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STRENGTHENED RESEARCH ACTIVITIES FOR THE DEVELOPMENT OF AN IEC STRATEGY FOR THE GUATEMALAN NATIONAL ARI PROGRAM

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Patricio Barriga

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ACRONYMS

AED	Academy for Educational Development
ALRI	Acute Lower Respiratory Infections
AURI	Acute Upper Respiratory Infections
ARI	Acute Respiratory Infections
BASICS	Basic Support for Institutionalizing Child Survival
IEC	Information, Education and Communication
INCAP	Instituto de Nutrición para Centro América y Panamá
KAP	Knowledge, Attitudes, and Practices
MCH	Maternal and Child Health
MOH	Ministry of Health
PAHO	Pan American Health Organization
TSR	Técnico en Salud Rural
USAID	United States Agency for Internatioal Development

ACKNOWLEDGMENTS

This Consultant would like to express his thanks to Rodrigo Bustamante, Víctor Lara, and Carlos Quan from Clapp & Mayne for the support, advice, and kindness offered during the one week stay in Guatemala City. I would also like to express my appreciation of the receptivity, flexibility, and willingness shown by Sandra Sáenz to change the research design and make it more tailored to ARI communication/education needs. Finally, I would like to recognize the many MOH officials who provided valuable information and spoke candidly about social investigation and their past experiences, as well as their commitment to participate in the present research and provide the needed assistance.

EXECUTIVE SUMMARY

Purpose of Trip/Background

During previous technical visits to Guatemala, BASICS Technical Officers had expressed concern that additional information on ARI caretakers' and providers' knowledge and behavior might need to be gathered in order to develop a comprehensive IEC strategy. This Consultant was asked to answer this question.

The purpose of fielding a social communication Consultant was "to assess the ethnographic studies being conducted, and identify possible areas that might need further research." INCAP is the organization in charge of this investigation, which is a follow-up activity to the original "ARI Multi-Center Study," and is receiving funding from the Government of Canada.

Objective

The objective of the trip was "to strengthen research activities being carried out for the development of an IEC strategy for the national ARI program."

Activities

The principal activities of the Consultant had to do with: 1) the redesign of the ARI ethnography, and 2) the initiation of the MOH involvement in the pre-design decisions. These activities are described as follows:

- Familiarization with ARI rapid assessment design and initial working meetings with Sandra Sáenz de Tejada;
- Preparing the basis for a new ethnographic design, as compared with a brief assessment;
- Meetings with R. Bustamante and V. Lara;
- Take-off session with key MOH officials;
- Working with INCAP in developing the new design;
- Design session with MOH officials; and
- Establishing products of study.

Accomplishments

- Agreement with INCAP on the need to redesign the ARI qualitative research proposal submitted by INCAP.
- Clapp and Mayne, Inc. support for this idea.
- MOH consensus including the need of key MOH officials' involvement from the design stage.
- Identification of the need for new skills in designing qualitative research among MOH personnel.
- Agreement on the need for INCAP to prepare a new proposal.

Purpose of Visit

As described in the scope of work, the purpose of fielding a social communication Consultant was "to assess the ethnographic studies being conducted, and identify possible areas that might need further research."

Objective

To strengthen current research activities for the development of an IEC strategy for the national ARI program.

Tasks

- Review preliminary ethnographic findings and collaborate with INCAP and Clapp & Mayne in their interpretation--especially as they apply to the development of health education messages and an IEC strategy for the national ARI program.
- Review proposed validation protocol for ARI disease models in indigenous communities and offer suggestions for improvement.
- Identify what other areas, if any, the national ARI program should look at in its development of a national IEC strategy.

I. BACKGROUND

The Maya Population

With one of the highest infant mortality rates in the hemisphere, Guatemala is characterized by a dramatic contrast between a small white/mestizo upper and middle class and a large Indian/mestizo poor population. There is an endemic climate of violence that has limited economic development and jeopardized social justice for the past 40 years. This has most strongly affected the rural Maya people that constitute 50 percent of the total population.

A significant portion of the Indian population is isolated from the mostly "ladino"-run official institutions, including MOH services. In some cases, attention given in government health centers does not meet client expectations. Malnutrition in children under-five-years-old contributes to mortality in association with pneumonia and dehydration caused by diarrhea.

Central American Region ARI Ethnographic Research

The "ARI Multi-Center Study," which covers the five Central American nations, is funded by the Government of Canada and is being conducted by INCAP/Guatemala. This anthropological investigation, at the moment of this consultancy, is in its final data analysis stage. This Consultant was informed that the final report will be submitted next year. The progress report of this study, dated February 1994, was conducted in Ciudad Vieja, a "ladino" (mestizo) urban town of 20,000 inhabitants. Residents of Ciudad Vieja have relatively good access to health centers.

The report also states that Guatemalan (Ciudad Vieja) mothers recognize two kinds of respiratory conditions: those from the "chest" (that closely correspond to AURI) and those from the "lungs" (ALRI). The most widely recognized chest illnesses are "*resfrío*" (cold), "*catarro*" (runny nose), "*gripe,*" and "*tos*" (cough). There is a perceived evolution of these illnesses whereby "*resfrío*" becomes "*catarro*" and "*tos*" becomes "*gripe.*" There is an overlap between these conditions and for some people the first three are symptoms and the difference between these and "*tos*" is the most prominent role of cough.

The lung illnesses "*bronquitis,*" "*broncomonía,*" "*bronconeumonía,*" and "*pulmonía*" are distinct cognitive categories, but in practice all share the same symptoms. The main difference is that "*bronquitis*" is perceived as a less serious, non-lethal condition. Of these illnesses, "*broncomonía*" is the better known. Some people think the three are symptoms, while others consider that "*broncomonía*" and "*pulmonía*" are archaisms or uneducated terms for "*bronconeumonía.*" The report mentions that mothers under investigation use a taxonomy that includes the following signs and symptoms: "*hervor de pecho*" (boiling of the chest); "*cecido*" (from "*acezar*", to pant); "*fatiga*" (tiredness); and "*calentura*" or "*fiebre*" (mild fever or high fever). It also discusses briefly home treatment and health care seeking.

Home treatment includes a variety of home remedies, self-medication and certain practices to prevent the condition from becoming more severe. For most conditions, a range of herbal concoctions is prepared to sooth a sore throat or cough, poultices (confortes) to lower a fever; to subdue a persistent cough, chest rubbing or massages are performed with a variety of oils, creams, and animal fats. Bathing with herbal infusions is now becoming *de moda* (a fad). Self-medication is rampant and the most frequently used pharmaceutical drugs are antipyretics (anti-fever), specifically aspirin and acetaminophen, and a wide variety of flu tablets that are readily available over-the-counter in pharmacies and general stores. Store-bought syrups are not widely used and mothers seem confident in the curative or soothing power of their own concoctions. While adults get injections as prophylaxis to "fortify" or "vitaminize" the lungs, this is seldom a practice in children.

Once this investigation is completed, it will provide valuable inputs for the MOH/USAID ARI ethnography redesign. It is expected that this and other preliminary findings will be validated and studied more profoundly in selected Mayan communities. A crucial question will be where they go for help and how they treat AURI and ALRI symptoms.

The Role of the ARI Ethnographic Research and the ARI Communications Plan

The present ethnographic effort will establish the basis for the ARI nation-wide communications strategy and the design of a communication/education plan which will include mass media, face-to-face communication activities, and personnel training. The plan will concentrate its efforts on the modification and/or reinforcement of community ARI-related behaviors and practices. It will initiate an institutional process and sequence of communication and learning events that will be implemented parallel to the ARI program and child survival activities. The ARI research will reveal the most generalized practices related to home diagnosis, treatment and monitoring of acute respiratory infections, with emphasis on the identification and management of pneumonia, the principal cause of infant mortality in Guatemala.

Once the "actual practices" (community knowledge, beliefs, myths, fears, practices, etc.) have been clearly identified by the ethnographic research, they will be compared to the "ideal practices" recommended by the ARI program norms and PAHO/WHO. The product of this comparison (behavioral analysis) will be a short list of behaviors that will become the principal focus of the communications plan. Since the behaviors will be selected after considering a number of variables--primarily visibility--this list could be named "feasible practices". These practices need to be selected carefully so that the proposed behavior changes have a real impact on mortality. When the group is ready for the behavioral analysis, it is advisable to have a work team from different backgrounds, including for example a pediatrician, a public health specialist, a sociologist/anthropologist, a social worker, a clinician with experience in rural areas, a nurse, a health educator, a social communicator, and one or two professionals from the target community.

Once the IEC plan is implemented, the ethnographic data should be re-examined, considering changes suggested by the monitoring activities, to identify possible adjustments. The ethnographic research in this case, may also serve as the point of reference for further investigation and in-depth analysis of specific topics, e.g., ARI-related behaviors in relation to breastfeeding and vaccination practices. The ethnography, in sum, will provide a wide spectrum of the population's ARI-related knowledge, practices, and attitudes in selected geographic areas.

II. SCOPE OF WORK

- Assist INCAP and the MOH ad hoc group in the organization, analysis, and interpretation of the data generated during the first phase of the ethnographic data collection.

- Assist in the reorientation of the data collection strategy for the second stage in order to go further in-depth, and assist in the redesign of the data collection instruments (focus groups and interview guides).

- Assist key MOH officials to understand the role of the communication planning stage and the role of formative qualitative research as the principal tool to be used in decision-making to define, among other aspects, the behavioral objectives, audience segmentation, and the communications strategy, including "positioning."

- Assist INCAP and the MOH in the organization and final analysis of the data generated by the first and second phases of data collection and preparation for the final report writing.

- Conduct a two to three day "behavioral analysis" session (using the "behavioral scale") to allow the INCAP/MOH team to select the behaviors that will be introduced, modified, or reinforced in order to reduce infant mortality caused by ALRI.

- Assist in the elaboration of the ARI Communications Plan, including: creative strategy, social marketing, positioning of "products" (behaviors), management, production of learning aids, training, and budgeting.

III. TRIP ACTIVITIES

Establishing Priorities: Two Main Aspects of Activities

In consultation with Clapp & Mayne and USAID, it was decided that during this five-day trip, this Consultant should concentrate on two main aspects of the ARI qualitative research:

1. Determine soundness of proposed research and present viable alternatives directed at obtaining appropriate information to develop useful messages for communication materials and training activities of the ARI program; and,

2. Start the process of getting the key MOH officials involved in the ARI study and the preliminary design decisions.

The emphasis given these two aspects was endorsed by Dr. Víctor Lara and by Dr. Rodrigo Bustamante of Clapp & Mayne, Inc. Both expressed agreement and provided support to the activities derived from these priorities. Later, Pat O'Connor was informed of this approach and she confirmed her support.

Familiarization with ARI Rapid Assessment Design and Initial Working Meetings with Lic. Sandra Sáenz de Tejada

After the debriefing with Dr. Víctor Lara, and getting familiarized with the mentioned proposed study, this Consultant met with anthropologist Lic. Sandra Sáenz de Tejada (INCAP) in order to clarify the qualitative research needs for the ARI communications program. Lic. Sáenz was very open and agreed to re-work the research design so that additional information for the communications strategy could be obtained. Describing the communications plan development and pointing out the qualitative research role was also important.

It was agreed that previous studies showed that mothers don't recognize the danger symptoms and signs (rapid breathing, chest in-drawing, nose flaring). What remains to be identified is what kind of signs they do recognize, how they perceive them, and what they do about them, if anything.

Preparing the Basis For a New Design

Lic. Sáenz agreed to extend the field work from two weeks per community (as originally proposed) to six simultaneous weeks in the four selected communities. Without changing the total amount of research time, this process will allow the project to get more relevant data on the community beliefs and practices related to infant ARI.

Agreeing on a Six-Week Data Collection Period For Each Selected Community

It was agreed that the first week of field work will be dedicated to the initial contacts, settling down and identifying the key informants and the health providers, both institutional and community-based.

The second and third weeks: in-depth interviews with key informants, ailment terminology, danger symptoms/signs, etiology, home treatment, and referral patterns.

The fourth week: data analysis. Researchers will meet with Sandra, R. Hoeschler, E. Molina, and a Clapp & Mayne/BASICS Consultant in order to analyze data and redefine instruments for obtaining more in-depth information. This Consultant feels that a technician from the health education sector should also attend this session. Preferably, it should take place in a location outside the city, ideally somewhere that allows easy access to one of the target areas.

During the following three weeks, the researchers will go back to the same communities/areas with up-dated interview guides and will work with mothers from towns and villages (n=25 for each researcher). Direct observation and verbal autopsy will be used when needed. The study of ARI child deaths has the potential of providing a good understanding of mothers' behaviors and providers' practices.

It would be desirable to count on a few (maybe three or four) MOH researchers who will team up with the INCAP selected field personnel. In that way some useful field work research skills could be transferred to the MOH personnel.

Meetings With R. Bustamante and V. Jara

In one of the first meetings with Dr. Bustamante and Dr. Lara the need to get the MOH officials in the design of this investigation was discussed. The pros outnumbered the cons of said participation and this Consultant was strongly encouraged to obtain the participation of the chief representatives of MCH, ARI, Research, Promotion and Community Education Units. This Consultant then proceeded to meet with each of the heads of said departments and units. Dr. Lara and/or Dr. Carlos Quan also attended those meetings. The idea of conducting an ARI ethnography was welcomed and a positive attitude toward participation was perceived (See List of Contacts, Appendix A).

Research Design Session With the MOH Officials

The round of meetings with the key MOH officials resulted in a decision-making session where they were able to share their concerns and expectations. More information is needed concerning the BASICS and HealthCom methodology and the role of qualitative research, ethnography in particular. (See "Identification of the need of new planning skills for qualitative research", under the section Results and Conclusions). Their questions were answered by Lic. Sáenz, Dr. Lara and this Consultant. The MOH officials agreed to conduct the research in four distinct communities (Kekchí, Cakchikel, Quiché, and "Castilla" or Spanish), and agreed to follow the suggestion of a six-week data collection period.

The MOH also showed interest in some MOH field personnel to join the field researchers hired by INCAP. Dr. Lara suggested that CARE, Plan International, and the Hope Project, as participating NGOs, may be interested in assigning some bilingual personnel for the data collection stage.

Commitment for Continuity and Follow-Up

The group will meet again on September 5 in order to finish the design and receive additional information about ethnographic research techniques (See ad memoir of this session prepared by Consultant and Dr. Enrique Molina, Head of ARI, Appendix B).

Working With INCAP On the New Design

Once familiarized with the proposed INCAP study, this Consultant met with anthropologist Lic. Sandra Sáenz de Tejada (INCAP) several times to discuss what kind of information is needed for an ARI communications program that actually improves mother's behavior. The outcome of these meetings was the decision to conduct a six-week ethnographic research study instead of the proposed rapid two week study in each community. The research will take place in four communities with distinct languages as originally planned: Kekchí, Cakchiquel, Quiché, and "Castilla." The six-week data collection stage is planned to take place right after Independence Day (September 15). The final report, with data input for the design of the IEC strategy, will be presented by INCAP before Christmas.

Establishing Products of Study

Although it has not been finished yet, INCAP's past experience with the "Household Management of ARI: a Multi-Center Study in Central America," will be very useful in preparing data collection instruments for the ARI ethnography.

Lic. Sáenz and this Consultant established the bases and approaches for data collection. It is expected that protocols, interviews and observation guides will be developed using the "Expected Products" (an appendix to the original proposal) as the frame of reference. This list includes four themes:

- Knowledge and attitudes around ARI, including traditional views;
- Actual practice, including home treatment;
- Care seeking behavior and utilization of providers; and
- KAP study of health care providers.

The ethnographic research report should also include the following:

- A folk and health provider taxonomy of infant ARI for the various conditions identified by the four groups investigated;

- The degree of severity/mildness assigned by the majority of mothers to each identified condition, signs and symptoms and the reasons for said severity/mildness; and

- A break-down list of knowledge, attitudes, and practices in relation to recognition, treatment, and referral of ARI (in as much detail as possible and in the respondent's own words, since this material will guide strategy development).

IV. RESULTS AND CONCLUSIONS

Agreement with INCAP on the Need to Redesign the ARI Qualitative Research Proposal Submitted by INCAP.

It emerged clearly, from the first meetings and documents reviewed, that the rapid assessment proposed by INCAP was not able to generate the necessary information to prepare a nation-wide communications strategy. It was evident that more in-depth research was needed.

After the initial meetings, Lic. Sandra Sáenz de Tejada from INCAP agreed with this Consultant that a more complete ethnographic approach was recommended in order to generate the necessary data for a nation-wide communications plan. She and this Consultant prepared the concepts for new design.

Clapp and Mayne, Inc. Support For This Idea

Once the redesign was agreed on, it was discussed with Dr. Víctor Lara and Dr. Rodrigo Bustamante. They provided all the needed support to make things happen in a smooth and participatory way. Dr. Lara assigned Dr. Carlos Quan to accompany this Consultant to work meetings at INCAP and the MOH. His assistance was extremely valuable. His knowledge of the ARI program and the officials visited was helpful. Dr. Lara's insights and debriefing provided this Consultant a good grasp of the situation and the potential for systematic communications work. It is important to note that new communications skills will have to be developed among the MOH officials, as well as management abilities to provide proper follow-up to the plans.

Consensus With the MOH and Defining the Need of Key MOH Officials Involvement In the Design Stage

It also became clear that if we want the MOH to participate enthusiastically in the design of the ARI communications strategy (using the results produced by the ethnography) and carry it out, it is imperative for them to be involved in the research design.

This Consultant and Clapp & Mayne attained a preliminary consensus with key MOH officials (MCH, ARI Unit, Research Unit, Promotion Unit, Community Education) for the ethnography to be conducted.

At first, some MOH officials questioned the validity of qualitative research to develop the communications design; they later agreed in conducting the study once proper justification and rationale were presented. They also decided to establish a permanent group which will be in charge of monitoring and overseeing the study implementation.

Identification of the Need of New Planning Skills For Qualitative Research

During the conversations and work meetings with MOH officials about the implementation of this study, it became evident that there is a lack of proper information and experience in planning efficient communication/education activities. If national impact in health-related behavioral change is expected, it would be advisable to develop the following skills:

- Understanding the role of the communications planning stage and the significance of formative research as the main tool for decision-making in establishing behavioral objectives, audience segmentation, communications strategy, "positioning," etc.: These and other aspects will become sections of the nation-wide communications/education strategy and plan.

- Making a clear difference between research methods and techniques: Several tables developed by HealthCom and other projects show the attributes of quantitative and qualitative techniques that planners should differentiate.

- Having clarity as to when to use focus groups, direct observation, in-depth interviews, or ethnographies, and also when quantitative research (surveys) are needed. A great deal of effort, time, and resources are wasted in conducting surveys before having identified the nature of the communication problem.

- Developing a concise and applicable body of knowledge to conduct qualitative research should not be too complex, nor over-simplified for the level of the Guatemalan key officials. This may not be easy to attain, but by using some diagnostic forms, the team of advisors could determine which skills are needed by the group or groups to be trained.

- Acquiring observational skills that enable the planners to perceive what may not be obvious to others. This skill needs to be developed among counterparts for the purpose of creating a critical mass that will make institutionalization of methodology viable.

Assistance in the Formulation of a Comprehensive Plan

Once the ethnography is finished and results are ready to be processed into an IEC national strategy, a program should be ready to provide them with assistance in the formulation of a comprehensive plan that will produce measurable results. Another set of behaviors should be developed among key MOH officials. Among others, the following can be mentioned:

- Using the "behavior scale" and being capable of modifying it as needed, given the situation. The main idea is to help the group select the crucial variables that will have an impact on the wanted behavioral change.

- Being able to break the noncreative and skeptical attitude before writing the communications plan and pretesting the materials. It is very important to concentrate the team's attention on the overall ARI communications strategy, also known as the "creative strategy." Originality must be the main force behind the communications design. In light of a lack of originality, several techniques can be utilized to trigger creativity: synectics, morphological analysis, decision trees, brainstorming, etc. Some of this will be excellent training aids to be used with the key MOH officials.

- Some selected management skills are indispensable for MOH officials—may be in the form of seminars, workshops and courses that deal with the specific identified management needs. An assumption for this to work is the leadership stability and job security of participants.

- Pretesting educational materials: prints, radio and expressive interventions such as theater, puppets, etc. Several manuals on this subject have been produced. Consultant recommends "Pre-pruebas de comunicaciones" by Jane T.Bertrand, Laboratorio de Comunicaciones, Centro de Estudios de la Comunidad y la Familia, Chicago University. AED has also produced several materials and manuals for validation of materials.

V. FOLLOW-UP ACTION REQUIRED

- INCAP submitting a new investigation proposal including aspects mentioned above. Budget should not exceed 35-40 percent beyond the original proposal.

- At least two working meetings with key MOH officials to finish design.

- MCH Department (Dr. Molina) will identify an MOH professional, may be a "*Técnico en Salud Rural*" (TSR) to work as a co-coordinator of the data collection work.

- INCAP hiring three to four field researchers.
- Visiting the pre selected communities in order to confirm decision or identify other communities in the same Kekchí, Cakchiquel, Quiché, and "Castilla" areas.
- INCAP finishing data collection instruments.

APPENDICES

APPENDIX A
LIST OF CONTACTS

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Dr. Enrique Molina, ARI Section Chief, MCH Department, División de Atención a las Personas, Ministry of Health

Lic. Sandra Sáenz de Tejada, Research Anthropologist,
in charge of the ARI ethnography, INCAP

Lic. Lesbia Sierra, one of the three researchers hired by INCAP for the ARI ethnography

Dr. Rafael Hoeschler, Head of the Research Unit, Ministry of Health

Lic. Yolanda Hernández, Head of the Promotion Office, Ministry of Health

Dr. Baudilio Sajché, Head of MCH, Ministry of Health, Ministry of Health

Dr. Víctor Lara, Advisor in charge af the DDC, Inmunizations an ARI technical assistance components, Clapp & Mayne, Inc

Dr. Rodrigo Bustamante, COP, Clapp & Mayne, Inc

Dr. Carlos Quan, in charge of ARI activities, Clapp & Mayne, Inc

Dr. Lucrecia Fuentes, in charge of the Inmunizations Surveys at the area level

APPENDIX B

AYUDA ME

APPENDIX B

AYUDA MEMORIA

PARA: Dr. Zoel Leonardo Paredes, Director General

DE: Dr. Enrique Molina, IRA
Lic. Patricio Barriga, BASICS-Clapp & Mayne

ASUNTO: Reunión de trabajo entre personal del MSP, Clapp & Mayne y BASICS

FECHA: 26 de Agosto de 1994

Propósito de la reunión

La reunión tuvo por objeto compartir información básica acerca de la investigación etnográfica sobre IRA propuesta por Clapp & Mayne. Esta investigación, de carácter cualitativo, servirá como base para la formulación de un plan de comunicación educativa de alcance nacional. Los datos producidos se concentrarán en las siguientes áreas, entre otras: percepción de la gravedad de las diversas condiciones del tracto respiratorio, clasificación popular de las IRA, tratamientos caseros más frecuente, semántica relativa a IRA, referencias.

Participantes

Dr. Enrique Molina (coordinador), Programa IRA, MSP y AS; Dr. Baudilio Sajché, Jefe del Departamento Materno Infantil; Lic. Cristina Martínez, Jefa del Departamento de Educación Comunitaria, Recursos Humanos; Dr. Rafael Hoeschler, Jefe de la Unidad de Investigación; Lic. Luis Felipe Rosales, Encargado de Promoción, Comunidad Económica Europea/UNICEF; Dr. Carlos Quan, Encargado de Apoyo al Programa IRA, Clapp & Mayne, Inc.; lic. Sandra Sáenz de Tejada, Antropóloga/Investigadora INCAP; Dr. Víctor Lara, Asesor Clapp & Mayne, Inc.; Lic. Patricio Barriga, consultor de BASICS. La Lic. Yolanda Hernández, Jefa de la Oficina de Promoción se excusó por tener una reunión previamente concertada.

El proceso de la reunión

Una vez instalada la reunión, y efectuadas las presentaciones del caso, Enrique Molina señala que es la primera ocasión "que se reune el equipo para hablar de la etnografía IRA" y luego procede a proponer una agenda con los siguientes puntos:

- Aclarar conceptualmente el propósito y alcance de la investigación etnográfica y las razones para su aplicación al programa de IRA

- Identificación de las localidades donde se efectuará la investigación etnográfica.

- Aspectos metodológicos y logísticos de la investigación con un fin de intervención inmediata.

- Plan de Trabajo, cronograma

- Financiamiento

Varios participante manifiestan su preocupación por el número excesivo de investigaciones realizadas en las comunidades mayas y la poca utilidad que ellas han prestado para el mejoramiento de los programas de salud materno infantil. Se indica que sólo los programas concebidos y desarrollados al interior de las comunidades tendrán viabilidad.

Estos y otros interrogantes son contestados por Rafael, Víctor y Patricio a través de la descripción metodológica y la relación entre los datos y la estrategia de comunicación. En efecto, las legítimas preocupaciones planteadas contrastan con esta investigación que, siendo corta y sencilla (seis semanas de trabajo de campo), ofrecerá valiosa información cualitativa.

A partir de esta información, este mismo equipo de trabajo, y siguiendo un procedimiento sistemático, formulará un plan de comunicación educativa dirigido a modificar y fortalecer - según sea el caso- los haceres, pensares y sentires de la población en materia de IRA.

Sandra Sáenz de Tejada indica que se ha pensado concentrar la investigación en cuatro áreas étnico/geográficas: kekchí, cakchiquel, kiché y "castilla" (castellano). También señala que los lugares no se han definido todavía, pero, por conveniencia, se ha pensado en San Bartolo, Totonicapán (kiché); San Andrés Chamulco (kekchí), Departamentos de Sacatepéquez o Alta Vera Paz (cakchiquel); y, un lugar en oriente o el sur del país para la muestra de población ladina monolingüe.

La determinación final acerca de las comunidades participantes en la investigación, se realizará en consulta directa con este equipo de trabajo.

Enrique Molina sugiere que se considere la población chortí en donde existe alta tasa de mortalidad infantil por diarrea/cólera y recuerda que la diarrea infantil siempre está asociada con la IRA infantil. Sandra y Víctor suguieren que los criterios de mortalidad en IRA pueden ser considerados, como este caso, para lo cual se efectuarían estudios específicos.

Ante la sugerencia de incluir temas de diarrea infantil, se manifiesta que existen valiosos estudios etnográficos que deben ser consultados. Algunos de ellos realizados por el propio INCAP.

Conclusiones

1. Se acuerda llevar a cabo la investigación etnográfica, considerando que los datos generados por ella serán utilizados para la formulación de un plan de comunicación para el control de las IRA en todo el país.

2. El grupo se constituye en equipo de trabajo para efectuar el monitoreo de la investigación etnográfica y se decide efectuar reuniones periódicas. Se informará del particular a las autoridades del MSP yAS y de la USAID. Patricio Barriga y Enrique Molina quedan encargados de preparar la respectiva ayuda memoria. La próxima reunión se llevará a efecto el 5 de septiembre en el local del INCAP.

3. Víctor Lara queda encargado de consultar con CARE, Proyecto HOPE y Plan Internacional sobre la posibilidad de que estas ONG participen en la investigación asignando una persona de su planta de personal y que pertenezca a las comunidades investigadas para participar como investigadoras.

4. Se explarará la posibilidad de incorporar a una persona del MSP como miembro del equipo de apoyo y supervisión en el campo. Víctor averiguará la posibilidad de conseguir subsitencias para él y Enrique consultará con un candidato TSR que tiene en mente.

5. La investigación se iniciará después de las fiestas patrias (15 de septiembre), es decir el día lunes 19 de septiembre. Sandra será la persona responsable de concluir las bases del rediseño con la participación de Patricio durante esta semana. Luego Sandra elaborará todos los instrumentos de recolección de información.

6. Por sugerencia de Rafael y Cristina el grupo decide que las guías de observación y de entrevistas incluyan los siguientes temas: preferencia de tratamiento, medidas de intervención, preferencia de servicios, el sentir sobre los proveedores (institucionales y comunitarios), identificación de las redes tradicionales de apoyo, tratamientos que prescriben los diversos proveedores para cada condición de IRA y qué tratamientos están validados por la comunidad.

cc Dr. Rodrigo Bustamante
Lic. Pat O'Connors
Participantes

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APPENDIX C

CONSULTANT PATRICIO BARRIGA SCHEDULE

APPENDIX C

CONSULTANT PATRICIO BARRIGA SCHEDULE

MONDAY, AUGUST 22

9:30 Arrival at Aurora Airport
10:00 Debriefing session with Víctor Lara and Carlos Quan (Clapp & Mayne, Inc.)
11:00 Familiarization with documents and reference materials
14:00 Work session with Sandra Sáenz de Tejada (INCAP)
17:00 Meeting with Rodrigo Bustamante, COP Clapp & Mayne

TUESDAY, AUGUST 23

8:30 Meet with Víctor Lara and Carlos Quan
11:00 Meet with Baudilio Sajche, Head of MCH
11:30 Meet with Enrique Molina, ARI Program Chief
12:30 Meet with Rafael Hoeschler, Research Unit Chief
14:30 Lunch with Carlos Quan

WEDNESDAY, AUGUST 24

8:30 Meet with Yolanda Hernández, Promotion Unit Head
10:00 Cristina Martínez, Human Resources Head
14:30 Meeting with MOH officials for the ARI ethnographic research redesign, MCH office, Ministry of Health: Enrique Molina (coordinator), Baudilio Sajché, Cristina Martínez, Rafael Hoeschler, Luis Felipe Rosales, Carlos Quan, Sandra Saenz de Tejada, Víctor Lara, Patricio Barriga)
16:30 Preparation for meeting with ethnographic researchers (V. Lara)

THURSDAY, AUGUST 25

8:30 Work session with ethnographic researchers (field personnel), INCAP (Sandra Saenz de Tejada, Lesbia Sierra)

FRIDAY, AUGUST 26

8:30 Meet with Rafael Molina in order to finish ad memoir of Wednesday's work session
15:00 Pat O'Connors, Chief of the Health Division (USAID)

SATURDAY, AUGUST 27

Departure from Aurora Airport

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APPENDIX D

ANALISIS DE COMPORTAMIENTO (AC)

APPENDIX D

ANALISIS DE COMPORTAMIENTO (AC)

(Material para la lectura y discusión en grupo)
Patricio Barriga, Consultor HealthCom
Julio 1994 (*)

Los Haceres, los Pensares y los Sentires (HPS)

El mejoramiento de la calidad de vida depende, en gran parte, de nuestros **haceres, pensares y sentires** (HPS) y de cómo éstos actúan entre sí. En efecto, lo que hacemos, lo que pensamos y lo que sentimos con respecto a nosotros mismos y con respecto a los demás, determina la forma en que vivimos. Un programa de comunicación educativa tiene el potencial de introducir y modificar masivamente los comportamientos, los pensamientos y aun las emociones, moldeando, así, las pautas del comportamiento social y la cultura misma.

Hay que recordar sin embargo, que con más frecuencia de lo que creemos, los haceres, pensares y sentires están en conflicto, es decir que una cosa es lo que pensamos, otra lo que sentimos y, a veces, una tercera lo que hacemos.

Comportamientos Factibles

Para identificar los HPS y sus interacciones, el planificador debe, ante todo, realizar un estudio de factibilidad del comportamiento y luego confrontar los HPS actuales versus los HPS ideales. Los primeros los obtenemos de la investigación formativa, llamada también investigación de desarrollo. Los segundos provienen de las "normas", es decir de la opinión de los expertos. De esta confrontación van a surgir los "comportamientos factibles", es decir aquellos que servirán de insumos para el Plan de Comunicaciones. A este proceso de y selección de comportamientos de Esa es la tarea del Análisis de Comportamiento.

La Balanza del Comportamiento

En consecuencia, el AC es el proceso a través de cual el equipo de planificadores selecciona aquellos **haceres, pensares y sentires** que van a ser introducidos, modificados o desalentados entre la población beneficiaria. La precondición para llevar a cabo esta tarea es que ya existan, por lo menos, los dos listados de HPS con sus respectivas justificaciones: "HPS actuales" y "HPS ideales." Para obtener los HPS factibles es necesario aplicar la "Balanza del Comportamiento" que se describe más adelante.

La Balanza del Comportamiento es un conjunto estructurado de variables de una escala de evaluación del comportamiento, con valores de 0 (negativo) a 5 (positivo). Dentro de ellas se han establecido varios niveles de complejidad para poder cuantificar la opinión de los

planificadores. Para elegir y analizar los comportamientos es conveniente conformar un equipo multidisciplinario con representantes de varias profesiones y diversas responsabilidades al interior de la institución. De esta manera se contará con varios puntos de vista. Esto creará algunas dificultades para lograr consenso, pero, con seguridad enriquecerá el proceso de selección de comportamientos.

(*) Adaptado de "Algunos Apuntes sobre Medicina y Cambio de Comportamiento Humano" (Borrador), Patricio Barriga, AED/HEALTHCOM, Honduras, 1992.

Enfasis en Productos y Mensajes

El uso general y el uso correcto de productos de programas de mercadeo social (por ejemplo las sales de hidratación oral y las tablas de crecimiento infantil) requieren de cambios importantes en prácticas tradicionales, nuevas destrezas y, a menudo, aprobación social. Ello nos ha llevado a poner énfasis en detalles del desarrollo de productos y de mensajes. El uso de ciertos productos, en salud pública, facilita la adopción de comportamientos y el desarrollo de destrezas.

Aquí se entiende que un comportamiento también puede ser tratado como producto, por ejemplo, la lactancia materna exclusiva hasta los seis meses. La perspectiva del comportamiento proporciona tanto un medio sistemático para identificar qué comportamientos son los más conducentes al cambio, como una serie de principios valiosos para facilitar y mantener el "comportamiento apropiado".

Reforzamiento Positivo del Comportamiento

Este tipo de análisis estudia los eventos ambientales que mantienen y modifican pautas de conducta. El cambio implica la modificación de una pauta o la creación de una nueva. Los conductistas recalcan la importancia de comprender el contexto global dentro del cual ocurrirá un nuevo comportamiento. Más todavía, tratan de identificar consecuencias positivas que seguirán al comportamiento y evitar resultados tipo "castigo". Este análisis no sustituye a otros enfoques, disciplinas o métodos, sino que los complementa y, a menudo, los refuerza.

¿Qué indaga el Análisis de Comportamiento?

En el contexto de supervivencia infantil, por ejemplo, el Análisis de Comportamiento (AC) indagaría este tipo de decisiones maternas, entre otras:

¿Por qué abandonar una práctica por una nueva?
¿Cómo recordar los pasos para preparar las SRO?
¿Cómo saber si el niño está desnutrido o es sólo pequeño?

El AC buscará los motivos por los cuales persiste una práctica, cómo introducir mejor una práctica nueva y cómo configurar, presentar y usar tal conducta para asegurarse de que se mantendrá.

Supuestos Claves del AC

Dos son los supuestos claves del AC:

1) El comportamiento se moldea por sus consecuencia. Todo comporta-miento, además, tiene un antecedente. Si obtenemos una concecuencia alagadora de un comportamiento, probablemente lo vamos a repetir ¿no?

2) El comportamiento es susceptible de modificarse si se usa el enfoque o tecnología de "comportamiento correcto". El comportamiento modificable incluye "actitud," "prejuicio," "motivación."

Se resalta que los comportamientos existen dentro de un contexto de antecedentes y consecuencias con atributos de recompensa o castigo creando una "cultura de recompensas." También se arguye en pro de la autoayuda o la automodificación del comportamiento.

Contribuciones Importantes del AC

1. Selección de mejores mensajes

Seis circunstancias pueden contribuir a la ausencia del comportamiento deseable, solas o en combinación:

a. Ausencia de conocimiento o habilidades necesarias.
b. Carencia de discriminación para identificar cuándo producir el comportamiento.
c. Materiales o herramientas no disponibles.
d. Falta de consecuencias positivas para ejecutar y repetir el comportamiento.
e. Consecuencias positivas para emitir un comportamiento incompatible.
f. Consecuencias negativas que desalientan el comportamiento deseado.

2. Asegurar aprendizaje efectivo

Una vez seleccionados, los mensajes deben compartirse con la población. La tarea es eliminar ciertas pautas comunes de comportamiento y establecer y mantener otras.

En el área de Supervivencia Infantil, este aprendizaje implica que las mujeres hagan cosas que están dentro de sus capacidades, pero que son muy improbables sin capacitación e incentivos. Los incentivos pueden provocar el comportamiento, pero

son las consecuencias positivas que siguen al comportamiento las que fortalecen y mantienen el uso de nuevas destrezas. Sin consecuencias reforzadoras, caerá en desuso casi de inmediato.

La ignorancia es sólo una razón para la ausencia del comportamiento deseado. Los programas de comunicación de carácter tradicional son diseñados sólo para enfrentar la ignorancia. Si el propósito de la comunicación educativa es cambiar comportamientos y crear nuevos, las seis (6) circunstancias para seleccionar mensajes, antes mencionadas, deben considerarse sistemáticamente.

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APPENDIX E

GRUPO FOCAL/DATOS GENERALES

APPENDIX E

GRUPO FOCAL/DATOS GENERALES

Nombre del Facilitador:_____

Nombre del Redactor:_____

Nombre del Supervisor:_____

Fecha:_____ Hora-- Se inicia a las:_____
Finaliza a las:_____

Local:_____ Duración:_____

Nombre de comunidad o colonia:_____

Región Sanitaria #_____Area #_____Sede de Area_____

Breve descripción de la comunidad o colonia (# habitantes, escuela, acceso, hechos relacionados con riesgo reproductivo,etc.) :

_____

_____

Nota: ¡Por favor use el dorso de esta página si le falta espacio!

Número de participantes-- Hombres:_____Mujeres:_____Total:_____

	No. Hombres	No. de los participantes	Edad	Ocupacion	No. de Emb.	No. de Hijos	Grado Estudiado	Estado Civil
1								
2								
3								
4								
5								
6								
7								
8								
9								

DATOS.GF NCH/PB 26-03-91