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**MotherCare™**

**THE "AUTODIAGNOSIS":**

**A METHODOLOGY TO FACILITATE MATERNAL  
AND NEONATAL HEALTH PROBLEM  
IDENTIFICATION AND PRIORITIZATION IN  
WOMEN'S GROUPS IN RURAL BOLIVIA**

**WORKING PAPER: 16A**

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## ACKNOWLEDGEMENTS

The development of the Autodiagnosis process was truly a team effort between Save the Children/Bolivia (SC/B) field staff, JSI/MotherCare Project staff and, most importantly, the women of Inquisivi Province. We would like to thank all these dedicated people who worked very hard to develop the methodology and document this experience.

It is our hope that this methodology which has had a very positive effect, not only within the MotherCare Project, but in all of SC/B's programs, will be adapted by others who believe in a high level of participation of women in maternal and neonatal health problem identification, program planning, implementation and evaluation.

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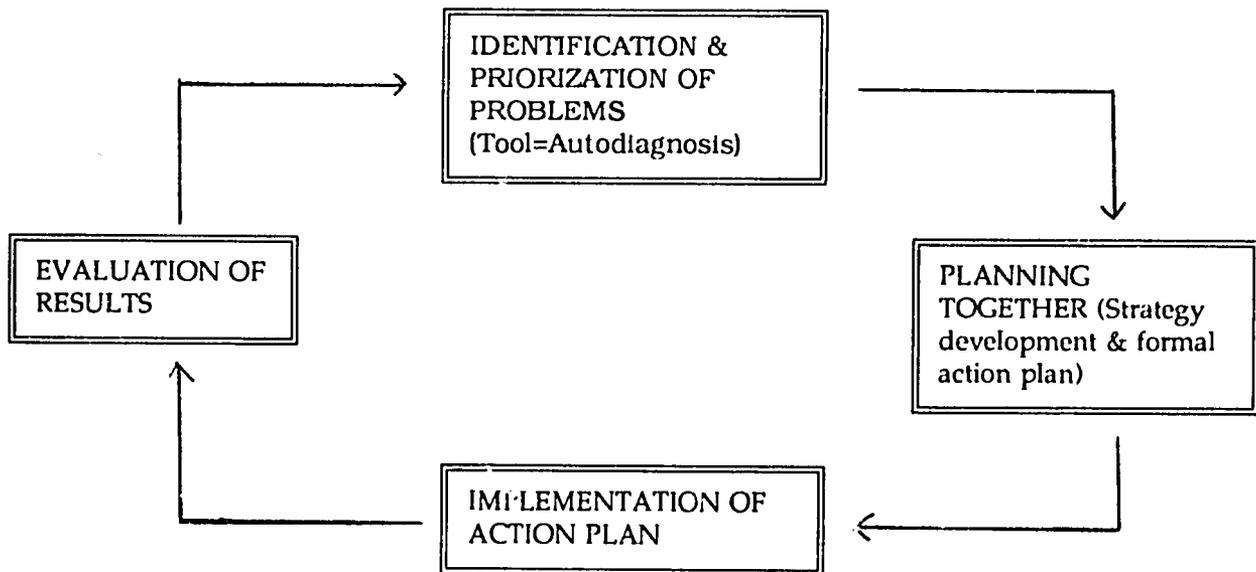
**THE "AUTODIAGNOSIS": A METHODOLOGY TO FACILITATE MATERNAL AND NEONATAL HEALTH PROBLEM IDENTIFICATION AND PRIORITIZATION IN WOMEN'S GROUPS IN RURAL BOLIVIA**

**Lisa Howard-Grabman**

**I. SUMMARY**

Save the Children/Bolivia (SC/B) began MotherCare Project activities in fifty communities in the Inquisivi Province of La Paz Department in July, 1990. The project is named "Warmi", the Aymara word for woman. The goal of the three year project is to reduce maternal and neonatal mortality and morbidity through affecting the range of behaviors that influence the outcomes of pregnancy, and of the neonatal period. A major strategy used to achieve these objectives was the organization of women's groups to increase women's knowledge and awareness of specific maternal and neonatal health problems and of the locally available resources that could be accessed to address these problems.

The Autodiagnosis is the first step in a four step process designed to result in community-based action to confront identified problems. The SC/B Warmi Project has developed a model of problem solving:



This working paper presents SC/B's experience with only the first step, the autodiagnosis. The following three steps were in the process of development and validation in pilot communities at the time of writing of this document.

The autodiagnosis is a qualitative research process in which women's groups in selected communities explore their maternal and neonatal health problems. It is an on-going activity that allows both the community and the field staff to learn about how women perceive these problems and how they respond to them. Consistent with SC's participatory, community-based methodology, this activity draws on basic concepts of facilitating the exploration of experiences, attitudes and practices. Whereas, in other more quantitative study methods the interviewers seek specific, quantitative data, in the autodiagnosis there are no "right answers", only what the women themselves believe and understand. In addition to raising women's

awareness of specific maternal and neonatal health problems, a major goal of the process is to foster the women's confidence in their ability to gather information from their neighbors about topics that concern the community and to learn to prioritize the problems that are identified. The target population for conducting the autodiagnosis is the women of reproductive age in 50 communities in the Inquisivi Province. This document presents the results of field work in the first 25 communities.

The first phase of the autodiagnosis was carried out in 25 communities over a period of nine months and consisted of ten steps divided into four women's group sessions of approximately 2 to 3 hours each, not including external interviews with other women in the community. The four sessions are described below. The process varied in some cases due to individual group differences and circumstances. The staff has since consolidated the process by combining two steps so that the second phase autodiagnosis for the remaining 25 communities consists of only nine steps.

## Objectives

For the women, the specific objectives of the autodiagnosis are to:

1. Define, identify and recognize common maternal and neonatal health issues and problems at the community level;
2. Increase women's awareness of and motivation to act upon maternal and neonatal health problems at the community level; and,
3. Prioritize maternal and neonatal health problems as identified by the women in the community. The selected problems should be such that they are able to be addressed at the community level.

For SC Staff the objectives include:

1. Gain a better understanding of whether, how and why women attend their perinatal health care needs; and,
2. Develop a basis for planning the interventions which will be implemented during the duration of the project.

For the Women and SC Staff together the objective is to:

- Explore and generate ideas about maternal and neonatal health problems and develop trust and confidence between the staff and the communities.

## Methodology

The autodiagnosis was usually conducted in nine steps during four sessions of approximately 4 hours each. The steps are summarized briefly below. They are presented in much greater detail in the "Methodology" and "Results" sections of the document.

## SUMMARY OF AUTODIAGNOSIS STEPS

### SESSION 1

- Step 1: Orient women to Save the Children's Warmi Project.
- Step 2: Explore attitudes of the group members toward pregnancy and maternity.

### SESSION 2

- Step 3: Learn about what the group members know and do about maternal and neonatal health problems.

### SESSION 2 OR 3

- Step 4: Encourage group members to think about what other women in the community know and do in Relation to maternal and neonatal health problems.

### SESSION 3

- Step 5: Explore and design different ways to collect information from other women in the community. Practice the method selected by the group members.

### BETWEEN SESSIONS 3 AND 4

- Step 6: Implement woman-to-woman interviews in the home.

### SESSION 4

- Step 7: Share the results with the group
- Step 8: Prioritize the problems.
- Step 9: Evaluate the autodiagnosis process.

## **Results**

Approximately 44% of women of reproductive age in the 25 communities participated in the autodiagnosis as members of women's groups, not including women who were interviewed.

Generally, the previously stated objectives of the autodiagnosis were achieved. The steps that women particularly liked were the development of the dictionary of terms, home visit interviews and prioritizing problems. Many commented that this was the first time they had ever discussed these problems with other women and that they enjoyed being able to speak openly. This openness is reflected in the staff notebooks that document the process step by step.

The problems identified by the groups (see Table 1) are fairly consistent with the problems identified by a retrospective case-control study conducted by SC/B. The demand for family planning services is also quite clear as can be seen in group priorities and in the responses to questions during the first step when women are asked how they feel when they suspect that they are pregnant (if the baby is their fourth or greater, many hope that it will die).

**TABLE 1. A SUMMARY OF THE PRIORITIES AS DETERMINED BY THE GROUPS**

<b>Zone</b>	<b>Priority #1</b>	<b>Priority #2</b>	<b>Priority #3</b>
<b><u>Inquisivi Zone</u></b>			
Acota	*	*	*
Acutani	*	*	*
Canqui Chico	Retained placenta	Transverse lie	Hemorrhage
Caychani	Too many children	Hemorrhage	Anemia
Chiji	Edema	Anemia	Sepsis
Chuallani	Malpresentation	Hemorrhage	Ret. Placenta
Corachapi	Prolonged labor	Low birth weight	Sepsis
Ojo de Agua	Too many children	Hemorrhage	Sepsis
Ventilla	Vaginal infection	Too many children	Hemorrhage
Yamora	*	*	*
<b><u>Licoma Zone</u></b>			
Alfajani	Did not complete	-	-
Charapaxi	Too many children	Prolonged labor	Sepsis
Cheka	Ret. Placenta	Infection	Hemorrhage
Espiga Pampa	Too many children	Malpresentation	Ret. Placenta
Lacayotini	Too many children	Hemorrhage	Malpresentation
Licoma	Infection	Anemia	LBW
Pencaloma	Ret. Placenta	Edema	LBW
Pulchiri	Malpresentation	Hemorrhage	Edema/LBW
Rica Rica	Hemorrhage	Ret. Placenta	Malpresentation
<b><u>Circuata Zone</u></b>			
Circuata (gp.1)	Edema	Anemia	Hypothermia
Circuata (gp.2)	Tuberculosis	Edema	Hemorrhage
Lujmani	Hypothermia	LBW	Tetanus
Miguillas	Too many children	Hemorrhage	Ret. Placenta
Polea	Edema (pre-eclam)	Hemorrhage	Malpresentation
Villa Khora	Hemorrhage	Anemia	Malpresentation
V. Barrientos	Stillborns	Hemorrhage	Infection
<p>* Did not select 3 top priorities, but prioritized by period of reproductive cycle (pregnancy, birth, post-partum, neonate). Top priorities respectively were:</p> <p>Acota: Vaginal Infection, Malpresentation, Puerperal Sepsis, LBW            Acutani: Anemia, Malpresentation, Placental Retention, Neonatal Tetanus            Yamora: Edema, Malpresentation, Placental Retention and Neonatal Tetanus</p> <p>Note for Canqui Chico: The women were timid about placing too many children on their formal list, but later spoke with the field supervisor to express their concern about this problem and their interest in receiving more information and access to family planning services.</p>			

The autodiagnosis was not intended to be simply a study. Examples of the actions taken by women's groups as a direct result of the autodiagnosis include:

- Women's insistent demand for family planning services was critical to SC/B being able to establish an agreement with the Ministry of Health to enable a local NGO to provide these services to the communities that asked for them (acceptance rates of modern

methods were quite high in these communities, in one case surpassing 60% of women of reproductive age);

- Some groups started generating income to be used for an emergency fund for obstetric emergencies: in Lacayotini the women started a shop where they sell vegetables, soap and sugar; in Espiga Pampa they planted a garden where they grow vegetables for sale; in Miguillas they sell food during their meetings; in Circuata they sew mosquito nets;
- Women have increased their use of parteras\* (trained birth attendants), the major providers in the area. This went hand-in-hand with ongoing training of parteras.;
- One group wrote to the Ministry of Health requesting assistance in improving their health post and offering their counterpart of community participation to support this effort;
- Many groups grew due to invitations extended to women who were interviewed during the autodiagnosis;
- Women meet more frequently to talk more openly about their problems with or without SC/B staff present;
- Women actively seek to learn more about how to solve their priority problems;
- Women solicited and convinced SC/B to begin literacy and credit programs because of their increased awareness of the importance of literacy in having access to more information and income generation to help pay for health services in cases of emergency-- many of these women are now participating in literacy training and five groups will soon begin a pilot rural women's credit program; and,
- Women now participate in the development of educational programs with SC/B and a local NGO and will use these materials to help address some of their problems.

SC/B staff learned that they can facilitate this process and do not need to be the "experts". Though this was difficult, those who have internalized this qualitative difference in their relationships with the women have applied this new perspective to their work in other SC/B programs with positive results.

## Conclusion

The Autodiagnosis is not only a diagnostic tool, but the beginning of a process that enables women to identify and prioritize their community's maternal and neonatal health problems, and to address these problems. In order for the process to be effective, staff must be thoroughly trained in the philosophy and methodology. Experience in the first twenty five communities shows that the autodiagnosis increases women's awareness of, and interest in, their reproductive health problems. It also increases trust and confidence between the women

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\*Note: Partera - Person identified by community, usually women's groups, to serve as birth attendant (similar to traditional birth attendant in other countries). These "parteras" are new to the areas and trained by SC/B and a hospital in La Paz (San Gabriel) in clean birth, prenatal care, family planning (pills, condoms, foaming tablets), recognition of danger signs and referral patterns. SC/B staff have continuous training and contact with these parteras (approximately one per community--averaging 50 families).

and project staff. Although formal indicators to measure the change in women's "empowerment" have not yet been developed nor measured, the staff and the women themselves have noted a change in the quantity and quality of participation of women in group discussions as well as an increased attitude of pro-activism to solve their problems.

## II. BACKGROUND

The rural Province of Inquisivi lies approximately five hours by road southeast of La Paz. The province is characterized by three distinct ecological areas: high plains (*altiplano*), high Andean valleys ("valley heads"), and subtropical valleys. The population in the defined project area is approximately 15,000 and is predominantly of Aymara (native American) extraction. Quechua immigrants are also found in the lower valleys. The project area encompasses nearly 5,000 square kilometers with difficult access to the population. (See map on next page.) Roads are poor in many parts of the province and several communities can only be reached after several hours on foot. Means of transport are scarce and unpredictable.

Save the Children/Bolivia (SC/B) began MotherCare Project activities in fifty communities in the Inquisivi Province of La Paz Department in July, 1990. The project is named "Warmi" after the Aymara word for woman. The goal of the three year project is to reduce maternal and neonatal mortality and morbidity through affecting the range of behaviors that influence the outcomes of pregnancy and of the neonatal period. A major strategy used to achieve these objectives was the organization of women's groups to increase women's knowledge and awareness of specific maternal and neonatal health problems and of the locally available resources that could be accessed to address these problems.

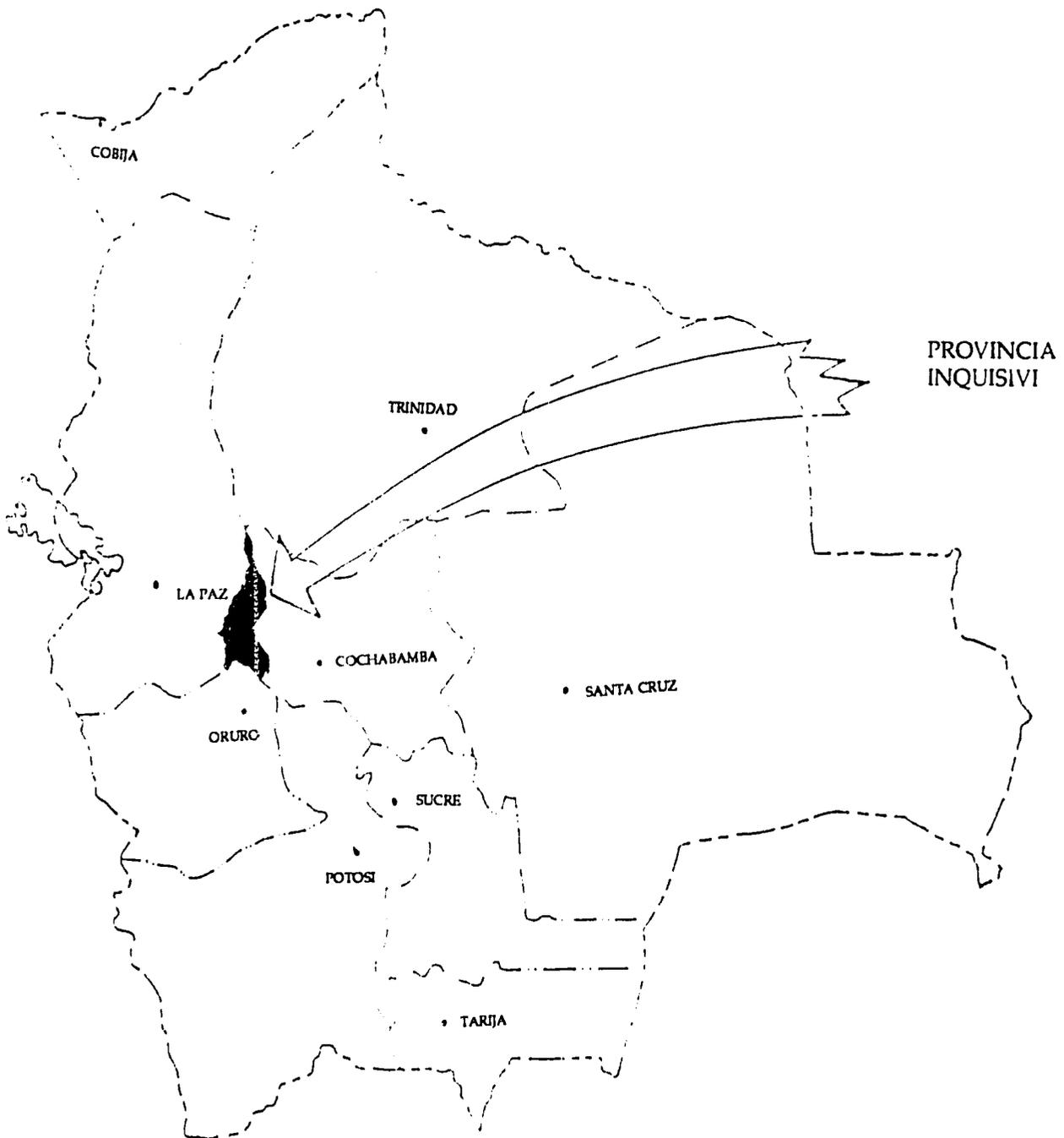
SC/Bolivia MotherCare Project activities during the first 18 months of project implementation include:

- the development, implementation and analysis of a retrospective maternal and neonatal mortality case-control study;
- formation and strengthening of women's groups in twenty five communities;
- identification and initiation of training of parteras;
- the development and implementation of a problem identification and prioritization exercise known as the "autodiagnosis" which was carried out by twenty five women's groups;
- development of action protocols for use at MOH health post, home and partera levels based on maternal and neonatal health problems identified by the case-control study and the autodiagnosis;
- training of parteras and MOH staff in management of hemorrhage, content of prenatal care and its importance with a focus on danger signs, safe birth, retained placenta and family planning;
- training of women and men in twenty five communities on safe birth practices;
- preparation by women's groups of 300 safe birth kits; education of couples in selected Licoma and Circuala Zone communities on family planning methods; and,
- collaboration with a local NGO in the delivery of family planning services.

In addition to MotherCare activities, SC/Bolivia is working in child survival and nutrition, economic development, sustainable agriculture (including micro-irrigation) and education. As a direct result of the MotherCare Project, SC/Bolivia has recently added the "Woman Child Impact Program" (WCI) to its portfolio. This program focuses on strengthening existing programs and adds literacy training and credit for women.

MAPA DE LA REPUBLICA  
DE BOLIVIA  
UBICACION DE LA PROVINCIA INQUISIVI

ESCALA: 1:50.000



## Perinatal, Neonatal and Maternal Mortality in the MotherCare Project Area

A retrospective case-control study of maternal, perinatal and neonatal mortality was carried out by Project Warmi staff in the province in 1990. Seventy-two cases of perinatal/neonatal death and 144 controls were included in the study. The questionnaire contained three parts: demographic and community characteristics; verbal autopsy (for cases only); and, a "process diagnosis" to determine where the search for adequate solutions broke down.

According to this study, verified mortality rates were extremely high in this population: for a two year period of study, perinatal mortality was 103/1,000 births, neonatal mortality 69/1,000 live births, and maternal mortality 1,400/100,000 live births. The most common probable causes of perinatal and neonatal death identified by the study are presented in Table 2 below, based on medical staffs' determination of parent's recall up to two years after the death.

**TABLE 2. PROBABLE PRINCIPAL CAUSE OF PERINATAL AND NEONATAL MORTALITY**

<u>Probable Principal Cause</u>	<u>Number of Perinatal/Neonatal Deaths (n=72)</u>
• Asphyxia	18
• Asphyxia and/or trauma	6
• Sepsis	7
• Hemorrhage	7
• Trauma	5
• Hypothermia	3
• Hypertensive disease	3
• Pneumonia	3
• Tetanus	3
• Unwanted child/uncared for	2
• Maternal death	2
• Others	13

The study also identified and investigated 9 cases of maternal death. Probable causes of maternal mortality are presented in Table 3 below.

**TABLE 3. PROBABLE CAUSES OF MATERNAL DEATH**

<u>Probable Cause</u>	<u>Number of Maternal Deaths (n=9)</u>
• Sepsis associated with undelivered dead fetus	3
• Puerperal sepsis	1
• Hemorrhage associated with placental separation during pregnancy	1
• Hemorrhage associated with retained placenta	2
• Malpresentation with prolonged labor	1
• Unknown	1

Results of the "process diagnosis" section of the questionnaire showed that families took appropriate action in only 27% of the perinatal/neonatal cases at an adequate moment, whereas 30% identified the problem too late, 25% never detected a problem and 16% detected a problem but did not deem it important enough to seek health services. Once a problem was identified, 29% of the families sought an "adequate" source (health post, hospital, etc.), 12% sought an "inadequate" source, 44% tried to solve the problem at home and 15% tried other things. These results indicated the pressing need for interventions aimed at increasing families' awareness of how to detect problems quickly and what actions to take once a problem is detected (Bartlett 1991).

### **Health Care Services in Inquisivi Province**

Health care services in the province are provided by the Ministry of Health. There is one health post in Licoma zone and one in Inquisivi zone. These health posts are staffed by one doctor each carrying out the mandatory one year rural medical service. One auxiliary nurse assists the doctor in each of these posts. Circuata zone is served by a health post staffed by one auxiliary nurse. The posts are stocked with the bare minimum of essential basic medicines and equipment. The reference hospital in Quime does not meet the minimum WHO standards for a health post. It is staffed with a doctor, nurse, dentist and custodian. The hospital cannot cope effectively with major complications which require surgical intervention, due to a lack of sterilization and anesthesia equipment and trained staff. An ambulance is available to the Quime Hospital but it is often out of service due to poor maintenance, lack of spare parts and lack of funds to purchase gasoline. All health facilities are underutilized by the population, in part due to economic factors, in part due to socio-cultural factors and in part due to the fact that the services are not equipped to deal with more complicated problems. Women who present with complications during their pregnancy or labor are usually counter-referred to La Paz, Irupana or Oruro (3-7 hours by road when transport is available).

### **Women in Inquisivi, Licoma and Circuata Communities**

As described above, the Warmi Project works in three geographic zones of Inquisivi Province (Inquisivi, Licoma and Circuata) that vary widely in their socio-cultural characteristics. Province-wide, women's average school attendance is estimated to be less than second grade, with approximately 60% of women being illiterate, almost two times greater than the percentage of illiterate men in the province. (CARITAS Study of Mother's Centers, 1992.)

Many women in Inquisivi Province live in geographic, social and cultural isolation. Their daily lives consist in taking care of their children, putting their animals out to pasture, planting and harvesting potatoes, corn and other agricultural produce, cooking, doing the laundry, and hauling water and wood. Many women walk long distances to attend the weekly market. Market day is a social occasion as well as a chance to trade and buy food and other basic necessities for their families. Although women greet other women at the market, they seldom share their personal problems, thoughts or feelings. Reproductive health is a subject that is rarely discussed, even by mothers and daughters.

The families in the Inquisivi Zone tend to be older, more well-established and stable than those of the Circuata Zone. These families have lived in the Inquisivi Zone for generations. The women tend to be less literate and less likely to speak Spanish than the women of Licoma and Circuata. The majority are Aymara, but a significant minority are Quechua. The people are characterized as "altiplanticos" (i.e. closed, distrustful of outsiders, with very ingrained customs and less desire for change or "progress"). The homes of Inquisivi Zone families are much more dispersed than those in the Circuata communities. These communities, for obvious reasons, offer a great challenge to behavior change. Because the families are so tightly knit, however, behavior change that does occur is more likely to be widespread in the community.

In contrast, the communities in Circuata Zone are newer, or, if old, have a number of recently immigrated families. In at least three of the communities, the entire population migrated as a unit to found the new villages. Though these new families are also descendents of *altiplanico* (highlander) people, the fact that they are a self-selected group of immigrants which has initiated change implies that they are more interested in, and accepting of, change, progress or improvement in their lifestyle. They are therefore more anxious to work in projects that they believe will influence their development. They are more open in their praise and criticism. The villages are closer together than in Inquisivi Zone. The women are also more apt to be bilingual and have, in general, attained a higher level of formal education than the women of Inquisivi Zone.

Men and women in the Inquisivi Province are bound by a tight family structure and rigid sexual roles. Traditionally, women have not participated in the decision-making process for community activities; it is usually the husband who has voice and vote in the monthly community meetings and if women attend they are never heard. The village authorities may be elected or may serve in turn; the only time a woman is found in this position is if she is a widow of a former member and if she owns land.

In many of the communities, CARITAS Bolivia stimulated the organization of mother's clubs and carried out health (mostly oral rehydration and growth monitoring) and homemaking activities. The women were given food supplements provided by the US government under the PL-480 program in exchange for their attendance. When food donations stopped in the province in 1989, many of these groups either lost members or disbanded completely. Non-Catholic women, which comprise a significant proportion of the population, have always been excluded from these groups.

Before the Warmi Project began in 1990, 20 women's groups were working with SC/B-- 16 responding to SC's strategy of training women's groups in horticulture to increase vitamin A intake and four were initiated by women's unions with the support of SC staff. The women emphasized that they must be trained separately because husbands and fathers often do not permit them to participate in mixed groups. Indeed, of the 85 village health workers trained by SC prior to the Warmi Project, only a handful were women. In one extreme case, the president of a Mother's Club was a man!

Not only is the community led exclusively by men, but in the family, it is the man who most often makes all financial decisions. Most SC field staff have witnessed cases of husbands deciding that it would cost too much to send a woman with complications during her labor or pregnancy to the hospital (3-7 hours by road, not including the time spent trying to gain access to transport). The cost of a caesarian, for example, may represent 6 or more months of cash income. The family is then left to make do with the few available local resources. This not uncommon scenario has contributed to the high maternal and perinatal mortality rates in the province.

There are no exact data about the degree of domestic violence found in Inquisivi Province, however, a man is expected to beat his partner. The occasional beating is not identified by either man or woman as a problem unless it is continuous or results in serious injury or death. It is done openly and the children and neighbors become silent witnesses to it. Very often, alcohol consumption by the man or the couple is a prelude to violence.

### Organizing and Strengthening Women's Groups

Bolivia has a long history of grassroots organization at the community level. A National Woman's Union has been in existence for many years, though it has varied in its level of activity based on political and economic factors. However, women in Bolivia have traditionally

not had much voice in decision-making at the community level. They have not had much experience working as a group to identify problems and solutions to those problems. The isolation of women has left many feeling powerless and alone. The purpose of the strategy to organize women's groups was to raise women's awareness that their individual problems are often common to others, that they are important, and that together they are more likely to find solutions.

One of the first activities of the Warmi Project was to identify existing women's groups and to strengthen those groups that were interested in continuing to work together. Twelve existing groups were classified as being well organized. Twenty-two other groups were identified as being loosely organized with a need for strengthening. Several of these groups were former CARITAS Mother's Clubs. Strategies used to strengthen these groups included:

- initiate women's soccer matches;
- recruit new members at fiestas and markets;
- develop group cooking demonstrations;
- seek support from local authorities;
- talk with husbands;
- develop family or community garden projects; and,
- participate in the autodiagnosis process itself.

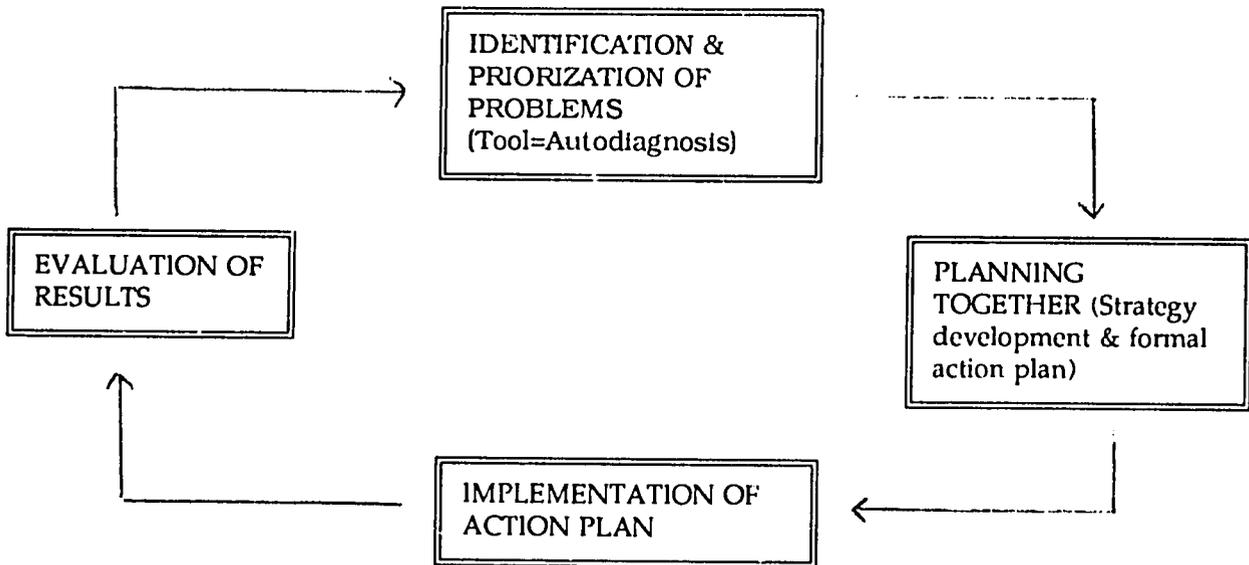
Additional women's groups were organized by the Warmi project field staff through various strategies including:

- women from communities without organized groups visit communities where groups exist;
- general community meetings to identify interest;
- SC/B staff identify interest in the community; and,
- women hear about other communities with groups and approach SC staff to express interest in starting their own group.

The women's groups consist of approximately 10-30 members each and meet at least once a month with a SC/B staff person. Many groups meet weekly. The groups function as a forum for learning, decision-making, social contact with others, and a diversion from the hard life shared by all the members.

### III. CONTEXT/RATIONALE FOR THE AUTODIAGNOSIS

The Autodiagnosis is the first step in a four step process that is designed to result in community-based action to confront identified problems. The SC/B Warmi Project has developed a model based on problem solving. A diagram of the model is presented below.



This working paper presents SC/B's experience with only the first step, the autodiagnosis. The following three steps were in the process of development and validation in pilot communities at the time of writing of this document.

Because of the highly motivating nature of the autodiagnosis, it should not be conducted in communities when no follow-up work in the community is planned, unless the community is well advanced in self-management and can proceed to the next steps on its own. SC/B's experience in the initial 25 communities in Inquisivi has shown that none of these communities were at this level yet and needed further assistance to develop strategies and action plans.

It is important to note that in the area of maternal and neonatal health, many interventions to prevent mortality rely on tertiary level medical care which is often not easily accessible to impoverished rural communities. The autodiagnosis motivates women to look for solutions within their community context, trying to make the most of the local resources that they have. In the case of Inquisivi, the effective referral hospital is 4-6 hours away in La Paz. This implies that different strategies are needed to confront the problems in these communities than in communities that have fairly easy access to services. Some have commented that if there is not easy access to services, consciousness of the problems should not be brought to light in these communities through an exercise like the autodiagnosis because this will only lead to frustration. It is SC/B's belief that problems need to be identified before appropriate solutions can be sought. Women have a right to explore and identify their problems (particularly those that determine life or death) and seek possible solutions to improve their situation, be it through lobbying for better services, more training and education in preventive practices, establishment of community emergency funds, better transport links, etc. The fact that the raised consciousness of women has led them to take action supports the SC/B approach.

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The autodiagnosis process was not developed solely for the purpose of identifying maternal and neonatal health problems, but as importantly, it serves as a means to empower women through self-reflection, greater communication among women and learning a process for decision-making as a group-- a process that most Bolivian women are not privileged to participate in at the community level. It is also the essential first step of identifying and prioritizing problems prior to solving them.

## IV. METHODOLOGY OF THE AUTODIAGNOSIS

### Preparation

Before the actual work with women's groups could be initiated, a four day workshop was held with all field staff who would be facilitating the autodiagnosis. During this time, the staff reviewed the steps and methodology of the autodiagnosis and prepared themselves for their role as facilitators. Special emphasis was placed upon the difference between being a "facilitator" and an "educator". Specific maternal and neonatal health problem concepts were explored in three pilot communities through the use of a "concept guide" that oriented the staff to local terminology, beliefs and practices. Picture drawings representing maternal and neonatal health problems were also tested and revised in these communities through the use of focussed group discussions and in-depth interviews. These pictures would later be used during the autodiagnosis in several ways.

### Autodiagnosis Steps

In the current version of the autodiagnosis, there are nine steps. Most communities can complete two steps or more in one session lasting one half-day. A brief summary of each step follows. Each step is presented in greater detail in the **RESULTS** section that follows. The steps are grouped into four sessions, as most communities experienced them. However, the actual time needed by communities to complete the steps varied considerably depending on the particular characteristics of the group.

## SUMMARY OF AUTODIAGNOSIS STEPS

### SESSION 1

Step 1: Orient women to Save the Children's Warmi Project.

Step 2: Explore attitudes of the group members toward pregnancy and maternity.

### SESSION 2

Step 3: Learn about what the group members know and do about maternal and neonatal health problems.

### SESSION 2 OR 3

Step 4: Encourage group members to think about what other women in the community know and do in Relation to maternal and neonatal health problems.

### SESSION 3

Step 5: Explore and design different ways to collect information from other women in the community. Practice the method selected by the group members.

### BETWEEN SESSIONS 3 AND 4

Step 6: Implement woman-to-woman interviews in the home.

### SESSION 4

Step 7: Share the results with the group

Step 8: Prioritize the problems.

Step 9: Evaluate the autodiagnosis process.

The autodiagnosis was carried out in the following 25 communities from March, 1991 to January, 1992:

#### Inquisivi Zone

Acota  
Acutani  
Canqui Chico  
Caychani  
Chiji  
Chuallani  
Corachapi  
Ojo de Agua  
Ventilla  
Yamora

#### Licoma Zone

Alfajfani  
Charapaxi  
Cheka  
Espiga Pampa  
Lacayotini  
Licoma  
Pencaloma  
Pulchiri  
Rica Rica

#### Circuata Zone

Circuata (2 groups)  
Lujmani  
Miguillas  
Polea  
Villa Khora  
Villa Barrientos

## V. RESULTS

This section presents the results of the autodiagnosis in the 25 communities in the following manner:

1. Quantitative data related to the number of participants and percent of women of reproductive age participating.
2. Summarized qualitative results of the twenty five communities by step.
3. Actions taken by women's groups in response to the autodiagnosis.

To evaluate the autodiagnosis process and results, the following methods were used during the Warmi Project's mid-term evaluation:

1. Focussed group discussions with 10 women's groups that had carried out the autodiagnosis in their communities.
2. Individual interviews with SC/B staff.
3. Review of community "autodiagnosis" notebooks kept by SC/B staff to document the results of each step.

**A. PARTICIPATION OF WOMEN IN THE AUTODIAGNOSIS**

Table 4 below presents the level of women's participation in the autodiagnosis by community and percentage of women of reproductive age participating in each community.

**TABLE 4. PARTICIPATION OF WOMEN IN THE AUTODIAGNOSIS (MARCH, 1992)**

<b>ZONE/COMMUNITY</b>	<b># WOMEN OF REPRODUCTIVE AGE</b>	<b># WOMEN PARTICIPATING IN AUTODIAG.</b>	<b>PARTICIPATION (%)</b>
<b>INGUISIVI ZONE</b>			
Acota	49	28	57%
Acutani	29	22	76%
Canqui Chico	65	30	46%
Caychani	29	26	90%
Chiji	45	32	71%
Chuallani	23	8	35%
Corachapi	31	25	81%
Ojo de Agua	25	20	80%
Ventilla	39	24	62%
Yamora	39	16	41%
<b>LICOMA ZONE</b>			
Alfagiani	21	11	52%
Charapaxi	32	16	50%
Cheka	31	10	32%
Espiga Pampa	31	10	75%
Lacayotini	32	24	59%
Licoma	17	10	17%
Pencaloma	35	6	42%
Pulchiri	19	8	58%
Rica Rica	26	15	48%
	25	12	
<b>CIRCUATA ZONE</b>			
Circuata 1 & 2	60	10	17%
Lujmani	26	15	58%
Maguillas	108	18	17%
Polea	40	19	48%
V. Barrientos	52	12	23%
Villa Khora	94	20	21%
<b>TOTAL</b>	<b>992</b>	<b>437</b>	<b>44%</b>

**B. SUMMARY OF THE ACTIVITIES AND RESULTS OF THE AUTODIAGNOSIS BY STEP IN 25 COMMUNITIES**

**FIRST SESSION**

**STEP 1:** Orient the women to the Warmi Project--Promotion SC/Bolivia



**Purpose:** The women will understand what the Warmi Project is and they will be invited to participate in the project.

**Methodology:** Questions to stimulate discussion; short presentation on case control study

**Knowledge of the facilitator:**

- Terminology used in the community; language
- Knows the women's group
- Knows SC/B's programs
- Knows the objectives of the Warmi Project
- Knows the results of the case-control study of maternal and neonatal mortality and morbidity carried out in Inquisivi by SC/B staff

**Materials/Supplies required:**

- Summary of Warmi Project objectives
- Summary of the case-control study results on cardboard poster
- Flipchart paper
- Markers
- Question guide (below)
- Tape recorder (optional)

**STEP 1 --Continued**

**Possible barriers:**

- Language
- Facilitator doesn't know the project well
- Facilitator doesn't know the local terms and/or customs in the community
- Lack of motivation of the group
- Facilitator lacks experience

**Activities:**

1. The facilitator asks the group:

Do you know of any women from this community who have died? What caused their death? Did they die during pregnancy? During delivery of their baby? Within one month after they gave birth?

Do you know of any babies who died at birth or during their first month of life? Why do you think they died so suddenly?

2. Brief presentation of the results of the case-control study using photos and/or slides, and posterboard with summary of the results.

3. The facilitator asks the group:

Have you ever heard of the Warmi Project? What is the project? (What do you think it could be?)

4. Brief presentation of the Warmi Project objectives.

**Time: 2 hours**

**STEP 2:**

Explore the group members' attitudes regarding pregnancy, birth and motherhood.



**Purpose:** To know what women think about pregnancy, birth and motherhood.

**Methodology:** Use of picture cards (see end of this section) accompanied by questions to stimulate group discussion and reflection.

**Knowledge of the facilitator:**

- Community's terminology - language
- Know the women's group
- Know the subject
- Know some of the community's traditions and customs

**Materials/Supplies required:**

- Picture cards of an unhappy pregnant women and a happy pregnant woman
- Question guide
- Tape recorder (optional) or observer/recorder
- Materials for an icebreaker exercise

**Possible barriers:**

- Language
- Lack of knowledge about the subject
- Do not know the terminology
- Lack of motivation of the group
- Facilitator lacks experience

**STEP 2--Continued**

**Activities:**

1. The facilitator shows the picture card of the happy pregnant woman and asks the group, "What do we see in this picture?" The group responds with what they see. "Why is the woman happy?"
2. The facilitator shows the picture card of the unhappy pregnant woman and asks the group, "What do we see in this picture?", "Why is the woman sad?"
3. Discussion questions:  
  
How do you feel when you're pregnant?  
  
What do you think when you suspect that you're pregnant? Why?  
  
How does your husband react when he finds out that you're pregnant? During the pregnancy? During the delivery? After the birth? With the newborn baby?  
  
How do you react to your husband's response?
4. Brief explanation of what the group will do the next meeting.

**Time:** Approximately 1 hour

## SUMMARY OF THE RESULTS OF STEP 2

A summary of the most representative results of Step 2 are presented below by question. The women's actual responses, as translated from the staff field notebooks, are presented in italic type.

### HOW DO YOU FEEL WHEN YOU ARE PREGNANT?

- *Worried as soon as our menstruation is interrupted.*
- *Afraid because we have already many children; we don't want the baby and we also are afraid of dying.*
- *Since we are breastfeeding a baby, we don't know that we are pregnant again; we only notice it when our abdomen is big.*
- *Within the family, we solve this problem talking about it, but sometimes a new pregnancy may provoke fights.*
- *One feels nausea and no hunger.*
- *Sad, because our family is larger, we have more and more children and there are no means to feed and educate them.*
- *We just accept it and wait for the moment of the birth.*
- *In some cases our husbands come home now and then and people may be gossiping.*
- *We attempt to provoke an abortion but we don't know how to do it; herbs are useless.*
- *We are not used to prenatal control visits although some women do have them; we don't attend because we are embarrassed and frightened since the health worker is a man.*
- *In many cases the partera does the prenatal control; she does massages or the "manteo" (rocking the pregnant woman in a blanket) and helps to put the baby in the right position.*
- *Afraid, because sometimes we have small children or our last child is still too young.*
- *Bad, because pregnancy interferes with our work, we have to buy clothes; the father will quarrel with the mother.*
- *Scared of the delivery because our mothers say we will suffer.*
- *Scared because I don't want to have the baby.*
- *As long as I am living well with my husband, I will accept the pregnancy, but when we are in trouble I wish they both (husband and baby) would die.*
- *I cry a lot. When the baby is born, I don't want to look at its face.*
- *Within the family, we talk and understand each other in order to overcome the problem that pregnancy means to us.*
- *A single mother doesn't want the baby.*

### WHAT IS YOUR HUSBAND'S ATTITUDE TOWARDS YOUR PREGNANCY?

- *Some men say they came to this world to obey God's Law: to have as many children as He gives us, no matter how many, 18 or 20, and women must obey as well.*
- *Sometimes they are happy to have one more child.*
- *Some men are sad and worried; they both (wife and husband) talk about the problem, they go together to Oruro to try to solve their problem [have an abortion] because if a woman goes to see a doctor on her own, the doctor won't help.*
- *They help us with our work at home.*
- *They don't help us at all and they will demand us to help them with their work in the field.*
- *They believe that we get pregnant because we don't want to work the land.*
- *They, too, are worried because they fear that their wives will die during the delivery.*
- *They are upset with everybody, their wives and even their children.*
- *They are worried about getting money and feeding us.*
- *They don't want daughters, only sons; they wish their daughters died.*
- *Sometimes they want a daughter when they have many boys.*

## HOW DO YOU FEEL WHEN THE MOMENT OF THE DELIVERY HAS COME?

- *We are very worried; a delivery is always difficult.*
- *I want my husband to stay with me during the delivery.*
- *We often think that not even a doctor could help us. Although we want to go to Oruro, there is no way to do it-- there is no transport available.*
- *At that moment we want to have a partera, but sometimes we can have one and sometimes there is none.*
- *We often think we will die.*
- *Sometimes we feel like beating or scratching our husband.*
- *We need to learn how to take care of ourselves.*

## WHAT DOES YOUR HUSBAND DO:

### a. DURING THE DELIVERY OF THE BABY AND THE PLACENTA?

- *They hold the woman's head.*
- *He prepares hot infusions (marjoram, orange tree flower), food, soup, boiled water.*
- *They don't care, they just go out to work and come back home in the evening.*
- *He looks for help, our mother-in-law, our mother, the partera or any other relative.*
- *He just sits in the kitchen waiting for the baby to be born.*
- *He gets some string, scissors and pieces of clothes to wrap the baby.*
- *During the labor he presses our abdomen to help the baby.*
- *He puts the wife in his poncho for the "manteo" (rocking in a blanket), massages her abdomen, tries to put the baby in the right position.*
- *The partera assists the delivery and the husband escapes.*
- *During labor, my husband prepares what I will need; things such as teas, soap for bathing the newborn, boiled water and food.*
- *Some husbands do not take care, they go to the field and come back when the problem is over.*
- *Some women get no help during the delivery.*
- *Some women wish the baby was dead; they feel like crushing the baby because living expenses are so high. Especially when one is in trouble with the husband, one wishes that they both (husband and baby) were dead.*

### b. AND DURING THE DELIVERY OF THE PLACENTA?

- *He makes his wife blow into a bottle and massages her abdomen.*
- *He is worried, he prepares hot marjoram tea.*
- *Once we deliver the placenta, he washes it twelve times, then he buries it in the yard or behind the house so that his wife does not suffer a "sobrepardo" (puerperal sepsis/infection) and his child is not a dirty person when he grows up.*

### c. AND THE NEW BORN?

- *They usually assist the new born only after the delivery of the placenta; in the meantime, the baby is laying on the blood; quiet, sometimes he doesn't even cry.*
- *Sometimes he puts the baby (next to the mother).*
- *He cuts the umbilical cord with scissors or with a piece of glass which has not been disinfected or washed.*
- *He ties the umbilical cord with a string, he bathes the baby in warm water and wraps him.*
- *Sometimes he calls a neighbor to take care of both the newborn and his wife.*
- *Sometimes he looks after the newborn, he wraps the baby, puts him on the bed or with the mother.*

**d. DURING THE POST-PARTUM PERIOD**

- *He cooks, washes the dishes and the baby's clothes.*
- *He stays at home for three days.*
- *The woman's mother-in-law assists him until his wife is alright.*
- *He helps his wife when she has to wash herself, he gets "matico" (shrub of the pepper family) and chamonile and prepares everything for the bath.*
- *He checks his children's homework and prepares them for school.*
- *This is the only time when they know everything and do everything.*

**WHAT IS YOUR ATTITUDE TOWARDS YOUR HUSBAND'S RESPONSE?**

- *When they look after us we feel important and we can see whether they love us or not.*
- *This is the only time when he looks after his wife and is devoted to her.*
- *We can observe that they cannot work, they get tired and they are not patient with our children.*
- *After three days the house is all upside-down, nothing is in the right place.*

**FIELD STAFF COMMENTS ON THE SECOND STEP**

Field staff comments on the second step are presented below in italic print as translated from their field notebooks.

*"During the first step, we could observe that women were anxious, sad, worried; some of them had teary eyes. Some others kept quiet. One could see in their faces that they were full of doubts."*

*"Women stated the need for more humane attention during those days which are so important to them and their families; sometimes when their husbands come back home after work the newborn is dead or dying due to the lack of help, and the mother is also sick. A single mother suffers more because she gets no help or support from the family. Her parents feel she must learn from this experience. In many cases, the woman's mother would like to help but her husband won't allow her to do it."*

*"The women suggested that we should work with their husbands so that they are aware of the problems their wives go through during the pregnancy, the delivery and post-partum, and have consideration for their wives and the newborn."*

*"The first contact with women talking about their problems was like awakening to a reality that some of us had tried to forget or that some of us were just beginning to know about."*

*"At the end of the day, we felt as if we knew each other and as if each one of us was a piece of a strong chain meant to help women."*

PICTURE CARDS



"HAPPY" PREGNANT WOMAN



TOO MANY CHILDREN AND "SAD" PREGNANT WOMAN



ANEMIA



EDEMA

30

PICTURE CARDS--Continued



GOITER



HEMORRHAGE DURING PREGNANCY



HEMORRHAGE DURING DELIVERY



HYPOTHERMIA

PICTURE CARDS--Continued



LOW BIRTH WEIGHT



MALPRESENTATION (HAND)



MALPRESENTATION (FOOT)



PRECEDENCE UMBILICAL CORD

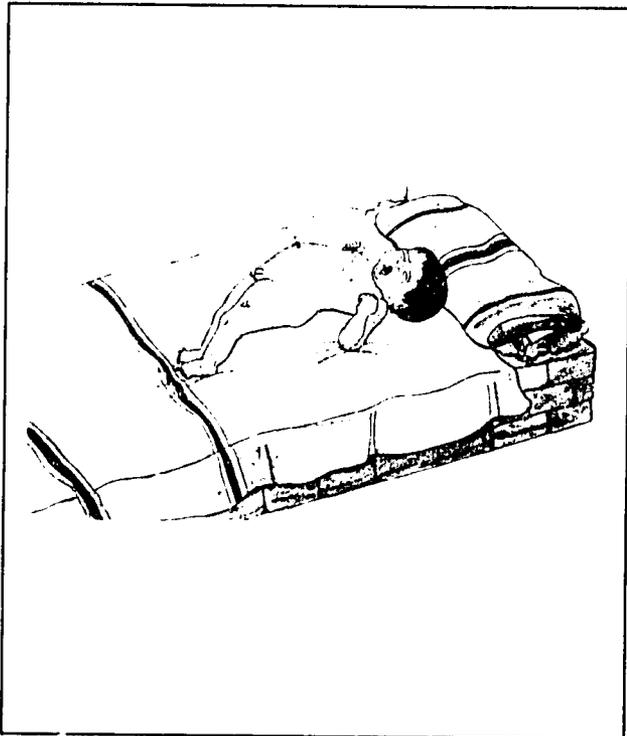
PICTURE CARDS--Continued



PROLONGED LABOR



RETAINED PLACENTA



TETANUS (NEONATAL)



TUBERCULOSIS

PICTURE CARDS--Continued



TWINS



VAGINAL INFECTION ("WHITE PERIOD")



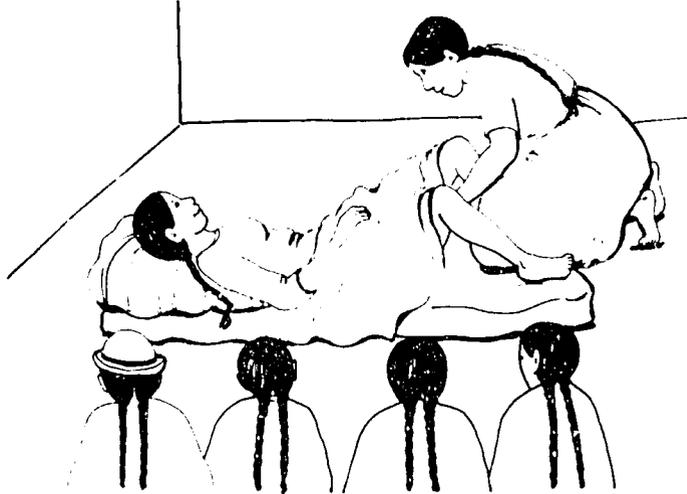
NEONATAL DEATH



MATERNAL DEATH

## SECOND SESSION

**STEP 3:** Learn about what women do about maternal and neonatal health problems.



**Purpose:** To identify and know about maternal and neonatal health problems and to standardize the terminology used to describe these problems within the group.

**Methodology:** Use of role plays, skits, problem picture card games, open questions and group discussion.

**Knowledge of the facilitator:**

The facilitator must know the subject and must be open to women's knowledge, attitudes and practices, not try to "correct" them.

**Materials/Supplies required:**

- Picture cards of problems (see at end of Step 2)
- Flipchart paper
- Markers
- Question guide (below)
- Tape recorder or observer/recorded

**Possible barriers:**

- Language
- Facilitator doesn't know community's terminology and/or customs and traditions
- Lack of group motivation
- Facilitator lacks experience

### STEP 3-- Continued

#### **Activities:**

1. The group divides into two smaller groups. One group prepares a skit about what they do during pregnancy. The other group prepares a skit about what they do during delivery, care of the neonate and in the month following birth.

Questions to take into account when preparing the skits:

#### Pregnancy

- How do you know that you're pregnant?
- What do you eat when you're pregnant?
- How do you take care of yourself when you're pregnant (alcohol, work, hygiene, etc.)?
- Who do you see when you're pregnant? (Doctor, nurse, partera, mother, etc.)?

#### Birth/Delivery

- What things do you get ready for the birth?
- Who attends the birth?
- How do you know when you are going to give birth?
- How do you deliver the baby (position, birth place, materials)?

#### Post partum

- How does the placenta come out? In how much time after the birth does the placenta come out? If it doesn't come out, what do you do? What do you do with the placenta when it comes out?
- How do you take care of yourself after the birth? (hygiene, diet, rest)?
- When do you get out of bed?

#### Newborn

- What do you do when the baby is born? (mucous, crying, swaddling, drying, cutting the cord)?
- When, with what and how do you cut the umbilical cord?
- After how much time do you put the baby to the breast?

2. The two groups present their skits. After each skit, the facilitator leads a discussion about the practices portrayed to see if all of the women agree with what was presented.

(If the group does not wish to do a skit, the facilitator can ask whether (a) volunteer(s) would like to tell the group about her pregnancy and birth experiences.)

**STEP 3 --Continued**

**3. Develop a "Dictionary of Terms".**

A variety of methods can be used for this activity such as:

- The facilitator asks the group what maternal and neonatal problems the women have heard of. Each member of the group gives an answer and the facilitator gives the respondent the picture card that represents her response until all of the picture cards are distributed. (If the problem is not present in a picture card, the respondent can draw her own card.)
- "Card game"- each of the women selects a card from the set of picture cards (without seeing what it is when she selects it) and then describes the problem represented by the picture.
- Put all of the picture cards on the floor and let the women select one that attracts her attention. She then tells the group what problem is represented.
- Less active, but also a possibility is for the facilitator to show the picture cards to the group one by one and ask the group what they see.

The facilitator asks the following questions related to the problems depicted by the picture cards:

Pregnancy and Labor/Delivery

- What problems do women experience during pregnancy/labor and delivery?
- What is the problem called in this community? (Aymara, Spanish, Quechua)
- Does it occur in this community?
- Why does this problem occur?
- How do you treat it?
- If you don't treat it, what happens?

Post partum and Newborn

- What problems do women/newborns experience within one month after the birth?
- What is the problem called in this community? (Aymara, Spanish, Quechua)
- Does it occur in this community?
- Why does this problem occur?
- How do you treat it?
- If you don't treat it, what happens?

To document this step, the observer/recorder can use the following chart:

Problem	What is it called (local terminology)?	What causes the problem?	How is it treated?	If you don't treat it, what happens?	Does it occur here?

**Time: 3 hours**

## SUMMARY OF THE RESULTS OF STEP 3

A summary of the results of Step 3 is presented below. The first section presents the results of the role plays which demonstrated practices during pregnancy, birth, post-partum and care of the newborn. The second section presents the results of the "Dictionary of Terms" separated by zone (Inquisivi, Licoma/Circuata).

### Practices as Demonstrated Through the Role Plays

#### Pregnancy

- During the pregnancy the women continue working with their husbands. Some of them stay at home during the last months of pregnancy.
- They eat foods normally produced in the community such as potatoes, maize, oca and papalisa (the two latter are local products). There are no taboos or special foods eaten during pregnancy.
- During the eighth month some women go to see a partera for an abdominal massage and to check the baby's position.
- Women must be careful with the heat; they should not expose their back to the sun since they believe that the placenta will stick to their backs and they will suffer during delivery (retained placenta).
- During the first months of the pregnancy the partera practices the "manteo" (rocking the woman in a blanket, usually gently during pregnancy and more violently during delivery) to position the baby. This practice usually makes women feel relaxed. Others believe that the "manteo" should be done by the pregnant woman's husband or by her mother.
- They do not knit or spin wool since they believe this would provoke that the umbilical cord to get tangled around the baby's neck.

#### Labor and Delivery

- During the delivery, some women are in pain for many hours and others aren't. Most of them do not rest; they keep on walking and continue their daily work. That is why they sometimes deliver the baby in the open. They go to bed only when they feel that contractions are quite frequent and painful.
- The husband prepares tea and food such as fresh lamb or chicken. He also looks for help from family members or relatives and sometimes he looks for a partera.
- He makes a fire to heat water.
- Some women go to bed as soon as they feel the initial labor pain and have teas.
- When the labor pain starts, the husband must prepare food.
- Some husbands only get desperate and do nothing, some others run away. Other husbands call a partera or another person who has experience attending a delivery.
- Many women deliver their children sitting on their heels, some others do it laying on their back.

- The partera or the mother who is assisting the delivery gives the woman an abdominal massage.
- They do not prepare the baby's clothes in anticipation of the birth.
- Some women say they wish they were men, so they wouldn't suffer a delivery.

### Post-partum

- Women stay in bed for 2 or 3 days and they won't go out. They do light work at home, they do not wash (clothes) and do not touch cold water for one week after the birth to avoid "sobrepardo" (puerperal sepsis). They don't wash their genitalia for one week after birth because they fear puerperal sepsis. After seven days they bathe themselves in warm or hot water with herbs such as rosemary.
- Their food consists of soup made out of fresh lamb or chicken meat, rice and "chuño" (dehydrated potatoes). They do not eat vegetables, particularly the white ones, because they believe that these products can provoke puerperal sepsis or vaginal infection.
- Some women start their normal activities two days after the delivery. They have to get up from bed and start working at home since their husbands must go out to work; they cook and prepare their children for school, the only thing they don't do is laundry.
- Some men take care of the children and send them to school. They also cook.
- Our mothers are the only ones who really look after us. Sometimes our mother-in-law takes care of us and sometimes she comes to see us only after the delivery.

### Care of the Newborn

- The newborn is usually attended only after the delivery of the placenta. The umbilical cord is cut after the delivery of the placenta. Then they bathe the baby with warm water.
- After this, the baby is bathed every day and his diapers are frequently changed.
- The mother starts breastfeeding the baby after the first day, although there are some women who have already begun to breastfeed immediately.
- They wrap and bathe the baby. Some women breastfeed him immediately. Others don't because the baby may eat too much when he grows up and will not be fond of his mother.
- After the delivery the mother herself takes care of her children.
- After the delivery of the placenta the baby is bathed and they wrap her to keep her warm; previously they tied the umbilical cord with a wool string and cut the cord with scissors disinfected with alcohol.

### Dictionary of Terms

The following tables present the results of the "Dictionary of Terms" step. Due to differences among the zones (see **Background**), the results are presented alphabetically by type of problem and by altiplano zone (Inquisivi) and valley/subtropical zones (Licoma and Circuata).

**TABLE 5. DICTIONARY OF TERMS**

ABORTION/MISCARRIAGE	INQUISIVI	LICOMA/CIRCUATA
WHAT IS IT CALLED?	<ul style="list-style-type: none"> <li>- WILA BULTO</li> <li>- MAL PARTO</li> </ul>	<ul style="list-style-type: none"> <li>- WII.A SULTO</li> <li>- MALPARTO</li> </ul>
WHY DOES IT OCCUR?	<ul style="list-style-type: none"> <li>- It occurs in undernourished women</li> <li>- They provoke it with teas</li> </ul>	<ul style="list-style-type: none"> <li>- They lift heavy things</li> <li>- From fights</li> <li>- They provoke it with teas</li> </ul>
HOW IS IT TREATED?	<ul style="list-style-type: none"> <li>- We drink wilachajrina tea to eliminate all</li> <li>- We don't cure it, we only drink teas to eliminate all that dirty blood</li> <li>- Lampay tea</li> <li>- Marjoram tea</li> <li>- Seguenka tea</li> </ul>	<ul style="list-style-type: none"> <li>- They drink lampay tea</li> <li>- They go to the doctor or the health auxiliary</li> </ul>
WHAT HAPPENS IF IT IS NOT TREATED?	<ul style="list-style-type: none"> <li>- One can die because there is no more blood</li> <li>- We turn pale</li> <li>- We can die because of hemorrhage</li> <li>- One loses a lot of weight</li> </ul>	<ul style="list-style-type: none"> <li>- One can die</li> </ul>
DOES IT OCCUR IN THIS COMMUNITY?	<ul style="list-style-type: none"> <li>- Yes</li> <li>- There must be cases, we don't know</li> <li>- It happened once</li> </ul>	<ul style="list-style-type: none"> <li>- Yes, one woman died</li> </ul>

ANEMIA	INQUISIVI ZONE	LICOMA/CIRCUATA ZONES
WHAT IS IT CALLED?	<ul style="list-style-type: none"> <li>- TUCANTATA</li> <li>- LLAQUISITA</li> <li>- KUYACTATA</li> <li>- T'UJAUSU</li> </ul>	<ul style="list-style-type: none"> <li>- ANEMIA</li> </ul>
WHY DOES IT OCCUR?	<ul style="list-style-type: none"> <li>- They don't eat well</li> <li>- They go around with no food</li> <li>- Maybe they work too much</li> <li>- We are worried</li> <li>- Some women don't know why it happens</li> <li>- Could be because of weakness</li> <li>- Too much vomit</li> </ul>	<ul style="list-style-type: none"> <li>- Lack of feeding</li> <li>- They sleep till late</li> <li>- Hemorrhage</li> <li>- Transmitted by animals</li> </ul>
HOW IS IT TREATED?	<ul style="list-style-type: none"> <li>- One must eat very well</li> <li>- To consume green vegetables</li> <li>- We are not used to eating vegetables</li> <li>- The health worker treats with injections</li> <li>- Pumpkin flower tea</li> </ul>	<ul style="list-style-type: none"> <li>- Ajo ajo tea</li> <li>- Intravenous serum</li> <li>- Beaten egg and jelly</li> <li>- Go to hospital</li> <li>- Right feeding, vegetables, intestines (of animals)</li> <li>- Fish head soup</li> <li>- Pumpkin soup</li> <li>- Raw liver with wine</li> <li>- Weasel soup, removing head and tail</li> <li>- Liver and dark beer</li> <li>- Vitamins</li> </ul>
WHAT HAPPENS IF IT IS NOT TREATED?	<ul style="list-style-type: none"> <li>- They can die</li> <li>- One becomes weak</li> <li>- They become thin</li> <li>- The sick person's skin is yellow</li> <li>- One feels sleepy</li> <li>- Hands turn yellow</li> <li>- They get any disease easily</li> </ul>	<ul style="list-style-type: none"> <li>- They become very thin and can die</li> </ul>
DOES IT OCCUR IN THIS COMMUNITY?	<ul style="list-style-type: none"> <li>- Yes, to some women after the delivery</li> <li>- It occurs, but we don't know how to cure it</li> </ul>	<ul style="list-style-type: none"> <li>- Pregnant women and those who are breastfeeding</li> <li>- Children</li> </ul>

EDEMA WITH HEADACHE	INQUISIVI	LICOMA/CIRCUATA
WHAT IS IT CALLED?	<ul style="list-style-type: none"> <li>- P'USUNTATA</li> <li>- P'USU USU</li> <li>- P'USU</li> <li>- HINCHAZON</li> </ul>	<ul style="list-style-type: none"> <li>- P'USUNTATA</li> <li>- PANKUSGHA</li> <li>- USNATA</li> <li>- LADUNGASITA</li> </ul>
WHY DOES IT OCCUR?	<ul style="list-style-type: none"> <li>- We don't know</li> <li>- Long walks</li> <li>- We work too much but our feet are swollen when we are 7-8 months pregnant</li> <li>- The baby is transverse</li> <li>- The baby is in a bad position</li> <li>- Maltreatment</li> <li>- When one is too long in the sun or in the cold</li> </ul>	<ul style="list-style-type: none"> <li>- The baby is in a bad position</li> <li>- The baby is hurt</li> <li>- The woman is expecting twins</li> <li>- Because of the cold</li> <li>- They have no prenatal care</li> <li>- Over-salted food</li> <li>- Hard work</li> <li>- When it occurs the labor is easy</li> </ul>
HOW IS IT TREATED?	<ul style="list-style-type: none"> <li>- We don't know</li> <li>- Plaster made with lamb's heart soaked in warm water</li> <li>- Sometimes it just disappears</li> <li>- At bedtime we have massages done with Mentisan</li> <li>- Janko tartaso tea</li> <li>- Massages with pig's fat</li> <li>- Bathe in warm water with salt</li> </ul>	<ul style="list-style-type: none"> <li>- Go to a health post or see a doctor</li> <li>- Horsetail tea with corn beard &amp; coffee husks</li> <li>- Use no salt</li> <li>- Put one's feet up high</li> <li>- Don't drink water</li> <li>- Bathe w/ alcohol and sugar</li> <li>- Put the baby in the right position</li> <li>- Tea of corn beard</li> <li>- Body massage with alcohol and <i>granadilla</i> leaves</li> </ul>
WHAT HAPPENS IF IT IS NOT TREATED?	<ul style="list-style-type: none"> <li>- They die</li> <li>- All the body gets swollen and we can die because we can't breathe</li> <li>- We don't know</li> </ul>	<ul style="list-style-type: none"> <li>- She can die during the labor</li> <li>- She can suffer seizures</li> <li>- Headaches are severe</li> <li>- Nothing</li> </ul>
DOES IT OCCUR IN THIS COMMUNITY?	<ul style="list-style-type: none"> <li>- Yes</li> <li>- Yes, but not very frequently</li> </ul>	<ul style="list-style-type: none"> <li>- Yes, some women are swollen the last months of pregnancy</li> </ul>

GOITER	INQUISIVI	LICOMA/CIRCUATA
WHAT IS IT CALLED?	<ul style="list-style-type: none"> <li>- K'OTO</li> <li>- BOCIO</li> </ul>	<ul style="list-style-type: none"> <li>- K'OTO</li> <li>- BOCIO</li> </ul>
WHY DOES IT OCCUR?	<ul style="list-style-type: none"> <li>- One sleeps too much</li> <li>- There's goiter in the water</li> <li>- We don't consume iodized salt</li> <li>- Too much sweet potato</li> <li>- Because of water</li> <li>- It is hereditary</li> </ul>	<ul style="list-style-type: none"> <li>- Transmitted by a tree</li> <li>- Somebody shouts</li> <li>- Lack of iodized salt</li> <li>- We sleep till late</li> <li>- Somebody shouts</li> <li>- Dirty water and food</li> <li>- We drink water from the well</li> <li>- When it's hot we drink cold milk</li> </ul>
HOW IS IT TREATED?	<ul style="list-style-type: none"> <li>- We prepare a plaster with pig's spleen and put it on the neck</li> <li>- Iodine, one drop every morning</li> <li>- Can be cured with iodized salt (consuming it)</li> <li>- Amañoque tea</li> <li>- Paquisa tea</li> <li>- The doctor is got medicines to be taken</li> <li>- We don't know</li> <li>- With injections</li> </ul>	<ul style="list-style-type: none"> <li>- Iodine drops on the neck every morning</li> <li>- Eat iodized salt</li> <li>- Shout k'oto and it will disappear</li> <li>- Beat the goiter with a pig's pancreas</li> <li>- Step on the neck when there's a full moon</li> <li>- Drink onion seed water</li> <li>- Massage the goiter</li> <li>- Put plasters of garlic leaf on the goiter</li> </ul>
WHAT HAPPENS IF IT IS NOT TREATED?	<ul style="list-style-type: none"> <li>- We can die</li> <li>- It obstructs breathing while we are sleeping</li> <li>- It can burst</li> <li>- It can become much bigger</li> </ul>	<ul style="list-style-type: none"> <li>- Nothing</li> <li>- The baby will die</li> <li>- The baby will have goiter</li> <li>- The baby will be <i>pisichayma</i></li> <li>- One can't breathe because it obstructs our throat and we die</li> <li>- It can be operated on if it grows too much</li> </ul>
DOES IT OCCUR IN THIS COMMUNITY?	<ul style="list-style-type: none"> <li>- Yes, it does</li> <li>- No</li> <li>- We don't know</li> </ul>	<ul style="list-style-type: none"> <li>- There used to be a lot; nowadays, there are a few cases</li> </ul>

HEMORRHAGE DURING PREGNANCY	INQUISIVI	LICOMA/CIRCUATA
WHAT IS IT CALLED?	<ul style="list-style-type: none"> <li>- MALPARAÑA</li> <li>- WILA APIRI</li> </ul>	<ul style="list-style-type: none"> <li>- WILA APIRI</li> <li>- HEMORRAGIA</li> <li>- WILA APA</li> </ul>
WHY DOES IT OCCUR?	<ul style="list-style-type: none"> <li>- When they have an abortion; they don't want to have the baby</li> <li>- Handling heavy things</li> <li>- They provoke abortions with infusions</li> <li>- We fall down</li> <li>- Too much work</li> </ul>	<ul style="list-style-type: none"> <li>- We lift heavy things</li> <li>- We have falls</li> <li>- They provoke an abortion</li> <li>- Weakness</li> </ul>
HOW IS IT TREATED?	<ul style="list-style-type: none"> <li>- We drink <i>sulta que sulta</i> tea</li> <li>- Q'asimes</li> <li>- Sopaywarmi</li> <li>- Lampas tea</li> <li>- Avocado seed</li> <li>- Cotton seed</li> <li>- They don't have any more blood and drink infusions of <i>wila chayrina</i>, <i>saripuyu</i>, <i>pacay</i> seed</li> <li>- The doctor can cure with injections</li> </ul>	<ul style="list-style-type: none"> <li>- Infusions of warm herbs; infusion of hemp, snake and burnt kantuta flower</li> <li>- Go to the hospital and receive an injection</li> <li>- Coca leaf, cinnamon and cloves water</li> <li>- Beaten egg with baking flour and corn flour</li> <li>- Corn flour with <i>solda que solda</i> and confetti</li> <li>- Drink sweet, dark beer with egg</li> <li>- Put the woman with her head low to stop the hemorrhage</li> <li>- Drink <i>chua chua</i> and <i>lacre</i> every day</li> <li>- Beaten egg, corn flour and ground wheat</li> </ul>
WHAT HAPPENS IF IT IS NOT TREATED?	<ul style="list-style-type: none"> <li>- They can get anemia</li> <li>- There is no more blood in our body</li> <li>- We faint</li> <li>- They die</li> </ul>	<ul style="list-style-type: none"> <li>- One becomes weak and can die</li> <li>- One gets anemia</li> <li>- One suffers at the moment of the delivery</li> <li>- The post-partum recovery is slow</li> </ul>
DOES IT OCCUR IN THIS COMMUNITY?	<ul style="list-style-type: none"> <li>- Yes, it occurs</li> </ul>	<ul style="list-style-type: none"> <li>- Yes, some women</li> </ul>

HEMORRHAGE/DELIVERY	INQUISIVI	LICOMA/CIRCUATA
WHAT IS IT CALLED?	- WILA APIRI	- WILA APIRI
WHY DOES IT OCCUR?	<ul style="list-style-type: none"> <li>- We don't know</li> <li>- Because we push hard before the baby is born</li> <li>- Because we drink teas</li> </ul>	<ul style="list-style-type: none"> <li>- We push too hard</li> <li>- We lift heavy things</li> <li>- During the pregnancy blood accumulates and is eliminated during the delivery</li> </ul>
HOW IS IT TREATED?	<ul style="list-style-type: none"> <li>- We drink quishuara tea</li> <li>- We get the doctor</li> <li>- Our community if far from the hospital</li> <li>- There is no chance to cure it; it's like an open tab</li> </ul>	<ul style="list-style-type: none"> <li>- Hot teas</li> <li>- Sweet, dark beer &amp; egg</li> <li>- Go to the doctor</li> </ul>
WHAT HAPPENS IF IT IS NOT TREATED?	<ul style="list-style-type: none"> <li>- One can die</li> <li>- There'll be no blood left in the woman's body</li> <li>- The woman dies</li> <li>- The mother and the baby die</li> <li>- It's dangerous</li> </ul>	- It's very dangerous; the mother and the baby can die
DOES IT OCCUR IN THIS COMMUNITY?	- One woman had a hemorrhage but not severe	- Yes; it's not as frequent as goiter, but it is more dangerous

HYPOTHERMIA	INQUISIVI	LICOMA/CIRCUATA
WHAT IS IT CALLED?	<ul style="list-style-type: none"> <li>- T'AYANTATA</li> <li>- CH'UNSUKA o CH'UNSUTA</li> <li>- DEJANDO CALANCHO</li> <li>- CHIRICUSAN</li> </ul>	<ul style="list-style-type: none"> <li>- TAYA KATATA</li> </ul>
WHY DOES IT OCCUR?	<ul style="list-style-type: none"> <li>- They don't wrap up the baby quickly after birth</li> <li>- They wait until the placenta is delivered before attending to the newborn</li> <li>- The baby's blood doesn't flow anymore</li> <li>- We don't know</li> <li>- Sometimes there is no one to attend to the newborn</li> <li>- The baby is bathed in very cold water</li> </ul>	<ul style="list-style-type: none"> <li>- They don't look after the newborn</li> <li>- They don't warm the baby up</li> <li>- They don't want the baby and let him die</li> <li>- They have no clothes for the baby (single mothers)</li> <li>- The baby is left with no clothes for too long</li> <li>- They have no help</li> </ul>
HOW IS IT TREATED?	<ul style="list-style-type: none"> <li>- Wrap the baby in a blanket</li> <li>- Boil water in the room</li> <li>- Wrap the baby in warm clothes</li> </ul>	<ul style="list-style-type: none"> <li>- Warm the baby up as soon as he is born, until the placenta is eliminated</li> <li>- Put the baby with the mother</li> </ul>
WHAT HAPPENS IF IT IS NOT TREATED?	<ul style="list-style-type: none"> <li>- They turn blue/purple</li> <li>- They die</li> <li>- They get pneumonia</li> </ul>	<ul style="list-style-type: none"> <li>- The baby dies because of the stomach</li> <li>- The baby dies because of cold</li> </ul>
DOES IT OCCUR IN THIS COMMUNITY?	<ul style="list-style-type: none"> <li>- Yes (all communities)</li> </ul>	<ul style="list-style-type: none"> <li>- Yes, because we don't look after the baby</li> </ul>

LOW BIRTH WEIGHT	INQUISIVI	LICOMA/CIRCUATA
WHAT IS IT CALLED?	<ul style="list-style-type: none"> <li>- OREJATA WAWA</li> <li>- WAYRAMPI</li> <li>- T'UJITA</li> </ul>	<ul style="list-style-type: none"> <li>- LARPHATA</li> <li>- PURACURA OREJATA</li> <li>- APESTADO</li> </ul>
WHY DOES IT OCCUR?	<ul style="list-style-type: none"> <li>- We go along places where a dead animal was left</li> <li>- Pregnant women are not adequately fed</li> </ul>	<ul style="list-style-type: none"> <li>- We walk close to a place where dead animals or people were left</li> <li>- The mother had anemia</li> <li>- The mother is no longer young</li> <li>- Poor diet during the pregnancy</li> </ul>
HOW IS IT TREATED?	<ul style="list-style-type: none"> <li>- The healer cures it</li> <li>- Infusions of herbs</li> <li>- The baby must be given a black female donkey's milk</li> <li>- Put the baby inside a lamb's paunch full of manure</li> <li>- Sometimes there is no chance to cure it</li> <li>- Breastfeed the baby</li> <li>- Sometimes we don't know how to treat it</li> <li>- We boil wiña koa, ura ura, jamay waycha and give the water to the baby</li> </ul>	<ul style="list-style-type: none"> <li>- Bathe the baby with dried peach water and let him sweat</li> <li>- Immed. breastfeeding and take care of the newborn</li> </ul>
WHAT HAPPENS IF IT IS NOT TREATED?	<ul style="list-style-type: none"> <li>- The baby will be very thin and weak, he can die easily</li> <li>- They become thinner and lose their appetite</li> <li>- They cannot suck</li> <li>- Some of them die</li> <li>- They defecate a dark green diarrhea</li> </ul>	<ul style="list-style-type: none"> <li>- The baby dies</li> <li>- The recovery is very slow</li> <li>- The baby keeps getting thinner</li> <li>- The baby gets sick easily</li> </ul>
DOES IT OCCUR IN THIS COMMUNITY?	- It occurs	- Yes

MALPRESENTATION	INQUISIVI	LICOMA/CIRCUATA
<p>WHAT IS IT CALLED?</p> <p>Prolapse of Hand</p>	<ul style="list-style-type: none"> <li>- TRANCADO</li> <li>- TRANSVERSA</li> <li>- MALAPOSICION</li> <li>- TRANCA RANTATA</li> <li>- LADUQUIWA</li> <li>- JIWANTATA</li> </ul>	<ul style="list-style-type: none"> <li>- MALAPOSICION</li> </ul>
<p>Prolapse of Foot</p>	<ul style="list-style-type: none"> <li>- CAYULLA</li> <li>- CAYU WAWA</li> </ul>	
<p>WHY DOES IT OCCUR?</p>	<ul style="list-style-type: none"> <li>- Women are careless when they are pregnant</li> <li>- Too much work</li> <li>- We lift heavy things</li> <li>- We go on long walks carrying seeds</li> <li>- We don't know why</li> <li>- Sometimes the partera doesn't do it well during the delivery</li> <li>- It also must be because we don't look after ourselves when we are pregnant</li> <li>- It's normal</li> </ul>	<ul style="list-style-type: none"> <li>- Too much work (in the field)</li> <li>- They sleep laying on one side only</li> <li>- No prenatal care for the baby and the mother</li> <li>- The woman's clothes press her abdomen</li> <li>- They carry things on their shoulders</li> </ul>
<p>HOW IS IT TREATED?</p>	<ul style="list-style-type: none"> <li>- We can't cure it because we don't know how to do it</li> <li>- We suffer too much during the delivery</li> <li>- The doctor can save us</li> <li>- They help by putting their hand in the womb</li> <li>- There is no cure</li> <li>- We get the partera (an old lady) or the health worker</li> <li>- Massages before the delivery</li> <li>- Manteo (rocking in a blanket)</li> </ul>	<ul style="list-style-type: none"> <li>- If there is prolapse of hand, put the woman upside down, practice manteo and massages</li> <li>- Sometimes the partera helps with massages</li> <li>- Go to the hospital for emergency surgery</li> <li>- Teas are useless; the baby will not be born</li> <li>- Detect it during prenatal care visits</li> <li>- There are women who won't go to the hosp. but prefer to let their babies die</li> <li>- The partera removes the baby by pieces from the mother's womb</li> </ul>
<p>WHAT HAPPENS IF IT IS NOT TREATED?</p>	<ul style="list-style-type: none"> <li>- The baby won't be born</li> <li>- The mother and the child can die</li> <li>- The delivery can be very difficult</li> </ul>	<ul style="list-style-type: none"> <li>- The woman and the baby will die</li> <li>- The baby dies; it is swollen and disintegrates in the mother's womb</li> </ul>
<p>DOES THIS OCCUR IN THIS COMMUNITY?</p>	<ul style="list-style-type: none"> <li>- There are children who are born like this</li> <li>- It occurs but there are few cases</li> </ul>	<ul style="list-style-type: none"> <li>- Yes, two women-one of them died</li> </ul>

PREMATURITY	INQUISIVI	LICOMA/CIRCUATA
WHAT IS IT CALLED?	See Low Birth Weight	- K'ASITO
WHY DOES IT OCCUR?	In Inquisivi, the groups did not separate prematurity from low birth weight	<ul style="list-style-type: none"> <li>- Because of anemia</li> <li>- The woman is beaten by her husband and it stimulates the delivery</li> <li>- The woman is old</li> <li>- The mother is undernourished</li> <li>- When they try to kill the baby he will be premature</li> </ul>
HOW IS IT TREATED?		<ul style="list-style-type: none"> <li>- Good diet</li> <li>- Old women must not get pregnant</li> <li>- Don't do certain jobs, such as lifting heavy things</li> <li>- Take care of the mother through month 9 of pregnancy</li> </ul>
WHAT HAPPENS IF IT IS NOT TREATED?		<ul style="list-style-type: none"> <li>- The baby dies</li> <li>- The baby can't grow up</li> </ul>
DOES IT OCCUR IN THIS COMMUNITY?		- Yes, the baby had no hair or nails when he was born, he looked like a "phelgm"

PROLONGED LABOR	INQUISIVI	LICOMA/CIRCUATA
WHAT IS IT CALLED?	Not discussed	- PARTO PROLONGADO
WHY DOES IT OCCUR?		<ul style="list-style-type: none"> <li>- They don't know</li> <li>- They don't drink teas</li> <li>- Because we drink teas and push too much</li> <li>- Because being pregnant they burn food</li> </ul>
HOW IS IT TREATED?		<ul style="list-style-type: none"> <li>- Most of them give no answer</li> <li>- Manteo to help the baby to come out</li> <li>- Strong, hot teas</li> <li>- Wrap the woman's abdomen</li> </ul>
WHAT HAPPENS IF IT IS NOT TREATED?		<ul style="list-style-type: none"> <li>- The baby will just come out</li> <li>- The baby dies</li> <li>- Sometimes the baby is blue</li> </ul>
DOES IT OCCUR IN THIS COMMUNITY?		<ul style="list-style-type: none"> <li>- Yes, to very young women and those who have many children</li> </ul>

PUERPERAL SEPSIS	INQUISIVI	LICOMA/CIRCUATA
WHAT IS IT CALLED?	<ul style="list-style-type: none"> <li>- RECAIDA</li> <li>- SOBREPARTO</li> <li>- INFECCION</li> </ul>	<ul style="list-style-type: none"> <li>- RECAIDA</li> <li>- SOBREPARTO</li> <li>- INFECCION</li> </ul>
WHY DOES IT OCCUR?	<ul style="list-style-type: none"> <li>- A difficult labor</li> <li>- Women are careless after the delivery</li> <li>- Being in the sun</li> <li>- Because we are upset</li> </ul>	<ul style="list-style-type: none"> <li>- A difficult labor</li> <li>- Lack of care after delivery</li> <li>- The woman has touched cold water</li> </ul>
HOW IS IT TREATED?	<ul style="list-style-type: none"> <li>- With some teas: matico boldo parsley</li> <li>- Burn the woman's nails and hair</li> </ul>	<ul style="list-style-type: none"> <li>- With some teas: matico boldo parsley</li> <li>- Bathe with chamomile</li> </ul>
WHAT HAPPENS IF IT IS NOT TREATED?	<ul style="list-style-type: none"> <li>- They become too thin</li> <li>- They feel chilled</li> </ul>	<ul style="list-style-type: none"> <li>- They become thin</li> <li>- They get goosebumps (feel cold)</li> </ul>
DOES IT OCCUR IN THIS COMMUNITY?	<ul style="list-style-type: none"> <li>- Yes</li> </ul>	<ul style="list-style-type: none"> <li>- Yes, there is</li> </ul>

RETAINED PLACENTA	INQUISIVI	LICOMA/CIRCUATA
WHAT IS IT CALLED?	<ul style="list-style-type: none"> <li>- PARISA</li> <li>- QUEDNATATA</li> </ul>	<ul style="list-style-type: none"> <li>- PLACENTA</li> </ul>
WHY DOES IT OCCUR?	<ul style="list-style-type: none"> <li>- Because she exposed her back to the sun, the placenta gets stuck to the back and is not delivered</li> <li>- Some women drink teas</li> <li>- After the delivery of the baby, it takes a long time for the placenta to be delivered. We don't know why</li> </ul>	<ul style="list-style-type: none"> <li>- Poor diet</li> <li>- Hot food (with chili pepper)</li> <li>- Old women</li> <li>- Sun on the back</li> <li>- They say it's because of teas</li> <li>- Too many children and the placenta is "used up"</li> <li>- They push as soon as labor starts</li> <li>- They burn food cooked in a pan</li> </ul>
HOW IS IT TREATED?	<ul style="list-style-type: none"> <li>- We can't cure it</li> <li>- With infusions</li> <li>- They've got to go to see a doctor</li> <li>- Some parteras or health workers pull it out</li> <li>- The doctor cures it with injections</li> <li>- They get the partera</li> <li>- We wrap the woman's abdomen</li> </ul>	<ul style="list-style-type: none"> <li>- If after half an hour, the placenta is not eliminated, they: <ul style="list-style-type: none"> <li>* Blow into a bottle</li> <li>* Induce vomiting with a feather</li> <li>* Eat snake</li> </ul> </li> <li>- Drink tea of azahar</li> <li>- Massage the abdomen with fat</li> <li>- Smoke the room (with fat, herbs and hair of the woman)</li> <li>- Burn dynamite</li> <li>- Put a dead rabbit on the woman's back</li> </ul>
WHAT HAPPENS IF IT IS NOT TREATED?	<ul style="list-style-type: none"> <li>- One can die</li> <li>- The placenta gets rotten inside the womb</li> </ul>	<ul style="list-style-type: none"> <li>- The mother dies</li> <li>- The woman gets a vaginal infection</li> <li>- She suffers puerperal sepsis</li> </ul>
DOES IT OCCUR IN THIS COMMUNITY?	<ul style="list-style-type: none"> <li>- Yes, it's very dangerous. Some times we are afraid of having children</li> </ul>	<ul style="list-style-type: none"> <li>- Yes.</li> </ul>

TETANUS	INQUISIVI	LICOMA/CIRCUATA
WHAT IS IT CALLED?	<ul style="list-style-type: none"> <li>- SAJLAN APATA</li> <li>- LAK'ON APATA</li> <li>- KURU</li> <li>- SOYRAMAPATA</li> </ul>	<ul style="list-style-type: none"> <li>- JIKARNI USUTU</li> <li>- T'UCU USA</li> <li>- SAJLAN APATA</li> <li>- TETANO</li> </ul>
WHY DOES IT OCCUR?	<ul style="list-style-type: none"> <li>- We don't know</li> <li>- The baby is small</li> <li>- Use of dirty string and scissors [to cut the umbilical cord]</li> <li>- Because the baby cries a lot at night</li> <li>- The baby was not cared for well during birth</li> </ul>	<ul style="list-style-type: none"> <li>- They cut the cord with dirty scissors; microbes come from there</li> <li>- It's an infection</li> <li>- Lack of hygiene in the delivery</li> <li>- The mother is not vaccinated</li> <li>- They tie the cord with materials that are not disinfected</li> </ul>
HOW IS IT TREATED?	<ul style="list-style-type: none"> <li>- We give the baby cumin tea</li> <li>- We don't know how</li> <li>- We don't have a chance to cure the baby; they die quickly</li> </ul>	<ul style="list-style-type: none"> <li>- Injections</li> <li>- Massages on the back</li> <li>- Teas because the baby has a headache</li> <li>- Vaccinate the mother during the pregnancy or before</li> <li>- Put penicillin on the navel</li> </ul>
WHAT HAPPENS IF IT IS NOT TREATED?	<ul style="list-style-type: none"> <li>- They die</li> <li>- They cry a lot at night</li> </ul>	<ul style="list-style-type: none"> <li>- The baby dies</li> <li>- The baby turns blue</li> </ul>
DOES IT OCCUR IN THIS COMMUNITY?	<ul style="list-style-type: none"> <li>- Yes</li> </ul>	<ul style="list-style-type: none"> <li>- Circuata- yes, one baby</li> <li>- Licoma - no</li> </ul>

TUBERCULOSIS	INQUISIVI	LICOMA/CIRCUATA
WHAT IS IT CALLED?	<ul style="list-style-type: none"> <li>- K'UJO</li> <li>- PULMON USU</li> <li>- T'ISICU USURIW</li> <li>- PULMONIA</li> <li>- COSTADO</li> <li>- CH'OJO</li> </ul>	<ul style="list-style-type: none"> <li>- TISICA</li> <li>- PNEUMONIA</li> <li>- TUBERCULOSIS</li> </ul>
WHY DOES IT OCCUR?	<ul style="list-style-type: none"> <li>- They are weak, under-nourished</li> <li>- They get it after a cold</li> <li>- When one touches a cat</li> <li>- They say it's contagious</li> <li>- Because of dirt</li> <li>- Lack of food</li> <li>- Because they keep wet clothes on</li> </ul>	<ul style="list-style-type: none"> <li>- They get the disease because they are weak</li> <li>- Too much work</li> <li>- Lack of vaccines</li> <li>- They become infected</li> <li>- Because of the Vinchuca [insect vector of Chagas]</li> </ul>
HOW IS IT TREATED?	<ul style="list-style-type: none"> <li>- The doctor cures it with injections</li> <li>- We don't know</li> <li>- The health worker has some injections</li> <li>- Quishuara tea</li> <li>- There's no cure for it</li> </ul>	<ul style="list-style-type: none"> <li>- Tablets and injections at the health post</li> <li>- To feed our children very well</li> <li>- Adequate feeding; all different groups of foods</li> <li>- Quinoa and burnt sugar</li> <li>- Tea of eucalyptus and amor seco</li> <li>- Tomato and onion salad</li> </ul>
WHAT HAPPENS IF IT IS NOT TREATED?	<ul style="list-style-type: none"> <li>- They spit blood and die</li> <li>- They become skinny</li> </ul>	<ul style="list-style-type: none"> <li>- They can die</li> </ul>
DOES IT OCCUR IN THIS COMMUNITY?	<ul style="list-style-type: none"> <li>- There's a woman with this problem</li> <li>- Yes</li> </ul>	<ul style="list-style-type: none"> <li>- Yes</li> </ul>

TWINS	INQUISIVI	LICOMA/CIRCUATA
WHAT IS IT CALLED?	<ul style="list-style-type: none"> <li>- ISPA WAWA</li> <li>- GEMELOS</li> <li>- ISPAPACHA</li> </ul>	- GEMELOS
WHY DOES IT OCCUR?	<ul style="list-style-type: none"> <li>- When we are 2 to 3 months pregnant the baby splits in two because of a fright</li> <li>- The woman is frightened because of a flash and the blood splits is two</li> <li>- When a pregnant woman travels a lot, the movement splits the baby</li> </ul>	<ul style="list-style-type: none"> <li>- The flash from lightening splits the baby in two parts</li> <li>- It's normal; it's not a disease</li> <li>- Hereditary</li> <li>- Because of a fright</li> <li>- They walk in the rain</li> </ul>
HOW IS IT TREATED?	<ul style="list-style-type: none"> <li>- There is no cure</li> <li>- Both babies will have to be born</li> <li>- One has to wait for the delivery of the 2 babies and we can only help</li> </ul>	- There's no cure; it's normal
WHAT HAPPENS IF IT IS NOT TREATED?	<ul style="list-style-type: none"> <li>- Nothing</li> <li>- Two babies will be born</li> <li>- We can't cure it</li> <li>- The labor will be difficult</li> <li>- There's risk during the pregnancy</li> <li>- The mother and her twins can die</li> </ul>	<ul style="list-style-type: none"> <li>- The delivery may be difficult</li> <li>- The woman and/or babies can die</li> </ul>
DOES IT OCCUR IN THIS COMMUNITY?	- Yes, it occurs	- Yes, many cases

VAGINAL INFECTION	INQUISIVI	LICOMA/CIRCUATA
WHAT IS IT CALLED?	<ul style="list-style-type: none"> <li>- REGLA BLANCA (White menstruation)</li> <li>- JANK'O APIRINI</li> <li>- JANK'O REGLA</li> </ul>	<ul style="list-style-type: none"> <li>- REGLA BLANCA (White menstruation)</li> <li>- JANK'O APIRI</li> <li>- JANK'O REGLA</li> </ul>
WHY DOES IT OCCUR?	<ul style="list-style-type: none"> <li>- It occurs when we are exposed to the sun or in the cold for too long</li> <li>- Because of dirt</li> <li>- Because one eats rice after the delivery</li> <li>- Fresh products: vegetables, lacayote, milk, white maize</li> <li>- It occurs when the placenta is not eliminated after the birth</li> </ul>	<ul style="list-style-type: none"> <li>- Fresh products such as cabbage, milk, vegetables and pork meat</li> <li>- Too much salt</li> <li>- Dirty clothes</li> <li>- Cold air to the back</li> <li>- Dirtiness</li> <li>- It's more frequent after the delivery and when we are not pregnant</li> </ul>
HOW IS IT TREATED?	<ul style="list-style-type: none"> <li>- We don't know</li> <li>- Matico and horsetail teas*</li> <li>- Pacay seed*</li> <li>- White qhishuara*</li> <li>- Granadilla's peel*</li> <li>- Ajipa*</li> <li>- Injections</li> <li>- Tea of chinese trastala*</li> <li>- White cotton seed</li> <li>- Red achuati*</li> </ul>	<ul style="list-style-type: none"> <li>- Baths with linseed &amp; chamomile, especially the genitals</li> <li>- Matico &amp; linseed tea*</li> <li>- Ajipa's skin and pacay seed infusion*</li> <li>- Washing one's body very often</li> <li>- Injections &amp; tablets</li> <li>- Solda solda tea*</li> <li>- Wrap the body with salaneachi leaves</li> <li>- Warm herbs such as boldo's root, coca, jalupe, boldo*</li> <li>- White rose tea with ajipa's skin*</li> <li>- Ajipa and lacayote seed tea*</li> <li>- Put herb plasters on the vertebrae (or plasters sold in pharmacies)</li> <li>- Santa Maria flower tea</li> <li>- Burn those fresh products which provoked the vaginal discharge &amp; prepare them like coffee</li> </ul>
WHAT HAPPENS IF IT IS NOT TREATED?	<ul style="list-style-type: none"> <li>- It can become more severe</li> <li>- The womb can rot</li> <li>- We'll die soon</li> <li>- We must go to the hospital</li> <li>- It stinks</li> <li>- One loses weight</li> <li>- They become thin and pale, like paper</li> </ul>	<ul style="list-style-type: none"> <li>- It degenerates into a cancer</li> <li>- The woman smells bad</li> <li>- They become weak, they can die</li> <li>- They become too thin and turn pale</li> </ul>

\*Locally available herbs/plants used for healing

*elo*

VAGINAL INFECTION - Con'd	INQUISIVI	LICOMA/CIRCUATA
DOES IT OCCUR IN THIS COMMUNITY?	<ul style="list-style-type: none"> <li>- Yes</li> <li>- There are many women (with this problem) but they don't say it</li> </ul>	<ul style="list-style-type: none"> <li>- Many women</li> </ul>

## **EXPERIENCES OF THE WOMEN AND STAFF DURING THE THIRD STEP**

### **FOR THE WOMEN**

This step provoked curiosity and expectations among the women. Each time they analyzed a problem they would ask "why does it occur and how can we solve it within the community".

All of them knew there were problems during pregnancy, delivery, post-partum and with the newborn, but they had never talked about them and they never thought that these problems could so affect a woman, a family and a community.

As soon as they concluded the women were eager; they wanted to learn more.

The women commented that their husbands should learn how to recognize these problems since the delivery is generally assisted by them and they are the ones who make decisions when serious problems occur.

### **FOR THE FIELD STAFF**

The work carried out with most groups was easy and interesting; however, there were a few women who were embarrassed to see the drawings and to tell of their own experiences. It was somewhat difficult to motivate these women.

These findings show us that there is a possibility to exchange experiences and knowledge with more confidence and trust, since there is a lot to be shared.

**STEP 4:**

**Encourage group members to think about what other women in the community know and do in relation to maternal and neonatal health problems.**



**Purpose:** Prepare the group psychologically to think about the problems of other women in the community and motivate curiosity to know what other women think.

**Methodology:** Group discussion facilitated by questions.

**Knowledge of the facilitator:**

- Know the group
- Language

**Materials/Supplies required:**

- Question guide (below)
- Tape recorder or observer/recorder

**Possible barriers:**

- Group members too timid to suggest ways to find out what others think.
- Most of women of reproductive age already participate in the group, leaving almost no one left to interview.

**Activity:**

The facilitator asks the group:

1. Do we think that other women in the community have the same problems and experiences during pregnancy, birth and after birth that we in the group have?
2. How can we find out? (Discussion about ways to get more information- interviews, etc.)

**Time:** 15 minutes

#### **SUMMARY OF THE RESULTS OF STEP 4**

Groups that had almost 100% attendance of women of reproductive age from the community present sometimes skipped the interviews with other community women and went directly to prioritizing their problems. One group in this situation decided to go to a neighboring community to conduct the interviews. SC/B's experience with the autodiagnosis to date shows that the interviews are very important to help women internalize the experience and to share it with others.

#### **RESPONSE OF THE WOMEN TO STEP 4**

This step motivated women to visit other women in their community. Their objective was to see if their friends or relatives had the same problems and to find out how the women's group can help to solve these problems.

A few women were afraid to talk about their problems or to visit other women.

### SESSION 3

**STEP 5:** Explore and design different ways to collect information from other women in the community.



**Purpose:** To identify strategies to collect information from other women in the community about their maternal and neonatal health experiences and problems, select a strategy appropriate to the needs of the group, develop the materials and practice the methodology.

**Methodology:** Brainstorm ways to collect information, develop method that group chooses, role play and practice in pairs using the methodology selected.

**Knowledge of the facilitator:**

- Management of the technique
- Initiative and creativity
- Language

**Materials/Supplies required:**

- Problem Cards with figures, stories about real women,
- Paper, markers
- Tape recorder

**Potential obstacles:**

- The facilitator is a man
- Facilitator's available time

**STEP 5 --Continued**

**Activities:**

1. The facilitator asks the group:  
What information do we need?  
How can we collect this information from other women in the community?  
What material can help us to collect this information?  
How are we going to record the information so that we don't forget the answers?
2. The group discusses the options in materials and methodology and selects the most appropriate methodology and material.
3. Several volunteers from the group present a skit showing how to implement the selected strategy. The other members discuss how to improve the process based on the presentation.
4. The group divides into pairs and the women practice the interviews. One woman plays the role of the interviewer and the other the interviewee. Then they change roles. The women practice until they feel comfortable carrying out the interview.
5. The group organizes the home visits. Who will visit whom? Are they going to go first to the house to set a date and time and then return to do the interview?

(The group prepares a list of the visits. Each woman should make at least one visit.)

**Time: 2 hours**

## SUMMARY OF THE RESULTS OF STEP 5

Each group determined which methodology they would use for home visit interviews.

Examples:

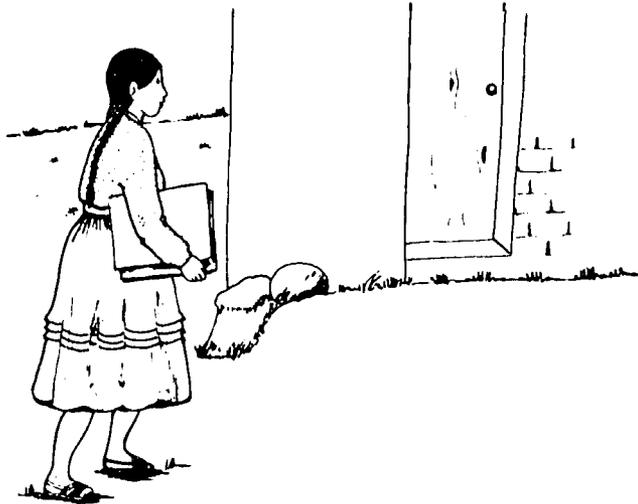
1. Initial visit without drawings, to share experiences with the woman who will be visited, then to set a date for a chat using drawings.
  - In order to identify their problems and prioritize them, the women used colored pens to mark the problem cards (red, first problem; yellow, second problem; green, third problem).
  - Other groups used pieces of red, yellow and green wool as used with the Child Health Card which is known by most women.
2. Visit with drawings and tape recorder, estimating the time that the interviewee is at home and if possible to have the husband participate.

Most groups chose to use the problem cards as a stimulus for discussion. One group tried to do the interviews without the cards and decided that this was not a good strategy after doing several interviews. They could not remember all of the things that they needed to talk about without the aid of the problem cards. They determined to continue using the cards and this was much more successful.

Some groups needed more practice than others. It is important for the facilitator to ensure that all of the women feel comfortable with the method that they have chosen before they conduct the interviews.

## BETWEEN SESSIONS 3 AND 4

### **STEP 6:      Implement the interviews**



**Purpose:** To exchange maternal and neonatal health experiences between members of the group and other women in the community, to reflect on these and to validate that the problems identified by the group reflect the consensus of the community as a whole. This step is very important for the improvement of communication among women about their problems and also serves to raise self-esteem and self confidence of the interviewers to be able to speak openly with others.

**Methodology:** Face-to-face interviews in the home.

**Materials/Supplies required:**

- Material for the interview as determined by the group in step 5.

**Possible barriers:**

- Timidity or lack of confidence of the interviewers
- Refusal of the interviewee or her husband to do the interview
- Lack of sufficient practice to carry out the interview
- Lack of time to carry out the interview

**STEP 6 --Continued**

**Activity:**

The women carry out the interviews using the methodology and materials that they prepared in step 5.

Possible questions for the interviews:

1. What do you see in the drawing? What problem is represented?
2. Have you ever experienced this problem?
3. When?
4. How did you feel when you had the problem?
5. What did you do to solve the problem? Why?
6. What problems do you think are the most important to treat in the community? Why?

**Time:** Depends on the interviewer, but the average interview lasts approximately one hour.

## **SUMMARY OF THE RESULTS OF STEP 6**

As a result of this step, the women's groups often grew in size due to invitations extended by the interviewers during their visits.

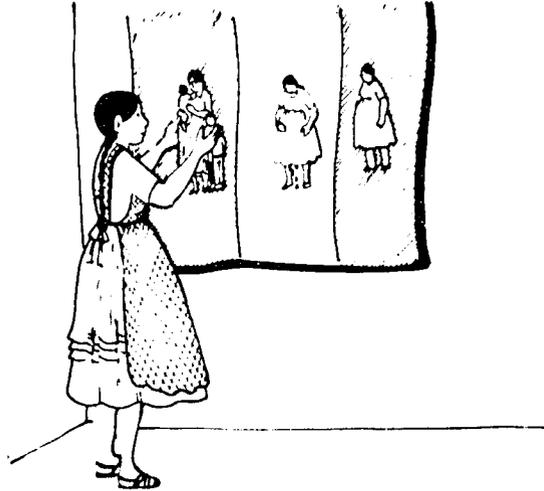
Some groups did not carry out the interviews because the majority of women of reproductive age in the community were members of the group. These groups chose to pass directly to step 8 to prioritize their problems. In one community there were few women to be visited so the group members decided to visit women of a neighboring community. This was a positive experience that helped to extend the process of maternal and neonatal health problem prioritization outside of the community and to increase communication between the two communities.

Not all attempts at interviewing were successful. Some women refused to be interviewed and some husbands refused to allow their wives to be interviewed. Some of the interviewers were afraid to conduct the interviews. SC/B staff and the women often found solutions to these problems (talking to the husband first to explain what the interview was about, the interviewers practiced more until they felt confident, etc.).

SC/B staff and the women themselves noted that they learned more about the problems through conducting the interviews.

## SESSION 4

**STEP 7:** Share the results of the interviews with the other members of the group



**Purpose:** The interviewers share the results of their interviews (quantitative and qualitative) with the other members of the group.

**Methodology:** Group members present results using "health flag" and "silhouettes" (picture cut-outs) of problems. Group discussion of qualitative and quantitative results

**Knowledge of the facilitator:**

- Terminology of the community; language
- Know the women's group

**Materials/Supplies required:**

- Problem "silhouettes" with sandpaper on back
- "Health Flag" (Bolivian flag made of flannel with stripes of red, yellow and green)
- Flipchart paper
- Markers
- Question guide (below)
- Tape recorder (optional) or observer/recorder

**Possible barriers:**

- Language
- Facilitator doesn't know local terms and customs
- Lack of motivation of group (didn't do interviews, etc.)
- Facilitator lacks experience

## **STEP 7 --Continued**

### **Activities:**

1. Each interviewer selects the problems identified during her interview(s) in silhouette form and tacks them onto the health flag according to their level of importance (red is the most important, yellow second most important and green is the third most important). While the interviewer tacks on the silhouette, she describes why the interviewee selected this problem as a priority. Then, the interviewer selects her own three most important problems and tacks them to the flag, explaining why she chose these three. Each interviewer tacks on the results of their interviews and their own priority problems in this manner. At the end of this step, all of the priority problems identified by the participants in the autodiagnosis (interviewees and the interviewers) will be represented on the health flag.
2. The facilitator asks the group:
  - What do you think about the results?
  - How did you feel while doing the interviews?
  - How did the women that you interviewed feel?
  - What did you learn from the interviews?

**Time:** 1 hour

## SUMMARY OF THE RESULTS OF STEP 7

A summary of the responses to "Why was this problem selected?" follows alphabetically by the type of problem selected.

### ANEMIA

*"The woman's got no blood and she can die; the newborn is very thin, the mother can die during labor; it occurs because we eat very little during the first days of pregnancy and our husbands haven't had a good yield in the field".*

*"I had this problem, I was admitted into the hospital and I almost died".*

*"We feel dizzy and sluggish".*

*"One can suffer this disease because of hemorrhage."*

*"It can kill the woman and the baby will be undernourished when it is born and it could die during the delivery or right after the delivery."*

*"We get anemia due to the lack of food; sometimes our husbands cannot work and we are not able to solve this problem."*

### EDEMA

*"We have seen a woman swell as much as a balloon; her face, her feet and hands were swollen, she had seizures. She was treated for 'viento, mal puesto' [facial paralysis due to catching a draft], but she was still sick."*

*"It occurs when we have no prenatal control and the baby is transverse".*

*"We would like to learn how to solve (our problems), and also, we would like to practice what we know within the community".*

### GOITER

*"In the community we had many women with goiter and currently we have 7 children suffering mental deficiency and the others never attended school because they could learn nothing".*

*"Nowadays we consume iodized salt although those who live far away don't consume it yet due to the difficulty of transportation".*

*"We wish everybody consumed iodized salt in our communities".*

*"It does not cause death, but our children can be imbeciles when they are born or later; they can also become handicapped or their growth is deficient; they are "mank'a gastus" (they only eat and bring no benefit at home)."*

## HEMORRHAGE DURING THE PREGNANCY AND DURING LABOR

### Hemorrhage During the Pregnancy

*"This problem appears after women do certain activities: they work the land, carry wood for fire or travel by car." [many of them are fruit dealers in Licoma and Circuata zones]*

*"Young women suffer more of these problems because they consume hot herbs, they carry heavy things in order to provoke an abortion". Sometimes we go to Oruro to have a "raspaje" (abortion) done, and we come back with hemorrhage. There is another (doctor) who only introduces a little plastic in the womb, this provokes a hemorrhage that lasts for weeks and then they give us an injection."*

*"It is a dangerous problem for us, women, since we live far from town and from medical centers."*

*"We can die from hemorrhage; we can die very quickly if we are bleeding too much, or slowly if the loss is little."*

*"The baby could die."*

*"The woman is not strong enough at the moment of the delivery."*

*"The woman cannot get through the postpartum period."*

*"The woman could get anemia because of the lack of blood."*

### **Hemorrhage During the Delivery**

*"It causes blindness, so one can have a blind child."*

*"Before the baby is born, the mother and the baby could die."*

*"Later, the woman can get anemia."*

### **MALPRESENTATION**

*"We have seen people dying because of this problem; a woman was in pain for more than one week and her husband did nothing to save her."*

*"We live too far from the main road, the health post or hospital; in the community we only have a partera. In some communities they don't even have one [partera], we just die."*

*"It is not a frequent problem but it is serious; once it occurs, it presents complications, the baby cannot be born; the mother and the baby will die, for sure. The family is then abandoned. We need a lot of money for treatment. Due to the lack of economic resources we must stay and die here."*

### **PROLONGED LABOR**

*"Many women suffer several days in labor, being unable to deliver; at the moment of the delivery we are too tired to help."*

*"The pain is sometimes terrible and sometimes less."*

### **RETAINED PLACENTA**

*"This problem is also serious; it can cause hemorrhage or infection and death; there is no way to go to a hospital immediately."*

### **TETANUS, LOW BIRTH WEIGHT, HYPOTHERMIA, ASPHYXIA**

*"Many women suffer several days in labor, being unable to deliver; Newborn's problems are not too frequent or maybe we don't want to at the moment of the delivery we are too tired to help." realize they are, because many*

*children are not desired, we just don't know what to do. Many of them die immediately because we don't attend to "The pain is sometimes terrible and sometimes less." them until the placenta is delivered or after a few days they turn blue and we don't look after them; it's a pity".*

## **TOO MANY CHILDREN**

*"We wish we wouldn't get pregnant anymore, for many reasons:*

- It's difficult to educate all of the children;*
- Food is not enough for all;*
- We are afraid of dying;*
- The husband doesn't understand;*
- Our pieces of land are not sufficient, they become smaller and smaller;*
- Last deliveries are difficult; and,*
- Many times the baby and the mother die."*

## **TUBERCULOSIS**

*"It is a very dangerous disease, our lungs burst, and it's worse when the woman is pregnant, it develops very quickly and the woman spits blood".*

*"If there is a person with tuberculosis in the house, everybody will be infected as well and it can be cured in the community; the person must leave the community and in the meantime, what happens to the animals, the field and children left behind?" We have seen two women in the community, pregnant; they looked old, the baby was skinny and blue.*

*"All the members of a family will get the disease."*

*"In this community, this disease is frequent."*

*"I got sick; I couldn't work, I felt bad; my mother in law used to tell me I was lazy, useless. Currently, I am taking medicines and I want to continue the treatment, but my husband did not continue taking his medicines because he wasn't feeling well."*

*"One becomes thin."*

## **VAGINAL INFECTIONS ("WHITE PERIOD")**

*"It's uncomfortable; sometimes it stinks, is itchy; sometimes our husbands hate us and believe that we will infect them. Sometimes we treat ourselves with herbs but it's not always effective, especially during the pregnancy and after the delivery."*

*"They (women with vaginal infections) become too thin because they eliminate a stinking vaginal discharge."*

*"The baby can become infected during the delivery."*

*"We feel abdominal pain and a sort of burning at the level of the womb. Sometimes we think we have got cancer."*

*"We lose our appetite."*

*"We become infected because our husbands are infected."*

**STEP 8: Prioritize the problems**



**Purpose:** The group reaches consensus as to what the three most important maternal and neonatal health problems are that need to be addressed in the community.

**Methodology:** Small groups work to prioritize problems using problem cards to assist them. Small groups present results. Debate among small groups to arrive at larger group consensus. Vote possible.

**Knowledge of the facilitator:**

- Local terminology: language
- Knowledge of the women's group
- Familiarity with local resources
- Facilitator's ability to facilitate the debate

**Materials/Supplies required:**

- Problem silhouettes with sandpaper on back
- "Health Flag"
- Flipchart paper
- Markers
- Question guide (below)
- Tape recorder (optional) and/or observer/recorder

**Possible barriers:**

- Language
- Facilitator doesn't know local terms and/or customs
- Lack of motivation of the group
- Facilitator lacks experience
- Difference of opinion of group members- difficulty arriving at consensus

## **STEP 8 --Continued**

### **Activities:**

1. The facilitator asks the group:

Of all these problems, how can we decide which three are the most important to try to deal with in the community?

What should we take into account when we prioritize our problems?

(Discussion about **FREQUENCY, SEVERITY, FEASIBILITY**)

What are the most frequent problems that we see on the health flag?

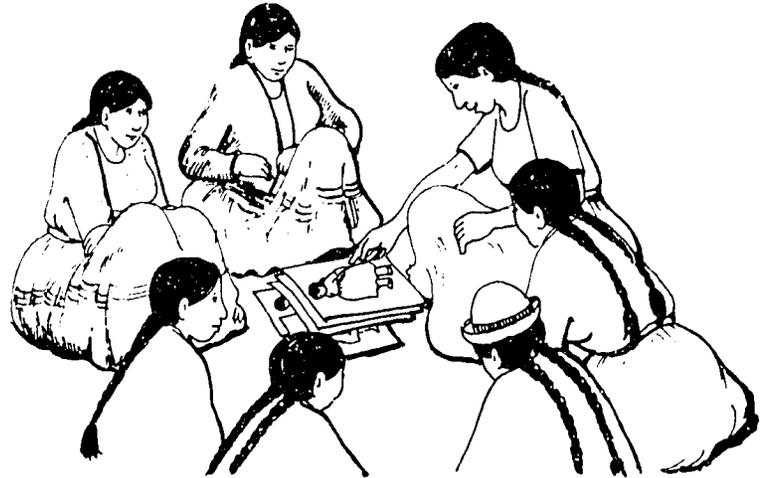
What are the most serious (severe)? Why are they serious?

What are the most important for your health?

Can we deal with these problems in the community? What resources do we have available in the community to deal with these problems? If there are no resources in this community, are there other resources available in other places? Can we access these resources? How?

2. The group divides into two or three small groups and, using one set of the picture cards per group, each group discusses which are the three priority problems in the community and why. When they arrive at a decision, they go on to the next activity.
3. Each group presents its conclusions and justifies its priorities. If there is not yet consensus among the groups' priorities, the groups begin a debate to justify their priorities.
4. If the group still does not arrive at a consensus, they can vote to determine the three priority problems. (Or, if the group desires, it can choose four problems if the group agrees to work on all four problems).

**Time:** 1.5 hours



## SUMMARY OF THE RESULTS OF STEP 8

Table 6 below presents the results of the prioritization step in the 25 communities to carry out the autodiagnosis. Reasons that were mentioned for selecting and prioritizing these problems are cited in the results section of Step 7.

**TABLE 6. PRIORITIES AS DETERMINED BY THE COMMUNITY GROUPS**

Zone	Priority #1	Priority #2	Priority #3
<b><u>Inquisivi Zone</u></b>			
Acota	*	*	*
Acutani	*	*	*
Canqui Chico	Retained placenta	Transverse lie	Hemorrhage
Caychani	Too many children	Hemorrhage	Anemia
Chiji	Edema	Anemia	Sepsis
Chuallani	Malpresentation	Hemorrhage	Ret. Placenta
Corachapi	Prolonged labor	Low birth weight	Sepsis
Ojo de Agua	Too many children	Hemorrhage	Sepsis
Ventilla	Vaginal infection	Too many children	Hemorrhage
Yamora	*	*	*
<b><u>Licoma Zone</u></b>			
Alfajiani	Did not complete	-	-
Charapaxi	Too many children	Prolonged labor	Sepsis
Cheka	Ret. Placenta	Infection	Hemorrhage
Espiga Pampa	Too many children	Malpresentation	Ret. Placenta
Lacayotini	Too many children	Hemorrhage	Malpresentation
Licoma	Infection	Anemia	LBW
Pencaloma	Ret. Placenta	Edema	LBW
Pulchiri	Malpresentation	Hemorrhage	Edema/LBW
Rica Rica	Hemorrhage	Ret. Placenta	Malpresentation
<b><u>Circuata Zone</u></b>			
Circuata (gp.1)	Edema	Anemia	Hypothermia
Circuata (gp.2)	Tuberculosis	Edema	Hemorrhage
Lujmani	Hypothermia	LBW	Tetanus
Miguilla	Too many children	Hemorrhage	Ret. Placenta
Polea	Edema (pre-eclam)	Hemorrhage	Malpresentation
Villa Khora	Hemorrhage	Anemia	Malpresentation
V. Barrientos	Stillborns	Hemorrhage	Infection
<p>* Did not select 3 top priorities, but prioritized by period of reproductive cycle (pregnancy, birth, post-partum, neonate). Top priorities respectively were:</p> <p>Acota: Vaginal Infection, Malpresentation, Puerperal Sepsis, LBW            Acutani: Anemia, Malpresentation, Placental Retention, Neonatal Tetanus            Yamora: Edema, Malpresentation, Placental Retention and Neonatal Tetanus</p> <p>Note for Canqui Chico: The women were timid about placing too many children on their formal list, but later spoke with the field supervisor to express their concern about this problem and their interest in receiving more information and access to family planning services.</p>			

**STEP 9:****Evaluate the Autodiagnosis Process**

**Purpose:** To see what the women learned from the autodiagnosis and what can be improved for use in future communities.

**Methodology:** Group discussion facilitated by questions.

**Knowledge of the Facilitator:**

- Know the women's group (best if facilitator has participated with the group in previous sessions)

**Materials/Supplies required:**

- Markers
- Flipchart paper
- Tape recorder (optional) and/or observer/recorder

**Possible Barriers:**

- Language
- Facilitator was not present during all or most of the group's autodiagnosis

**STEP 9 --Continued**

**Activity:**

1. The facilitator asks the group:
  - What did you think of the Autodiagnosis process?
  - Was there enough time?
  - What did you learn?
  - What did you think about the facilitator's participation?
  - How was the women's participation in the community?
  - How was your own participation?
  - Was it tiring?
  - What did you like? Why?
  - What did you not like? Why?
  
2. The facilitator congratulates the group for its participation in the process and says:  
In our next meetings, we will study different strategies and will learn more about how to deal with these priority problems.

**Time:** 20 minutes to one half hour

## SUMMARY OF THE RESULTS OF STEP 9

The women said that the autodiagnosis was a good way to find out about and investigate each other's problems. In this way they could know which are the priority problems in the community. They also said that it would be good to know about the problems of those women who did not participate.

The following are direct quotes from the field notebooks which represent the most frequent responses of the women during Step 9.

*"We liked it a lot, we have never spoken about our problems-- it was the first time."*

*"We need to know more and soon, because we are women and at any moment we could become pregnant-- we need to take care of ourselves now."*

*"The work itself was very interesting, but long, at times a little tiring. Never before have we joined a group to speak about our problems and needs. We only did this between friends, we didn't share with others, nor did we see that these could be problems of all women."*

*"What we want is to learn more now."*

*"The picture cards were very clear, although some women feel ashamed to see them, but the majority don't."*

*"It's a good way to learn about our problems in the community and now we want to know how one can solve these problems. We want the institution [SC/B] to continue to help us learn and orient us better because we are now ready to learn."*

*"What we urgently want to know is how to have no more children."*

*"At first we were afraid to talk about our problems. Never before have we sat down as we do now to analyze our problems."*

*"We are very sad. Why are some women not interested in learning about women's health?"*

*"And now it is our turn to ask the questions."*

*"It would be good for us to continue meeting even after CARITAS stops coming [to distribute food] so that we can learn more about these very dangerous problems."*

## OBSTACLES IDENTIFIED BY THE WOMEN AND STAFF

The women and staff identified several problems and obstacles during their evaluation. These observations are presented below:

- Some women were embarrassed by the drawings.
- At the beginning some groups were confused. They could not prioritize their problems, but thanks to the participation of the group's leaders, the prioritization was completed. (This problem was partly due to the women's lack of experience in prioritization in general when confronted with many serious problems.)
- Time spent between one step and the next one was too long in some cases and women forgot some of what they had learned during the previous steps.

- It was more difficult for the women to speak freely when the facilitator was a man.

## FIELD STAFF COMMENTS

The majority of SC/B staff were pleased with the process and with the results of the autodiagnosis. They commented on:

- the increased sense of trust and confidence that the women demonstrated in their meetings;
- the growing number of participants in the women's groups (e.g. Licoma's group grew from a core of five to over thirty);
- the growing interest of men in the communities in women's health problems;
- the change in focus from the role of "educator" to "facilitator" and how this is affecting their work outside of the autodiagnosis in a positive way. (Also the difficulty that they had at first trying to implement the process because of its novelty and their previous training as "dispensers" of information);
- their better understanding of how the women perceive their problems and what they are doing to solve them;
- their belief that a good autodiagnosis serves as a basis for future problem solving and good relations with the community;
- the possibility of using photographs or slides to demonstrate maternal and neonatal health problems instead of the drawings, believing that they would be more realistic\*;
- the need for vigorous staff training in the methodology and philosophy of the autodiagnosis;
- their interest in using the methodology in other sectors such as agriculture, etc.
- the fact that previous to the autodiagnosis many women were not interested in learning to read or in income generation activities, but during the autodiagnosis, women perceived the need to learn to read to educate themselves about these problems and to generate income to pay for health services when complications arise. (These interests were also stated in the women's group discussions during the evaluation).

SC/B staff learned that they can facilitate this process and do not need to be the "experts". Though this was difficult, those who have internalized this qualitative difference in their relationships with the women have applied this new perspective to their work in other SC/B programs with positive results.

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\*Using photographs or slides of actual cases is likely to be time consuming, costly and might not be culturally appropriate given the women's positions and lack of clothing that would be necessary to accurately portray some problems. The women in several groups commented that the drawings were sometimes "painful" to look at, indicating that they do provoke a reaction and that the women identified with them. In other groups, women asked that the drawings be made larger and that they be colored. This suggestion is more feasible and should be considered by the SC/B staff

### C. ACTIONS TAKEN BY WOMEN'S GROUPS IN RESPONSE TO THE AUTODIAGNOSIS

The autodiagnosis was not intended to be simply a study. As a response to the autodiagnosis, some women's groups decided to act immediately and others were unsure of how to proceed. All the groups will go on to the next step of "Planning Together" to formalize their strategies and agreements. Examples of the actions taken before the "Planning Together" phase as a direct result of the autodiagnosis include:

- women's insistent demand for family planning services which was critical to SC/B being able to establish an agreement with the Ministry of Health to enable a local NGO to provide these services to the communities that asked for them (acceptance rates of modern methods were quite high in these communities, in one case surpassing 60% of women of reproductive age);
- some groups started generating income to be used for an emergency fund: in Lacayotini the women started a shop where they sell vegetables, soap and sugar; in Espiga Pampa they planted a garden where they grow vegetables for sale; in Miguillas they sell food during their meetings; in Circuata they sew mosquito nets;
- women have increased their use of trained birth attendants (which went hand-in-hand with ongoing training of parteras);
- one group wrote to the Ministry of Health requesting assistance in improving their health post and offering their counterpart of community participation to support this effort;
- many groups grew due to invitations extended to women who were interviewed during the autodiagnosis;
- women meet more frequently to talk more openly about their with or without SC/B staff present;
- women actively seek to level more about how to solve their priority problems;
- women solicited and convinced SC/B to begin literacy and credit programs because of their increased awareness of the importance of literacy in having access to more information and income generation to help pay for health services in cases of emergency-- many of these women are now participating in literacy training and five groups will soon begin a pilot rural women's credit program; and,
- women now participate in the development of educational with SC/B and a local NGO and will use these materials to help address some of their problems.

## VI. CONCLUSION

The Autodiagnosis is not only a diagnostic tool, but the beginning of a process that enables women to identify and prioritize their community's maternal and neonatal health problems, and to address these problems. In order for the process to be effective, staff must be thoroughly trained in the philosophy and methodology. Experience in the twenty five communities shows that the autodiagnosis increases women's awareness of, and interest in, their reproductive health problems. It also increases trust and confidence between the women and project staff.

Generally, the objectives of the autodiagnosis were achieved:

- common maternal and neonatal health issues and problems at the community level were defined, identified and recognized;
- women's awareness of and motivation to act upon maternal and neonatal health problems at the community level were increased; and,
- maternal and neonatal health problems as identified by the women in the community were prioritized.

SC/B Staff gained a better understanding of whether, how and why women attend to their maternal and perinatal health care needs; and, developed a basis for planning the interventions which will be implemented during the duration of the project. Women and SC staff did explore and generate ideas about maternal and neonatal health problems and developed trust and confidence. Several groups took active steps on their own to begin to solve their health problems.

There were some exceptions due to poor facilitation by new, incompletely trained staff. The difference in the level of awareness and understanding of the problems and interest in resolving them was striking between groups that had done a complete autodiagnosis with good facilitation and those that had not been facilitated as well. When staff were well prepared and well versed in the methodology, the process often exceeded the team's expectations in terms of increased trust and confidence of the women to speak freely about such intimate subject matter. Thorough staff training is therefore extremely important.

The length of the autodiagnosis varied from two sessions of approximately 3 hours each (in communities where virtually all women of reproductive age in the community attended the sessions and therefore home visits were not carried out) to four sessions of approximately 2-3 hours each plus home visits over a period of one to two months. Though some women and staff commented that the process was long, they did not think that any steps should be omitted. Several women commented that they felt that they needed more practice before the home visit interviews to increase their familiarity with the interview methodology and to gain confidence. Overall, results were better when groups met on a weekly basis rather than a biweekly or monthly basis. Weekly meetings helped to maintain the flow of the process and the enthusiasm of the group.

The steps that women particularly liked were the development of the dictionary of terms, home visit interviews and prioritizing problems. Many commented that this was the first time they had ever discussed these problems with other women and that they enjoyed being able to speak openly. This openness is reflected in the staff notebooks that document the process step by step.

The problems identified by the groups are fairly consistent with the problems identified by the retrospective case-control study (see Tables 2,3 and 6). The demand for family planning services is quite clear as can be seen in group priorities and in the responses to questions during the first step

when women are asked how they feel when they suspect that they are pregnant (if they already have other children, many hope that it will die). In response to this demand identified in the autodiagnosis, SC/Bolivia gave a small grant to a local NGO to provide family planning services in Inquisivi Province in collaboration with the Ministry of Health.

## VII. RECOMMENDATIONS

1. Training all new personnel in the autodiagnosis methodology is essential. Previous staff members should also attend this training as a refresher. The training should cover the theoretical and philosophical aspects of the autodiagnosis methodology as well as a step-by-step review of all objectives and methods. The role of "facilitator" (not "educator") should be stressed. The training should include a practical, in-field component. As an observer/recorder, the new staff member should accompany a previously trained staff member when she carries out each step in a community. After she assists with each step the team should reverse roles and the previously trained staff member should serve as the observer/recorder. The new staff member should be briefed on how to improve her performance during each step.
2. During the evaluation, it was evident that the implementation of home visits to interview other women was a key step in confidence building and in increasing the communication network among women. Some of the communities visited did not carry out the home visits because all of the women of reproductive age in the community attended the women's group meetings and there was no one left to visit. There are several other options. The women in the group can break up into pairs and carry out more extensive conversations outside of the group or a self-selected portion of the group can choose to carry out the interviews and the other women can be the subjects of the interviews. The strategy that a given group chooses will depend upon the particular situation and make-up of the group, but staff should be flexible enough to suggest different alternatives.
3. A few women's groups asked that the practice time before the interviews be increased so that they could gain more confidence in their ability to conduct the interviews. Staff should be aware of this possible need and should increase practice time if the women feel the need to do so.
4. Staff should better explain at the beginning the purpose of the autodiagnosis so that unrealistic expectations are avoided and practical guidelines are established. This can be done effectively only if staff themselves are clearly aware of the objectives.
5. During the autodiagnosis, some women asked questions about what they should do if a specific problem occurs. Staff were advised not to enter into education at this point but tell the women that when the autodiagnosis is completed they would begin to analyze what they could do. This left staff and women feeling somewhat uncomfortable at times. One suggestion to deal with this problem was to keep a running list of questions that arise during the autodiagnosis that would be referred to when developing strategies to deal with specific problems. This way, the woman's question is not left hanging without acknowledgement, but is put on the agenda for future discussion.
6. SC/B staff are interested in varying the materials used in the autodiagnosis. Instead of drawings, they have suggested photos or slides that are more realistic. There are several potential problems with this. If real women are to be the subjects, it may take a long time to capture every maternal and neonatal health problem within the local context on film. Though the photos may be more realistic, they may also be more offensive to women. It may not be worth the time, effort and cost to do this. Instead, what might be more effective is to enlarge the existing drawings and color them.
7. Almost uniformly, women facilitators were preferred to men facilitators. Women should carry out the autodiagnosis with women's groups whenever possible.

8. SC/B will soon begin the autodiagnosis with men's groups in several communities. These sessions should be facilitated by men.
9. In several communities, men appeared to be very interested in participating in the groups. Though this is positive in the sense that they recognize that maternal and neonatal health are important, the end result of mixed sex groups may be that women's level of participation is reduced and overall confidence and trust is sacrificed. SC/B staff should carefully study how to deal with this. One possible strategy would be to include men in specific educational activities on days that they are more likely to be able to meet and to hold women's group meetings exclusively for women on days that men are less likely to be able to attend. There is a delicate balance to be maintained here between support for the program by local authorities and husbands and the objectives of the groups themselves in terms of confidence building and women's empowerment.
10. Sessions of the autodiagnosis should be held as closely together as possible - ideally once a week for a month - in order to maintain the flow of the process.
11. The prioritization of problems was in some cases classified by period of reproductive life (i.e. pregnancy, delivery, post-partum, neonatal). This was done because it was difficult for the group to focus on problems of primary importance. When so many problems had to be considered, this is a good strategy to begin the prioritization process, but the group should eventually select the three highest priority problems from the full range of problems investigated.
12. Staff that carry out the autodiagnoses should coordinate closely with staff of the Women and Child Impact Program to identify groups that are interested in credit and literacy programs.

## NEXT STEPS

The autodiagnosis process of four to five sessions may be completed in weekly meetings within a month or may continue for several months depending on the time between meetings. When the autodiagnosis is completed, the group should proceed to the next phase which SC/B calls "planning together". The planning phase consists of two to three sessions. The first session prepares the women's group for a presentation to the community of the results of the autodiagnosis and for the planning exercises. The second session involves the women's group, community authorities, teachers, health personnel and other community members. In this session, the women present their findings from the autodiagnosis. They then present a skit to help the audience identify barriers to solving the problems. All the participants then develop concrete strategies aimed at removing or diminishing the identified barriers. A formal document is drafted containing all the agreements including who is responsible for each action and when the action is to take place. This document is then signed by all present at the meeting. The planning process can be completed in one or two months. After a period of three to six months, the community should meet again to evaluate the results of their actions based on the plans that they developed.

A second working paper on "Planning Together" is available.

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