nuestro pueblo." The mothers seemed to respond well to their sincerity and interest.

In the site selected for Team Two in Area Two the houses were disperse, at least 15 minutes apart. In the morning the animators walked for two hours looking for women who weren't busy making the family's tortillas and who could attend the meeting. We finally found a home in which one mother was visiting another and held the interview with only these two women. In the afternoon we were able to obtain the participation of four women.

In Cedros, Area four, we were surprised to find that ~~two weeks~~ before they had trained the first Guardians and Representantes in the area. When the new Guardian in Siria learned we were going to his community he informed the women that we were going to visit them. Unfortunately the Guardian didn't understand that we only wanted to talk with eight to ten mothers in the village. The Guardian told the animators that the women would feel slighted if they all weren't included, so the Team one animators performed two group interviews in one afternoon, one with seven mothers and one with nine. (And several other women entering and leaving!)

Although we had planned to use the third day to walk or ride horseback into an isolated area, we were only able to achieve this in Area Two. In Area One it rained the entire day we had planned to walk six kilometers to a village. In Area Three we only had two days to do five interviews and had to use sites close to the Cesar. In Area Four we had arranged to go on horseback to a small village eight kilometers from Cedros. Unfortunately one of the Team One animators sprained her ankle on the slick cobblestone street running away from a large toad which had startled her in the dark, and one of the Team Two members had found out she could be pregnant. We therefore, changed the site to one which could be reached by car. However, in these two areas we still tried to select a town that didn't have bus service or one which could only be reached by four wheel drive.

By far the most memorable site was the village we reached by horseback. The Alcalde had arranged that the townspeople bring the horses for us to ride. Unbeknownst to us he had also arranged that all of the people come to the school for a "meeting with the Ministry of Health". Just before we started, our guides told us that over 100 people were waiting for us. We then asked the Health Promotor to accompany us and give a short educational talk so the people wouldn't feel cheated. He agreed and we set off up a mountain path so twisting and twisted we were glad that we were experienced riders. When we arrived at the site, a picturesque village nestled in a small valley at the foot of the mountains, we found indeed 100 people waiting for us, but when we turned around, the Promotor was nowhere to be seen. He had dropped his wallet with all of his papers and had returned to search for it. How could we tell these people that they wasted their morning for

nothing, that we only wanted to talk with eight or ten women. In ten minutes of pressured thinking we decided that the animators would do an improvisation on a health topic as far away from those we were going to discuss as we could. The Auxiliar had told us she was planning to vaccinate in the village, so the two animators sketched out a short skit in which a mother refused to vaccinate her child who then gets polio. After greeting the group, explaining our real purpose and arranging to meet with the mothers in the afternoon, the "mother" in the skit borrowed a baby from a woman in the crowd and began. The animators did remarkably well at portraying the reality of campesino life and the crowd's response was lively, excited and touching. That afternoon all of the mothers who had promised to attend came to the meeting. The answers didn't seem directly affected by the skit; no one said that not vaccinating your child caused diarrhea. The animators' creativity and understanding of campesino life saved a potentially very embarrassing situation and brought a little joy to that isolated mountain community.

2. CHANGES IN THE INSTRUMENT DURING THE FIELD INVESTIGATION - TEAM ONE

During the first Team One interview in the field it became obvious that the instrument was far too long. In order to fit all the questions into a somewhat reasonable hour and a half interview the group animator had to hurry through the questions, often cutting off group discussion. Even so, the interview lasted almost two hours and many mothers lost interest or had to leave in order to finish household chores. After observing the first two interviews we realized that the Honduran animators were achieving more group interaction and extracting far more information than the Procomsi team

had during the pre-test. In order to get as much and as complete information as we could about beliefs and knowledge of prevention and treatment of infant diarrhea we decided that Team One should exclude the Media and Opinion Leaders questions. Even without these questions Team One interviews frequently lasted over 1-12 hours because of the depth and detail of information the women discussed.

After Area One we also added the questions: "In what month do more children here have diarrhea and what do you call this time of year?" Since one of the potential behavior modifications is boiling water during the peak diarrhea season we wanted to see if women identified this period, would understand a need to boil water during this time and what vocabulary they used. We obtained this information but uncovered an unforeseen and potentially important area of information as well. Many mothers believe that when the rains started in May the worms and amoebas which had been dormant began moving about the children's bodies. Therefore, many mothers seasonably purge their children in April/May at the height of the diarrhea season.

3. CHANGES IN THE INSTRUMENT DURING THE FIELD INVESTIGATION: TEAM TWO

During the first five interviews in Area One we began getting indications that many Honduran mothers believed that foods were intrinsically "hot" and "cold", the "temperature" or type of food regulating whether it could be eaten during illness. For example, meat is "cold" and shouldn't be eaten when a child has diarrhea. Many mothers also indicated that there were mixtures of foods that babies and small children shouldn't eat. For Areas Two, Three and Four, therefore, we added the questions:

1). Many mothers have talked to us about hot and cold foods. What foods do you consider to be "hot"? What foods do you consider to be "cold"? (If they don't mention them, ask about sugar, salt, lemon, pork fat and vegetable oil.) What illnesses do "hot" foods cause? What illnesses do "cold" foods cause? Can children eat "hot/cold" foods when they have diarrhea?

2). What mixtures of foods are bad for babies? What illnesses do they cause. What mixtures of foods are bad for children? What illnesses do they cause?

During the interviews in Area One we also realized that many mothers both breastfeed and bottle-feed. By only asking if mothers breastfeed we were getting only a partial picture of infant feeding patterns. In Areas Two, Three and Four, therefore, we added the question: "How many of you bottlefeed your baby" after the same question about breastfeeding.

4. PROBLEMS DURING THE FIELD INVESTIGATION - TEAM THREE

Team Three felt more vividly than Teams Four and Five (with whom the team travelled) the fact that each village has its own characteristics and idiosyncrasias. Some mothers were indifferent and in two occasions, explained in more detail later in the report, even hostile to the animators' honest efforts in making the group sessions attractive and interesting. The least cooperative mothers lived in small communities where only a few people owned most of the land and where there are no collective work organizations (such as cooperatives). In communities with cooperatives, such as the small

village of Campo Caña Brava (population 84) or community organizations as in the Guardianes of Higueros (population 180) the mothers were more open, cooperative and excellent sources of information. The impact of the mothers attitude on the animators of the team was obvious. It was easy to see their enthusiasm decrease when they encountered a reserved atmosphere. It took much longer to find enough mothers for the session and some mothers had to be called two or three times to get them to the meeting place.

One question in particular frequently caused problems for the animators. After we asked the women "What should mothers do so that their children won't get sick." We asked them "Which of these is the most difficult to do? Why?" and "Which of these is the easiest to forget to do. Why?" Frequently the mothers refused to give any concrete answer saying that all of these things (boiling water, washing hands, etc.) are the things that a normal mother does all of the time. Therefore, there was no reason to affirm that one was difficult to do or possible to forget.

Team Three had to interview more mothers than Teams Four and Five and so they were given priority in each village for the homes clustered around the main road or village square. This was decided after the first several interviews when Team Three found that the mothers they wanted to include had already been visited by Team Four.

5. CHANGES IN THE INSTRUMENT DURING THE FIELD INVESTIGATION - TEAM THREE

Originally the first five questions of the instrument asked for the

same information about care of infants and care of children. The terms infant, "tierno", and child, "niño" were defined by the mothers at the beginning of the session.

Even after the pre-test the two ages were mixed, i.e. the question would be asked about an infant and then the same question would be asked about a child. This abstraction proved confusing for the mothers and they soon showed a lack of understanding of the difference between the questions. As soon as this was detected we decided that all of the questions should be asked at one time about infants, followed by the same questions about children. The results were much more favorable. Mothers didn't confuse the ages and responded much more concretely to the question. The difference of childcare due to the child's age was shown in the mother's discussion.

We added a question about fingernail cleanliness in order to obtain an indication about its importance in campesino life.

Question 8: "Suppose that we have a new treatment to combat diarrhea and we want all of the mothers to know about it. What should we do so that all of the mothers in the community know about this treatment?" This question proved to be too abstract. It was necessary to ask more exactly-what person, what location and what site would be the best source of information for the new treatment.

Questions about Leadership:

In general these questions proved to be the most difficult to obtain good information. The questions are written very generally and needed to be put in local terms which had reference to the mother's everyday life context. It was necessary to give each of the questions a concrete situation, like the example of the fiesta and police used to illustrate the legal problem. For example, instead of asking "Who would you ask advice about an agricultural problem? we suggested that the animators ask something similar to "You have a small lot of land with a healthy corn crop. Suddenly it is hit by the cogollero (a local destructive larva). Whom would you ask . advice about how to get rid of it?"

Questions about Radio Usage

The new topic caused an abrupt change in the group dynamics. We found that this was minimized if we related the change in topic to the introductory remarks made to the mothers before each session: "As we mentioned at the beginning of the session we want to produce some radio programs. So now we're going to talk about radio..."

B. INDIVIDUAL INTERVIEWS WITH MOTHERS AND GRANDMOTHERS - TEAM FOUR

Team Four consisted of a female nursing student and a female psychology student. Since the team had to interview two different types of



people, they divided the town into sectors to avoid interference with each other or the members of Teams Three and Five.

Each team member tried to interview three mothers and one grandmother each day. The interviewers tried to find the grandmother first since they weren't numerous as mothers. Their age, household occupation and sometimes their shyness demanded more interview time.

The normal procedure was to walk from house to house, identifying themselves as Ministry of Health employees in search of mothers who had children under five-years-old presently with diarrhea. When these conditions were found (or at least the previous part) the team member would go into more detail, explaining to the mothers the reason of our visit and their voluntary participation as outlined in the Field Investigation Protocol.

The interviews were usually given inside the home, in the "kitchen" or sitting on the beds, or outside in the "corredor" (a small space at the front of the house that resembles a porch) on wooden benches or on a logs serving as chairs. The discussion usually started slowly before the mothers or grandmothers warmed up and gained confidence in the interviewer. The ability of both interviewers soon had the women answering and giving their opinion actively.

Mothers and grandmothers are rarely alone in their houses. It was common to see children, other relatives and neighbors forming part of the interviewing scene. They usually didn't interrupt the interview to give

their own answers, but they served as support to the mothers and grandmothers, especially on those questions which made the women hesitate.

1. PROBLEMS IN THE FIELD - TEAM FOUR

Since the ideal objective was to interview mothers with children under five with diarrhea, the interviewers tried several houses before deciding that there were no diarrhea cases in the near vicinity. In the majority of sites it was possible to find mothers with children with diarrhea. Only in two communities with small populations, Higueros and Campo Caña Brava, was it impossible to find any mothers with children with diarrhea.

As discussed earlier, several sites had to be changed due to the physical reality of the campo. In Area 2 we had originally scheduled a visit to two villages without Health Centers. The sites had to be changed to two other sites without Health Centers because the Project vehicle was unable to cross the river and one of the female interviewers didn't know how to swim. The sites of Guadalajara and Campo Caña Brava were then selected. Although both of them were physically relatively near a Cesar (Villa Francisco or Moroceli) they were geographically isolated enough to fulfill the ideal of a "hard to get to site".

Site changes for Teams Three, Four and Five also had to be made in Area Four. Originally we had planned to visit caseríos outside of Agalteca and Yoculateca. Both of these villages are situated deep in the mountains in the northern corner of Region I. The road to the two sites, although

only 35 to 40 kilometers, takes three to four hours of kidney breaking canyrythm that defies the most enthusiastic researcher. We visited these sites on July 17 and 24 were to return to visit caseríos outside of these sites, knowing the roads, our limited time and the unavailability of horses for transportation we changed the sites. Although the villages selected weren't as small as the original sites, one could only be reached by foot and the other was equally distant from a paved road as Agalteca.

The towns of Agalteca and Pueblo Nuevo presented an unusual difficulty for the teams. There exists in Honduras a foster parent project called "PLAN de Honduras". This Project needs extensive personal information about each family: names of family members, age, income, ownership pattern, occupation and family illnesses. PLAN's headquarters are in El Porvenir and the villages of Agalteca, Pueblo Nuevo and El Excanito are part of their area of influence. PLAN's detailed questionnaire made the mother nervous and soon the rumor spread that they were obtaining the information in order to steal the children. Of course the mothers were frightened. When our group arrived in the village, we immediately felt the tension and in these two sites the mothers openly refused to cooperate. Team Three had the most difficult situation since they had to invite twice as many mothers. It took the Team Three animators twice as long as normal to receive affirmative answers to their invitation and only half or less of those who agreed to come attended. However, once convinced that we weren't interested in their names, income or other personal data they opened up and answered as freely as those mothers in other sites. The free atmosphere to attend or leave the sessions always contributed to the quality of the answers.

2. CHANGES IN THE INSTRUMENTS DURING THE FIELD INVESTIGATION - TEAM FOUR

Question 5: "Por qué cree usted que su niño se enferma con frecuencia?
The word frecuencia wasn't easily understood and instead was changed to "seguido".

Question 13: The answers we received to the question "What did you do for or give your child the last time he had diarrhea? were too general. In order to obtain more exact information we asked what the dosis of each medicines was.

Question 16: "Who in the community knows how to cure diarrhea?" The majority immediately answered "the Auxiliar". We then asked "If there wasn't a Health Center or the Auxiliar wasn't present who would you go to?" Even then the mothers and grandmothers were reluctant to answer.

Question 20: "Hay alimentos que usted cree que son malos para los niños?" was changed to make it more easily understood. It then read "Hay alimentos que le caen mal a su niño."

Question 21: "Do you breastfeed your child when he has diarrhea? Frequently mothers were no longer breastfeeding their children and the question had to be re-stated to ask "When you were breastfeeding and your child had diarrhea did you breastfeed your child."

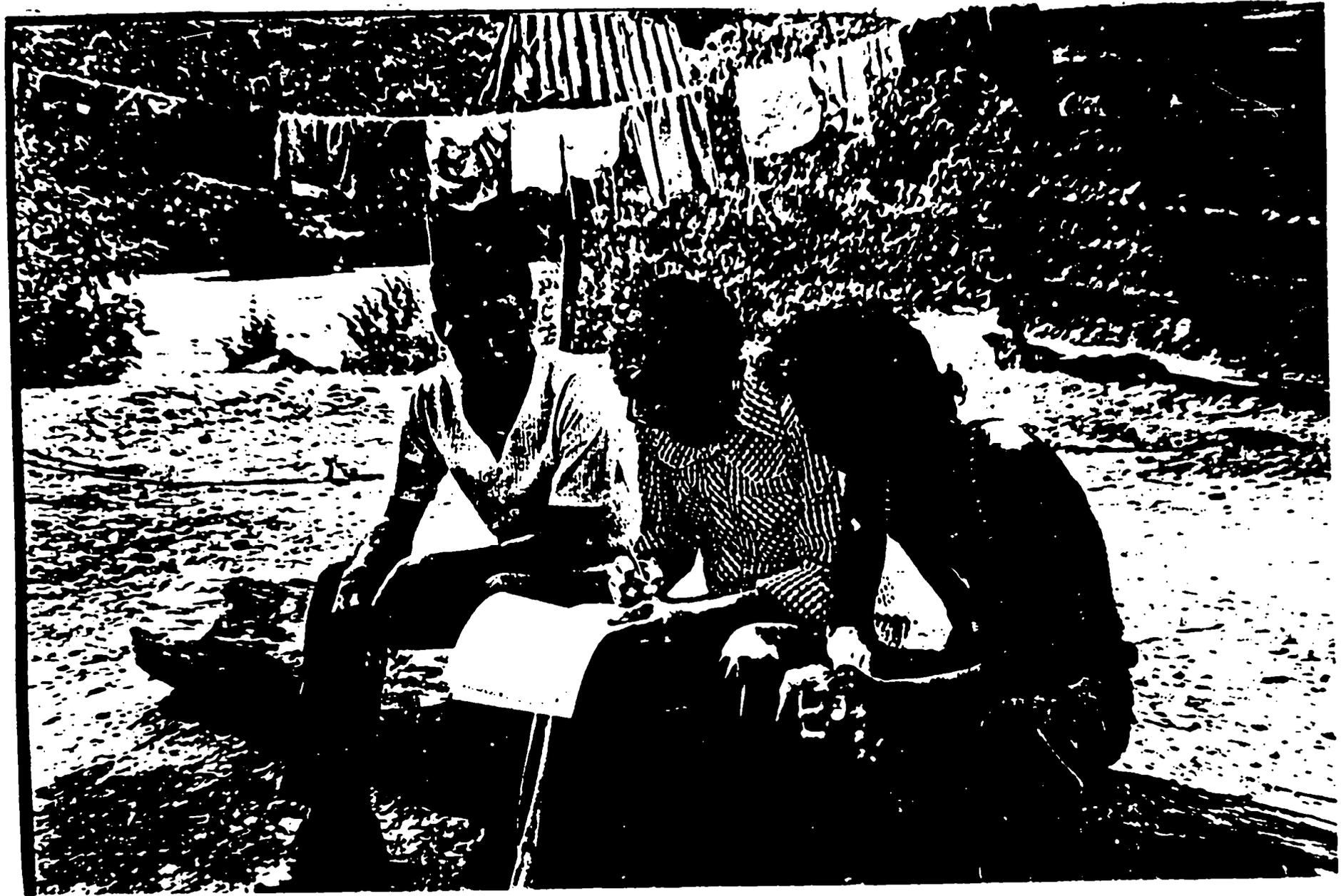
C. TEAM FIVE:
INDIVIDUAL INTERVIEWS WITH FATHERS OF CHILDREN UNDER FIVE-YEARS-OLD AND
INDIVIDUAL INTERVIEWS WITH COMMUNITY OPINION LEADERS -

Team Five was made up of two males, one a possible candidate for the PROCOMSI radio position, and the other a member of a regular team of interviewers for the Department of Urbanization and Development of the Ministry of Communications and Highways. Each team member was to interview three fathers and one opinion leader per day. The opinion leaders were identified by the community. Once identified team members interviewed them wherever they were, out in the field, on the farm, visiting a neighbor, etc. The interviewers looked for the opinion leader first since he was the hardest to find.

From the beginning the men accepted the houses at the furthest edges of the villages as their work site. They proved to excellent walkers, sometimes going several kilometers from the center of the village to find their interviewees.

They followed the procedure of the rest of the teams, presenting themselves as Ministry of Health employees, explaining the nature of the interview and the voluntary basis of the interviewee's participation as outlined in the Field Investigation Protocol.

Even though the two team interviews were normally far apart, the PROCOMSI staff member was frequently present during the interviews. This supervision was alternated between Teams Three, Four and Five. It proved



to be an effective way to correct attitudes or interview techniques, stimulate the team members seriousness and curtail the development of directing the answers of those interviewed to what the team members wished to hear. This supervision also helped to spot those questions which needed changed because the vocabulary or the grammatical construction were inadequate to obtain the information we sought.

As with the Team Four, the members of Team Five were never refused any of the interviews requested. This didn't mean, however, that all of those interviewed were always good sources of information.

All of the registers were revised daily by the PROCOMSI staff in charge of their supervision. Each question was read and any problems, whether due to unclear handwriting, local vocabulary or mistakes, were corrected the same day as the interview. The completed and corrected instruments were then stored until the coding stage of the investigation.

1. PROBLEMS IN THE FIELD

The general answering pattern of the fathers was characterized by a kind of vagueness and slowness in the responses. This demanded additional effort from the interviewers, who nevertheless weren't discouraged. One of the reasons for the reluctance is that men are normally out in the field most of the day. They don't have the opportunity to really know what a mother does to a sick child. Additionally, machismo affects the responses; the male remains a bit aloof of the chores that are suppose to be "women's

work". Obviously this isn't an absolute rule. Men are very involved in the decision process and even participate in the seeking of a solution when a child is seriously ill. Normally, however, the men's perception of the details of childcare is less accurate than the mothers.

The fact that most men are out in the field working, normally from 4:30 a.m. to 3-4:00 p.m., made it difficult to find fathers to interview. The team members frequently had to walk a good distance to interview the father in the field which reduced the time available for the actual interview. Interviews with fathers normally lasted from 50 minutes to 1-1/2 hours.

Team Five didn't encounter any problems more serious than these, however.

2. CHANGES IN THE INSTRUMENT DURING THE FIELD INVESTIGATION - TEAM FIVE

a. FATHERS OF CHILDREN LESS THAN FIVE-YEARS-OLD

Question 1: "What signs do you look for that your child is really healthy?" Fathers had a lot of difficulty with this question. It was necessary to include some categories to help him relate to. They were: color, activity, look (eyes), facial expression, food and feeding practices.

Question 11: "What did you do or give to your child the last time he had diarrhea?" We felt that the answers were too general and added a further

question about the dosis or administration of those medicines used to treat the child with diarrhea. Since the question was added in the middle of the field trip, answers are not found in all of the instruments.

Question 27: The standard answer to the question "What is the most important thing you feel that you can do so that your children doesn't become ill" was "give medicines". The team members were instructed to continue probing the question for more detailed preventative or curative actions.

Question 34: "Do you prepare medicines in your home? Which ones? "We tried to amplify the answers to this question by adding a subsequent question, "What are those medicines prepared at home good for?"

Question 37: "Do you have salt in your home?" To maximize the information of whether or not they have salt in their home, we also asked them the brand name. The majority do have salt available.

b. OPINION LEADERS

Question 12: "Who is the person in your community who best knows how to cure diarrhea?" We modified the question to ask, "If there were not an Auxiliar in the community, then who is the person that best knows how to cure diarrhea?"

D. TEAM SIX:
DIRECT OBSERVATION OF FEEDING PATTERNS OF CHILDREN UNDER FIVE-YEARS-OLD
AND DIRECT OBSERVATION OF CHILDREN UNDER FIVE-YEARS-OLD WITH DIARRHEA -

Team Six was made up of two female nursing students who were observing Feeding Patterns of Children Under Five-Years-Old and Hector Valladares, Procomsi staff, and a female nursing student who were observing Childcare of Children with Diarrhea. As well as observing, Mr. Valladares was responsible for organizing and supervising the team while they were in the field.

The sites originally indicated for Team Six showed the Health Centers where the observers would sleep. The actual sites were selected with the help of the Auxiliar who indicated those villages with the highest incidence of diarrhea. In Area One the observers remained in or close to the village center in order to facilitate the supervision necessary for the first site. In Area Three, the observers remained in or close to the town center due to the limited amount of time, 2-1/2 days, in that site. In Area Three we selected a mountainous community in which the houses were very disperse. In Area Four we selected a tiny (population 84) isolated community with little resources.

Once the team members arrived in the site they would divide the town in sectors. Each member would be responsible for visiting homes in a particular sector. The team members visited with the mothers in the homes explaining that they were from the Ministry of Health and were interested in the health problems of the village. During the brief visit they would

direct the conversation to the topic of childrens' diseases and whether any of the woman's children were presently ill. In this manner the team members became acquainted with the townspeople and identified children under five-years-old with diarrhea. After an hour of visiting families the team would meet and discuss the diarrhea cases and other homes they could observe. Once they chose the homes they approached the mother and asked her permission to visit with the family for several days as outlined in the Field Investigation Protocol.

The observers carried only the Guide to Observation and a few sheets of paper to take notes with when they were present in the home. They used their notes to fill in the previously designed and field tested the register in the evening. Each evening the team discussed their observations, noting any unusual or interesting anecdotes. The registers were reviewed by Mr. Valladares and Ms. Booth the evening before the last day of observation in order to identify problems or gaps in information. Ms. Booth again reviewed and corrected the registers after the final day of observation and then the registers were stored until coding.

1. CHANCES IN THE FIELD

There were no major changes in the Team Six instrument in the field.

2. PROBLEMS DURING THE FIELD INVESTIGATION

In general Team Six had few problems in the field, especially in terms

of obtaining permission to observe in the campesinos homes. The observers were never refused when they asked to stay with the families. The campesinos welcomed them into their homes and permitted these strangers to share some of the most intimate moments of their family life, such as following their children into the patio to observe the consistency of the child's bowel movement. Actually these observers were company to women who spend most of their days with small children isolated in a monotonous routine of work and poverty. Many of the children cried when the observers left for the last time.

The only major problem for Team Six arose in Area Three, San Buenaventura. This part of the region, although mountainous, is relatively dry. In the middle of the rainy season usually occurs what the campesinos call the Veranillo de San Juan (The Little Summer of St. John). During the Veranillo de San Juan, usually two weeks in July, the rain stops. This year, however, the rains stopped for over a month. Although the observers visited almost every home in town and talked with the Auxiliar at the Health Center in an attempt to identify diarrhea cases, they could only find one child under five-years-old with diarrhea in the village. The observers couldn't look for diarrhea cases in aldeas outside of the village because of limited time in Area two (See Administrative Problems). Since Hector Valladares, Procomsi staff, had pre-tested and was familiar with both instruments, he observed Feeding Patterns instead of Children with Diarrhea. Therefore, in the four areas we have a total of:

	Area	Area	Area	Area	TOTAL
	1	2	3	4	
CHILDREN UNDER FIVE WITH DIARRHEA: No. OF FAMILIES OBSERVED	2	2	1	2	7 families
FEEDING PATTERNS OF CHILDREN UNDER FIVE YEARS OLD: No. OF FAMILIES OBSERVED	2	2	3	2	9 families

Other problems Team Six encountered were:

In Area Four one of the observers of Feeding Patterns had to change her family the first day because a premature seven-day-old child in the family died.

In two areas the observers of Feeding Patterns found that one or more children under five-years-old in the families that they were observing had diarrhea, even though the mothers had told them their children were well. This didn't appear to affect what the mothers fed the children however.

The houses in the aldeita in Area Two were very disperse, at least 15 minutes apart. The observers spent six hours walking through the mountains trying to identify the diarrhea cases in the community. This later caused problems in supervision. In the other three areas Mr. Valladares tried to visit the observers once a day and Ms. Booth visited each observer once in each area. Unfortunately this was impossible in Area Two. We tried to discuss the days observation in more detail in order to compensate.

One of the problems for the nursing students was becoming too involved with the families. Nursing students are told from the first day of classes that they are responsible for teaching better health practices wherever they are, even at a fiesta. Nursing students had to resist "teaching" the mothers while they were observing in the homes. Fortunately we identified this potential problem during the pre-test. Myriam Martinez, Procomsi staff, is a professional nurse and before the pre-test stated qualms about not being able to correct a mother when she observed a potentially unhealthy activity. During the observers training, Procomsi staff and anthropologist Dr. Ignacio Mata stressed that during these three weeks the nursing students must only observe unless the child's life was in danger. This was more of a problem for the observers of children with diarrhea. The critical question was always "When can we have the mother prepare the packet of Litro-sol?" Fortunately none of the children observed showed symptoms of more than light dehydration, even though one child reportedly had diarrhea for 22 days.

E. DIRECT OBSERVATION OF RURAL HEALTH CENTERS - TEAM SEVEN

Team Seven was designed, pre-tested, implemented, coded, and analyzed by Myriam Martinez, Procomsi staff. Ms. Martinez already had a good understanding of the facilities and personnel of the Region having been an Area Nursing Supervisor in Region I for two years.

1. PROBLEMS DURING THE FIELD INVESTIGATION

In Area I the Auxiliar in El Zarzal was ill and only opened the clinic



for few hours on the first morning. We decided that Ms. Martinez should accompany the other half of the group to Juticalpa in order to observe the Cesar for two days in that site. Unfortunately the Auxiliar was ill in Jutiapa as well and the Cesar was only open a few hours on Saturday. However, this reflects the reality of the Ministry of Health facilities; the Cesares are often closed due to illness or absence of the Auxiliars.

In Area Two we found that a doctor completing his year of social service had been assigned to the Center and it was indeed functioning as a Cesamo (Health Center with Doctor) instead of a Cesar (Health Center without a Doctor). In order to observe three CESARs and one CESAMO as planned, Ms. Martinez decided to change the site of observation in Area Four. She elected to observe the Cesar in San Ignacio instead of the Cesamo in Cedros.

F. ADMINISTRATIVE PROBLEMS TEAMS 1-7

The major administrative problem was that almost all of the team members had to register for their university classes on Saturday, July 19, the day we had planned to finish the fifth interview in Area Three (Teams One and Two) and Area four (Teams Three, Four and Five). We had to rearrange the schedule of the three car-loads so that the team members could register. Instead of three days we only had two and a half days in these sites. This cut down on the number of interviewees in those areas.

During the visits the team members, supervisors and drivers stayed in the Health Centers and either ate with families or in the local comedores,

(A comedor is a small restaurant, usually in someone's home, which has one plate of typical Honduran food—rice, beans, tortillas, avocado and coffee.) In some sites, this took quite a bit of searching and arranging.

1. ADMINISTRATIVE PROBLEMS

GROUPS A and C: Teams ONE, TWO, SIX AND SEVEN

Groups A and C, which were travelling on the same route, got off to a rather slow start. The muffler fell off of the car and we spent a good hour tying it back on with a piece of wire. Then the car got stuck in the river in water so deep we had to crawl out of the windows; if we'd have opened the door the car would have flooded with water. Fortunately a lumber truck came and towed us out. When we arrived at El Zarzal, our first site, we found that the Auxiliar was ill, the Health Center was barely used and filthy and, due to the ruined tobacco crop, there was almost no corn or food in the town. It took more than an hour to move all of the empty bags and bottles and clean out the Health Center only to discover rat holes in all of the walls and a Chagas disease causing insect. We finally arranged food for the next morning, but could only find supper for part of the group. Most of us went to bed hungry but in good spirits; luckily it was the first day of the trip and not the last week! The next morning we found that bats had flown through the Health Center all night, defecating all over our sheets. The first was by far the worst for these groups and two of the Health Centers we stayed at even had indoor plumbing and showers.

As in any group this size which travelled as closely together as we did, literally eating, sleeping and working together for 16 days, we had our interpersonal problems. Two of the women in particular were grumblers and at times caused friction within the group. One observer, who had little work experience, had trouble working with and finally stopped talking altogether with Hector Valladares, her Procomsi staff supervisor. After a long discussion we finally had her talk openly with Hector about her resentments and after the discussion the team worked together more smoothly and openly.

Our two Ministry of Health cars used much more gas than was anticipated and we had to send the drivers on two unplanned trips to buy gas. We had to change one of the sites for Teams One and Two interviews due to the shortage.

2. GROUP B - TEAM THREE, FOUR AND FIVE

Tension mounted on the last day of Area Four because after the female interviewers and animators walked for hours (two hours in the morning and two hours to return in the evening) to the interview site, they had anticipated that there would be car transportation to the comedor, another half mile away. It wasn't possible to coordinate all of the people and they had to walk. A direct confrontation developed when two of the women blamed the Project's driver in public and used expressions that had demeaning social class connotations. The Procomsi supervisor had to call a meeting to put the relationships between the group and the driver in perspective.

A more rigid discipline and schedule was needed at two of the Health Centers. The teams were getting more lax about the time it took to get ready for work in the morning, especially in terms of the shower. It was necessary to organize the group to economize on both time and water. This mostly happened because the lights out hour kept moving further and further into the night. We finally agreed on an "all lights and conversation out hour".



G. CODING PHASE

Once the field work was completed, the team members, with Procomsi step-by-step supervision, tabulated all the answers obtained during the group sessions, the individual interviews or observation activities. Each team compiled the data gathered in each of the four areas of the Region making one code per Area. Once the data was compiled per Area, the information from all four areas was transferred to one register that shows the total of all the answers or observations obtained. In this manner it is possible to have one instrument that has all the information that each team obtained. The volume of work of this phase was such that it demanded the distribution of material to 15 typists who worked extra hours for more than a week. This information has already been distributed to the Honduran staff members and Director of the Division of Education.

The first phase of the Field Investigation is now completed according to schedule. The implementation team is now able to begin the first analysis of this material. We hope to obtain from it those relevant indicators that will permit us to identify several things:

- a. The behaviors that are realistically susceptible to change through our intervention.
- b. The relevant indicators of those aspects that need confirmation through the use of Survey techniques.
- c. The first definition of what kinds of formats will best implement what type of content.

d. The planning stage of the production of materials.

Above all, the first phase of the Field Investigation has given us a first hand experience and contact with the Honduran campesino whom we are working with and for. We think we know much better how he lives, and what kind of response we may expect from him when exposed to our messages. Without this first hand experience it isn't possible to produce the material that needs to be produced if the goals of the Project are to be met.

SEMINARIO ENTREVISTADORES

Julio 1-8 , 1980

Primer Día - Julio 1 (martes)Mañana; 8:30 a.m. - 12:30 p.m.

- | | | |
|-------------------------------|--|--------------|
| - Marco Teórico del Proyecto | | - Dr. Pareja |
| - Marco Teórico de la Diarrea | | - Dr. Zelaya |

Tarde: 1:30 p.m. - 3:30 p.m.

- | | | |
|--------------------------------------------|--|---------------|
| - Dinámica de Grupos | | |
| " Descubrámonos " | | |
| (-Selección de Personal por instrumentos) | | Pareja/ Booth |

Segundo Día - Julio 2 (miércoles)Mañana: 8:30 a.m. - 12:30 p.m.

- | | | |
|------------------------------------------|--|---------------------------------|
| - Grupo A/B : Preguntas de Investigación | | Booth/ Pareja
(M. Myriam) |
| - Grupo C : Técnicas Antropológicas | | Ignacio Mata
(E. Valladares) |

Tarde: 1:30 p.m.

- | | | |
|----------------------------------------------------------------------------|--|----------------------------------------|
| - Grupo A/B : Dinámica de Grupos Práctica y Teoría | | Alfredo Gutiérrez
(Reynaldo/Myriam) |
| - Grupo C : Revisión de Instrumentos de Observación Pasos de la Entrevista | | Beatriz/ Hector |

Tercer Día - Julio 3 (jueves)Mañana y Tarde: 8:30 a.m.

- | | | |
|-------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------|
| - Grupo A/B : Revisar Instrumentos Pasos de las Entrevistas | | Reynaldo. Instr. Grupales
Luis S. : Individuales -Padres y Líderes de Opinión
Myriam: Individuales madres y abuelas. |
|-------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------|

Salida: 7:30 a.m.

- Grupo C : Candidatos ensayan manejo del instrumento de observación, en el campo.

Beatriz/Hector

Cuarto día - Julio 4 (viernes) - 7:30 a.m.

- Grupo A/B : Sale al campo a probar candidatos en manejo de instrumentos
- Grupo C : Vuelve al campo a terminar prueba de instrumentos

Reynaldo/Myriam/Luis

Beatriz/Hector

Quinto día - Julio 7 (lunes) - 8:30 a.m.

- Revisión de experiencia de campo
- Selección final de entrevistadores

Reynaldo/ Beatriz

Hector/Myriam/Luis

Sexto día - Julio 8 (martes) - 8:30 a.m.

Preparación viaje
Aspectos Administrativos

TEAM COMPOSITION

- TEAM 1: Female Social worker Student - UNAH (Honduras University)
 Female Education Student - Escuela Superior del Profesorado
- TEAM 2: Female Social Worker Student - UNAH
 Female Social Worker Student - UNAH
- TEAM 3: Female Psychology Student - UNAH
 Female Nursing Student - UNAH
- TEAM 4: Female Psychologi Student - UNAH
 Female Nursing Student - UNAH
- TEAM 5: Female Professional Survey interviewer - Depto. de Urbanismo (Caminos)
 Male Radio Candidate (Arts) - UNAH
- TEAM 6: 3 Female Nursing Students - UNAH
 Male PROCOMSI's staff member
- TEAM 7: Female PROCOMSI's staff member
- TEAM 8: 2 Final year Anthropology Students - University of Mexico.
 1 Female - Honduras
 1 Male - Mexican

A P P E N D I X 3

SITES VISITED IN REGION I DURING THE FIELD INVESTIGATION

AREA N°1

- Quebrada Arriba
- Jutiapa
- Gauliqueme
- San Antonio Conchagua
- Santa Cruz
- Higueros
- Las Crucitas
- Igueral
- Santa Ana
- Zarzal
- Teupasenti

AREA N°2

- Barrio Arriba
- Barrio Ocotal
- Barrio La Cruz
- Barrio El Llano
- Diquidambos
- Las Pacayas
- Silisqualagua
- Guadalajara ✓
- Campo Caña Brava ✓
- Ojo de Agua ✓
- La Hermita ✓

AREA N°3

- El Círculo
- Guarisme
- Ojojona
- San Buenaventura
- Lepaterique
- Texiguat

AREA N°4

- Cedros:
- +Barrio Arriba
- +Barrio Abajo
- Barrio San Jorge
- Guadalupe
- San Ignacio
- Terrero
- Pueblo Nuevo
- ✓ -Yocuiateca
- ✓ -Agalteca
- ✓ -Mata de Plátano
- Las Animas
- Siria
- Lajitas

45

TEAM I

<u>D.T.</u>	<u>SITE</u>	<u>GEOGRAPHY</u>	<u>POPULATION</u>	<u># OF MOTHERS</u>
10/7 morning	El Barsal	Valley Jamastran	1.030	5
afternoon	"	"	"	7
11/7 morning	Las Crucitas	Valley Jamastran	300	7
afternoon	I-ueral	Valley Jamastran	100	6
12/7	Santa Ana	Valley Jamastran	600	6
<u>AREA 2</u>				
14/7 morning	Guinope Barrio Ocotal	Mountainous	4.000	5
afternoon	Guinope Barrio La Cruz	"	4.000	4
15/7 morning	Diquidambas	Mountainous	130	6
afternoon	"	"	130	5
16/7	Silisuilagus	"	250	7
<u>AREA 3</u>				
17/7 afternoon	El Circulo	Semi-mountainous Very dry	160	7
18/7 afternoon	Ojojona	Mountainous	5.000	6
	"	"	5.000	5
<u>AREA 4</u>				
21/7 afternoon	Cedros Barrio Arriba	Mountainous	1.215	6
22/7 morning	Cedros Barrio San Jose	"	1.215	7
afternoon	Crucitas	"	500	5
23/7 morning	Viric	Valley	1.000	7
afternoon	Viric	"	1.000	7
	"	"	"	10
24/7	Viric	Valley	300	6

TOTAL.....

20 TRUUPS

126 MOTHERS

46

AREA II

<u>D.T.L.</u>	<u>AREA I SITE</u>	<u>GEOGRAPHY</u>	<u>POPULATION</u>	<u># OF MOVERS</u>
10/7 morning	El Barrial	Jamastran Valley	1,080	9
afternoon	Juebrada Arriba	"	700	6
11/7 morning	Jutiapa	"	2,000	6
afternoon	"	"	"	7
12/7	Cualiquema	"	400	7
<u>AREA II</u>				
14/7 morning	Guinope Barrio El Llano	Mountainous	4,000	3
afternoon	Barrio Arriba	"	"	9
15/7 morning	Las Paces	"	240	2
afternoon	"	"	"	3
16/7	Siligualagua	"	250	7
<u>AREA III</u>				
17/7 afternoon	El Circulo	Mountainous Very dry	160	6
18/7 morning	Guaricne	"	350	5
afternoon	Cajons	"	5,000	6
21/7 afternoon	Cedros, Barrio Arriba	Mountainous	1,215	6
22/7 morning	Cedros, Barrio Abajo	"	1,215	5
afternoon	" "	"	1,215	7
23/7 morning	Guadalupe	Valley	342	6
afternoon	"	"	342	10
24/7	San Inacio	"	1,700	-

TOTAL..... 10 groups

107 workers interviewed

477

July	AREA 1- SITE	GEOGRAPHY		Team 3	N° Interviewed		Approx. populat.
					Mothers	G'mm	
10	San Antonio Concha-gua	Mountainous	M	7	3	1	180 p.
			A	5	3	1	30 h
11	Santa Cruz	Hilly	M	9	3	1	1.535 p.
			A	6	3	1	
12	Higueros	Mountainous	M	7	3	1	180 p.
			A	6	3	1	
14	<u>AREA = 2</u> Villa S.Francisco	Valley	M	8	3	1	3.560 p.
			A	5	3	1	790 hs.
15	Guadalajara	Valley		3	3	1	280-350 p.
				4	3	1	
16	Campo Caña Brava	Valley Valley	M	7	2	2	84 hs.
			A	-			504 p.
16	Ojo de Agua	Hilly	M				
			A	5	4		1.225 p.
17	<u>AREA 4</u> La Hermita	Valley	M	7	3	1	420 p.
			A	6	3	1	
17/18	Agalteca	Mountainous	M	-	-		1.600p.
			A	6	1	1	
18	Mata Plátano	Mountainous	M	10	1	1	1.200 p.
			A		1		200 hs.
22	Terrero	Hilly	M	4	3	1	1.800
			A	11	3	1	
23	Pueblo Nuevo	Hilly	M	6	3	1	570 p.
			A	8	3	1	95 hs.
24	Yoculateca	Mountainous	M	11	3		550 p.
			A	8	3	1	
TOTAL Groups				149	65	22	
				22			

TEAM 5		AREA/SITE	GEOGRAPHY	N° Interviewed			Aprox. Popular
July							
10/after	San Antonio Concha gua	Mountainous	M A	- 1	2 2		180 persons 30 hs.
11	Santa Cruz	Hilly	M A	1 1	3 4		1.535 p.
12	Los Higueros	Mountainous	M A	1 1	2 3		180 p.
12	Palo Verde		M A		1 1		150 p.
	AREA =2						
14	Villa Francisco	Valley	M A	1 1	3 3		3.560 p. 790 h.
15	Guadalajara	Valley	M A	1 1	3 3		282-350 p.
16	Ojo de Agua	Hilly	M A	1 1	3 3		1.225 p.
	AREA 4						
17	La Hermita	Valley	M A	1 1	3 3		420 p.
17/18	Agalteca	Mountainous	M A	- 1	3 2		1.600 p.
18	Mata Plátano	Mountainous	M A	1 -	2 1		1.200 p. 200 hs.
22	Terrero	Hilly	M A	1 1	3 3		1.800 p.
23	Pueblo Nuevo	Hilly	M A	1 -	3 3		570 p. 95 h.
24	Yoculateca	Mountainous	M A	2 1	3 3		550 p.
			TOTAL		22	68	

A P P E N D I X 5

TEAM 7. DIRECT OBSERVATION OF HEALTH CENTERS

AREA 1	July 9-10	CESAR 1 El Zarzal
	Julio 10-12	CESAR Jutiapa
AREA 2	July 14-16	CESAMO Güinope
AREA 3	July 17-19	CESAR San Buenaventura
AREA 4	July 22-24	CESAR San Ignacio

-SITES VISITED:	TOTAL
+Different towns, aldeas or caserios	38 locations
+Different sites (including more than one in same place)	43 sites
-TEAMS 1, 2 3:	
+Groups of Mothers interviewed:	62 groups
+ Mothers of those groups:	402 mothers
-TEAM 4:	
+Mothers Individually interviewed:	63 mothers
+Grandmothers Individually interviewed:	22 g'mothers
-TEAM 5:	
+Fathers Individually interviewed:	68 fathers
+Opinion Leaders Individually interviewed: (female and male)	22 op.leaders
-TEAM 6:	
+Mothers observed in family situation:	16 families
+ Mothers observed mixing Litro-sol in their homes:	15 mothers
-TEAM 7:	
+Mothers observed mixing Litro-sol at Health Centers	23 mothers
+Health Centers observed:	5 Health Centers