

# **AN ASSESSMENT OF THE TRANSLATION OF HEALTH MESSAGES BY BILINGUAL PROMOTORS IN GUATEMALA**

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Report

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### **EXECUTIVE SUMMARY**

To better understand how bilingual promoters, traditional birth attendants (TBAs) and field educators translate key health messages from Spanish to the Mayan languages of Guatemala, Development Associates carried out a field assessment in February and March 2000 with the assistance of Project Concern International (PCI) and collaboration of the Population Council (PC) and the Quality Assurance Project of the University Research Corporation (URC). Five Guatemalan NGOs associated with the Population Council participated in the assessment (B'elejeb B'atz, IDEI, PIES de Occidente, Renacimiento and SHARE/CESERCO) and an NGO associated with PCI (Consejo de Mujeres Mayas) collaborated with the pre-testing of assessment instruments.

The assessment employed: a self-administered questionnaire for NGO staff in charge of information, education and communication (IEC) activities; a semi-structured observation guide for evaluating educational activities conducted by promoters, educators and TBAs; a guide for focus group meetings with promoters and educators; and a semi-structured interview guide for follow-up visits with participants in the educational activities. Interviews and observations were carried out in three linguistic areas, Kaqchikel, K'iche' and Mam.

The assessment focused on five questions:

1. What approach do USAID's partner NGOs take to assure that educators and promoters correctly translate basic health messages into Mayan languages?
2. What training do the NGOs give to their promoters and educators regarding the translation of health messages?
3. To what degree, and how, do the NGO promoters and educators translate the basic health messages contained in their training and educational materials?
4. What difficulties have promoters and educators had in translating basic health messages? In addition to translation, what other adaptations have they had to make to assure that the messages are comprehensible and acceptable to their audience?
5. What has been the response of members of the target audience who have recently been exposed to NGO educational activities and materials? Have messages been understood? Have they been acted upon?

Highlights of the answers to those questions, as well as others, which emerged in the course of the assessment, are summarized as follows:

- Only one of the five participating NGOs employed a specific strategy for addressing translation issues. Renacimiento uses the local Kaqchikel language both for training promoters and for community education activities. The other four NGOs use Spanish for training promoters and assume that the bilingual promoters and TBAs will automatically translate when they do educational activities in the communities.
- With the exception of Renacimiento, NGO training is provided by Spanish-speaking physicians, nurses and trainers associated with the NGO or occasionally by Ministry of Health personnel. When there are promoters or TBAs in the trainee group who are not fluent in Spanish, the trainer may arrange for someone to translate key messages into the local language. However, quality control is lacking since the trainer is not conversant in the local language and cannot understand what the translator says.
- Bilingual promoters and educators apply varied strategies to deal with translation issues. A common strategy is to avoid the issue of translation by conducting educational activities in Spanish. One of the reasons for using Spanish that emerged from the focus groups was that promoters often deal with mixed Mayan/*Ladino* groups. They noted that Spanish-speaking Guatemalans, or *Ladinos* are offended when they use the Mayan language. Therefore they are careful to deliver the message in Spanish first, and repeat it in the Mayan language only if that is necessary.
- Even when a talk was being delivered in the local language, promoters and educators mixed in Spanish words, both technical and non-technical. Audience members in both K'iche' and Mam areas confirmed that they prefer a mix of Spanish and their own language whereas Kaqchikel speakers stated a preference for Kaqchikel alone. Only 3% of audience members said they would prefer to receive the talk in Spanish.
- Some technical words are difficult to translate and, because many are medical terms, may not be found in a standard dictionary.
- Despite occasional translation difficulties reported by the promoters, most problems observed in the educational activities that were evaluated were not related to translation. Far more common were incomplete or incorrect messages, message overload, minimal use of participatory adult education techniques and a dearth of teaching or support materials. Some of the errors and omissions resulted in distorted messages being transmitted to the community. Examples include stating that the red beads on the necklace used for natural family planning (NFP) represent fertile days rather than menstruation, or telling the audience that the first eleven days in the menstrual cycle are "safe" days rather than eight.
- In the eleven educational activities observed, there was only one audience-initiated question and in most cases very little interchange between the promoter or educator and the audience members. Without interaction, the promoter or educator has no way of knowing what the audience has learned or knows about a subject. Nor can myths and rumors be corrected or cultural differences discussed.
- High quality visual aids and educational materials would be very helpful in correcting the problems of errors and omissions. Even when the promoters don't read, they reported that

they would have a literate person read the message to the group so that they could then discuss it.

**Recommendations:**

1. NGOs should review technical words with promoters during their training. When there is no equivalent term in the local Mayan language for a technical word, they should jointly agree on wording which explains the concept behind the term.
2. Bilingual educators and promoters should be encouraged to use the local language or a mix of Spanish and that language.
3. Agencies need to make a concerted effort to monitor educational activities conducted by their promoters, educators and TBAs to assure that messages being delivered to target audiences are both correct and complete.
4. Training should involve the amount of supervised practice needed to achieve competency in the delivery of educational messages. Competency should include both technical knowledge and mastery of educational techniques appropriate for use with low literacy audiences.
6. Agencies also need to change their educational methodologies to include audience participation and feedback if they want to be sure that their educational messages are being understood at the community level.
7. Educators and promoters relate that there is resistance to some of the messages they promote. Ways of dealing with resistance, rumors and myths should be discussed in training as well as cultural adaptations that might be desirable to enhance the impact of person to person communications.
8. NGOs might consider pooling resources to train, by linguistic areas, bilingual trainer/supervisors in techniques of low literacy adult education.
9. The lack of visual aids and teaching materials seriously diminishes the effectiveness of promoter educational activities and contributes to the problem of incomplete and/or inaccurate messages being delivered to community members. Promoters, educators and TBAs should have access to simple visual materials with key messages on every health topic they teach in the community.

\*Spanish version of Executive Summary can be found in Annex 1.

## AN ASSESSMENT OF THE TRANSLATION OF HEALTH MESSAGES BY BILINGUAL HEALTH PROMOTORS IN GUATEMALA

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### INTRODUCTION

In the health services field, the importance of selecting and training community workers who speak the local language and understand local culture has been recognized since WHO's Alma Ata declarations on primary health care in the 1970s. Over the years, both the Ministry of Health and non-governmental organizations (NGOs) in Guatemala have made a significant effort to recruit and train bilingual/bicultural community health workers. These trained workers act as intermediaries between the indigenous communities of the country and the formal health system, promoting healthy behaviors and encouraging residents to utilize available health services.

The Peace Accords signed in March 1995, ending many years of ethnic conflict in Guatemala, gave a special impetus to an outreach strategy based on bilingual/bicultural community health workers. The Agreement on the Identity and Rights of Indigenous Peoples in particular gave official sanction to the promotion of native languages, a fundamental element of self-identification among the Mayan peoples of the country. The government was charged with:

- promoting the use of indigenous languages in the delivery of state services at the local level
- providing information to indigenous communities in their own language

Despite this mandate, few Guatemalans can read indigenous languages and few Spanish-speaking Guatemalans, or *Ladinos*, can speak a Mayan language. Thus, both the government and most NGOs require that their community volunteers be able to speak and read Spanish. The degree of their fluency and/or literacy varies widely. Many individuals with two or three years of schooling are functional illiterates as adults since reading is a skill they never rarely mastered and have rarely utilized.

In addition, materials that have been developed for training community health volunteers are in Spanish, and the materials that the volunteers use for providing community education are generally visuals with little text. The most common educational material is the flipchart which is used by all programs. These often have some basic Spanish-language text on the reverse side to guide the promoter in her educational talks. It is presumably up to the promoter to translate the messages written in Spanish into the local Mayan language. The only materials available in Mayan languages are radio spots or other taped messages.

Questions regarding how well promoters do these translations were raised in March, 1999 in Development Associates' assessment of information, education and communication (IEC) in maternal-child health conducted for USAID/G-CAP. USAID's strategy in reproductive and maternal child health focuses on expanding coverage in underserved indigenous populations and both NGOs receiving USAID support and the Ministry of Health actively recruit and train indigenous promoters and community health workers.

The Development Associates team conducting the assessment wondered how supervisors, who speak only Spanish, assess the quality of the translations of their bilingual Mayan field workers.

- Were bilingual promoters trained in Spanish or in their own language?
- If they are trained in Spanish, how is the issue of translation addressed during their training?
- Do promoters have difficulty with translations?

In addition to questions of accuracy in translation, Western health messages have cultural connotations. The team also wondered how these are dealt with in the training and supervision of indigenous traditional birth attendants (TBAs) and promoters.

To provide answers to some of these questions, Development Associates proposed a diagnostic study to determine how USAID's NGO partners deal with the issue of the translation of basic health messages from Spanish to the Mayan languages of Guatemala. By "basic health messages" we mean the health information, guidance and recommendations offered by health workers to various target audiences to encourage the adoption of positive health behaviors and practices.

## **OBJECTIVES**

The purpose of this diagnostic study was to determine whether or not the translation of basic health messages from Spanish to Mayan languages constitutes a problem for health volunteers and educators. Specifically, the study addressed the following questions:

1. What approach do USAID's partner NGOs take to assure that educators and promoters correctly translate basic health messages into Mayan languages?
2. What training do the NGOs give to their promoters and educators regarding the translation of health messages?
3. To what degree, and how, do the NGO promoters and educators translate the basic health messages contained in their training and educational materials?
4. What difficulties have promoters and educators had in translating basic health messages? In addition to translation, what other adaptations have they had to make to assure that the messages are comprehensible and acceptable to their audience?
5. What has been the response of members of the target audience who have recently been exposed to NGO educational activities and materials? Have messages been understood? Have they been acted upon?

## **METHODOLOGY**

The study was designed as an assessment, and qualitative techniques were used for data collection. Four institutions collaborated in conducting and financing the study: Development Associates, Project Concern International, the Population Council and University Research Corporation's Quality Assurance Project. Contributions of the four partners included technical assistance, logistics, bilingual interviewers, training space, per diems, supervision and data analysis.

## NGO Sample

Although it was originally planned that observations would take place in all of USAID's NGO partners, this ultimately was not feasible since not all were carrying out educational activities at the time of data collection. Thus, only five NGOs participated, all partners of the Population Council (PC) under their project with USAID. Mayan languages spoken in the communities where these NGOs operate include Kaqchikel, K'iche' and Mam. Instruments for the study were pre-tested at the Council of Mayan Women (Consejo de Mujeres Mayas or CMM), a partner of Project Concern International in San Cristóbal Totonicapán.

The NGOs participating in the study were:

<b>NGO</b>	<b>Location</b>	<b>Language</b>	<b>Coordination</b>
Renacimiento	Patzún, Chimaltenango	Kaqchikel	PC
SHARE/CESERCO	San Carlos Sija Cantel	K'iche'	PC
B'elejeb B'atz	Palmar Cantel San Miguel Sigüilá San Juan Ostuncalco San Martín Chile Verde	K'iche'  Mam	PC
PIES de Occidente	Concepción Chiquirichapa	Mam	PC
IDEI	Cabricán	Mam	PC

## Techniques

Techniques of data collection employed in the study were as follows:

- **Self-Administered Questionnaire**

The person in charge of IEC in each NGO was asked to fill out this questionnaire. In addition, interviews were to be conducted with the individual or individuals in charge of community education and of the training of volunteer promoters to supplement information from the questionnaire.

- **Semi-structured observations**

In each NGO two or three educational talks or activities conducted by promoters or educators with community members were observed. In all, eleven activities were observed in addition to one that was observed during the pre-testing of the instrument.

- Focus Groups

A meeting was organized with a group of promoters and educators from each NGO to discuss the topic of the study. The same meetings were used to obtain explanations regarding observed practices, especially the use of Spanish words in the educational talks and activities. Eight focus group meetings were held.

- Semi-structured interview guide

This guide was used for individual follow-up interviews with 69 individuals who had participated in the various educational activities.

Sample of individuals/events

Self-administered questionnaire	Observations	Focus Groups	Interviews
1 per NGO	2-3 per NGO	1-2 per NGO	10 per NGO

Study Personnel

Five field workers were hired for data collection, two funded by the Population Council and three financed by the Quality Assurance Project of University Research Corporation (URC). Project Concern International (PCI) provided a field supervisor, María Elena Sucuquí. Three of the field workers were bilingual in Spanish and K'iche' and three spoke Spanish and Mam. The K'iche' speaking personnel did data collection with two NGOs in the K'iche' linguistic area in Quetzaltenango, CESERCO and B'elejeb B'atz. Mam-speaking personnel collected data in the same department in the Mam linguistic areas where the NGOs B'elejeb B'atz and IDEI operate. Dr. Marta Julia Ruíz of the Population Council and Reina López of Project Concern International collected data from the NGO Renacimiento in the Kaqchikel-speaking area of Patzún, Chimaltenango. Elena Hurtado, Development Associates' IEC Specialist, was technical director of the study. She supervised the development and pre-testing of survey instruments, training of field workers and data collection. She also worked with Reina López and María Elena Sucuquí on analysis of the data and reporting. Anne Terborgh of Development Associates did additional data analysis and wrote the English language assessment report.

Schedule

The study was conducted over the following four-week period:

February 21-25, 2000	Training of field workers
February 28-March 3	Interviews and observations
March 6-10	Focus groups (4-8 groups)
March 13-17	Audience interviews (10 per NGO)
March 20	Debriefing meeting



## Analysis

Data analysis was descriptive, aimed at answering the questions set forth in the objectives of the study. To analyze the observations of educational activities, a list was developed of "key health messages." These were compared with the messages actually delivered by the promoters and educators and were rated in terms of the quality of the translation. The rating scale was as follows:

1. The messages were **not at all like** the key messages
2. The messages **bore some resemblance** to the key messages
3. The messages were **similar** to the key messages
4. The messages were **very similar** to the key messages
5. The messages were **identical** to the key messages

Observations were also made of the teaching methodologies used, the degree of interaction between the promoter and the audience and the nature and extent of the use of teaching materials and visual aids. Finally, the observer wrote down all un-translated Spanish words used by the promoter during the activity. After the activity ended, the promoter was shown the list of words in Spanish and was asked why the words had not been translated.

## **RESULTS**

### **1. What approach do USAID's partner NGOs take to assure that educators and promoters correctly translate basic health messages into Mayan languages?**

Only one of the five participating NGOs employed a specific strategy for addressing translation issues. Renacimiento uses the local Kaqchikel language both for training promoters and for community education activities. The other four NGOs used Spanish for training promoters and assume that the bilingual promoters and TBAs will automatically translate when they do educational activities in the communities. Even with bilingual resources, some NGOs fail to emphasize that educational activities should be conducted in the local language. This was the case in the NGO where the survey instruments were tested. Despite the fact that the local language is K'iche', educators from this NGO gave talks in Spanish, which they said was understood by local women.

### **2. What training do the NGOs give to their promoters and educators regarding the translation of health messages?**

With the exception of Renacimiento, which trains directly in the local language, the question of how to translate health messages is not addressed in training. NGO training is provided by Spanish-speaking physicians, nurses and trainers associated with the NGO or occasionally by Ministry of Health personnel. When there are promoters or TBAs in the trainee group who are not fluent in Spanish, the trainer may arrange for someone to translate key messages into the local language. However, quality control is lacking since the trainer is not conversant in the local language and cannot understand what the translator says.

The lack of attention to translation issues in the training of rural health workers stands in contrast to the meticulous attention given to this matter in research studies. Researchers training field

interviewers will usually spend considerable time reaching consensus on the translation of each survey question that will be asked in the field. Yet, no time is devoted in the training of promoters, TBAs and educators to discussion of translation issues.

Promoters and TBAs participating in the focus groups agreed that this is sometimes a problem. Not all of them are fluent in Spanish, and technical words in particular could be difficult to understand. However, they also reported that they could always find someone to help them understand: a trainer, friend, family member or NGO staff member.

**3. To what degree, and how, do the NGO promoters and educators translate the basic health messages contained in their training and educational materials?**

As indicated above, no attempts by NGOs to provide support with the translation of key health messages were identified with the exception of Renacimiento. Nonetheless, promoters and educators apply varied strategies to deal with the problem.

A common strategy is to avoid the issue of translation by conducting educational activities in Spanish. Participants in the focus groups of promoters, educators and traditional birth attendants (TBAs) reported that they only use the local Mayan language if there is someone in the group of participants who does not understand Spanish. One of the reasons for using Spanish that emerged from the focus groups was that promoters often deal with mixed Mayan/*Ladino* groups. They noted that *Ladinos* are offended when they use the Mayan language. Therefore they are careful to deliver the message in Spanish first, and repeat it in the Mayan language only if that is necessary to reach individuals in the group who are not fluent in Spanish.

It was noted in the observation of educational activities conducted by the promoters and educators that, without exception, every educator observed used words in Spanish in their talk, even when the activity was being conducted in the Mayan language. Although the use of Spanish was not confined to technical words, promoters said that they did have difficulty translating certain technical terms.

**SOME DIFFICULT OR NON-TRANSLATABLE TECHNICAL WORDS**

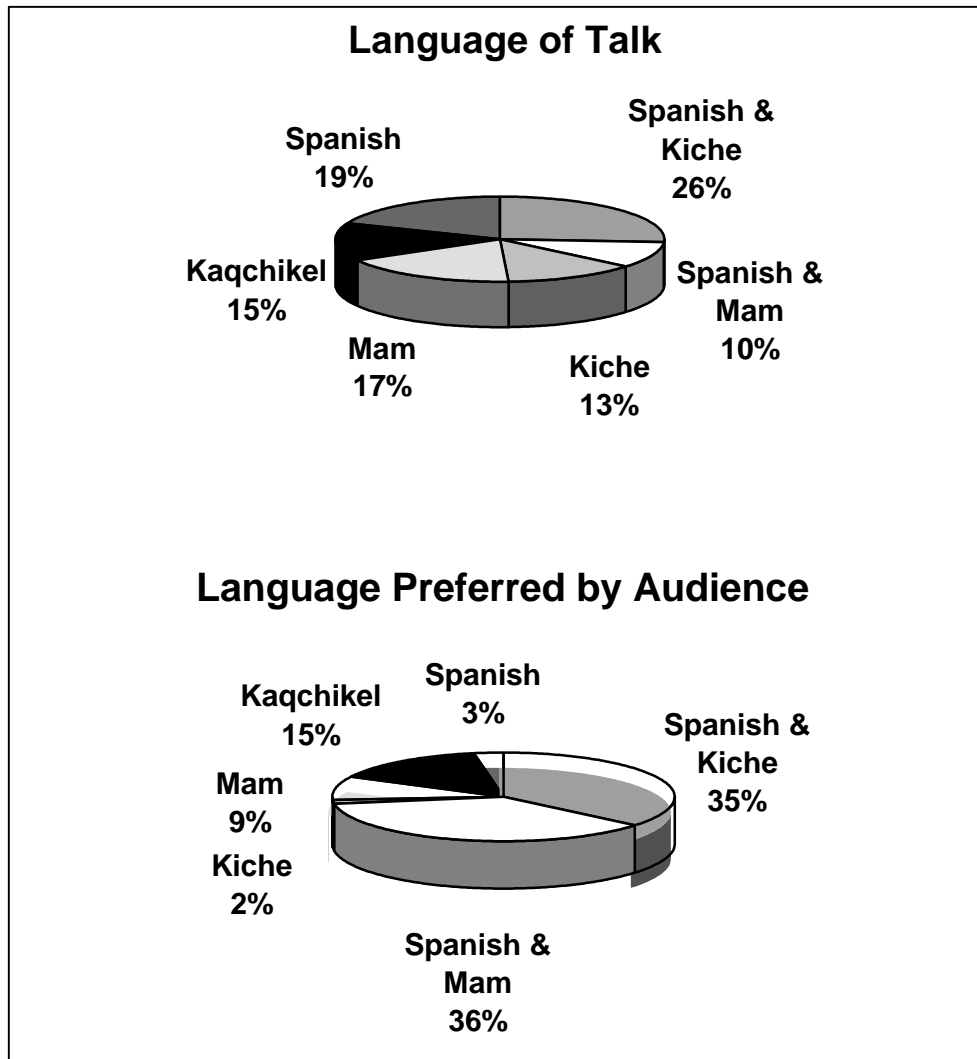
- acute respiratory infections	- dehydration	- objective
- amoebas	- diabetes	- prenatal care
- bacteria	- gastritis	- reproductive risk
- blood clots	- hepatitis	- subcostal
- bronchitis	- infection	- transverse
- colostrum	- lethargic	- vaccination
- convulsions	- malnutrition	- virus
	- microbe	

While some promoters said that they used Spanish when they did not know how to translate a word, there was a general consensus that people in Mayan communities are used to using a mix of Spanish and their own language. When promoters were shown the lists of Spanish words they had used in their talks and asked why they had used Spanish, they responded that:

- "It is a habit. That is the way people talk.
- Messages are better understood when Spanish is mixed in.
- Some words can't be translated.
- Sometimes if you try and stick to pure Mayan, people don't understand because they are used to a mix of Spanish and the Mayan language."

Acceptance of the use of a mix of languages was confirmed in follow-up interviews with members of the audience and is shown in Exhibit 1. When asked which language they preferred for educational talks, both Mam and K'iche' speakers preferred a mix of Spanish and the local language

**Exhibit 1.**



whereas Kaqchikel speakers preferred the Mayan language alone. Of note, is the fact that only 3% of the audience preferred Spanish as the language for educational activities. About half (51%) of this same group said that the educational activity they attended was easy to understand because it was given in the local language.

Promoters and educators participating in focus groups reported that when they have educational materials they use two approaches. They may read the Spanish messages to their audience or have a literate member of the group read the messages out loud. They then repeat the messages in the Mayan language. When their audience is exclusively Mayan, they may use the Spanish materials as a personal guide or reminder, but give their talk directly in the Mayan language. They reported that they may discuss the translation of messages with the audience, practice translating on their own and practice giving educational talks in the local language.

Not all of the Mayan community workers are literate, but those who are not have developed coping mechanisms. A TBA in the K'iche' area stated: "I don't know how to read or write, but when I am working with groups, I ask someone who does read to tell the group what the materials say. Then we discuss it and I clarify any misunderstandings."

**4. What difficulties have promoters and educators had in translating basic health messages? In addition to translation, what other adaptations have they had to make to assure that the messages are comprehensible and acceptable to their audience?**

In the observations in the field of promoters and educators giving educational talks, most ratings were in the 3 to 4 point range. This indicates that the messages given by the promoters were considered to be similar, or very similar to the key messages. However, the observations recorded made it abundantly clear that the quality of translations was not the only, or even the principal, problem with the promoter's educational activities. Other important problems observed were:

- incomplete and/or incorrect messages
- Message overload
- minimal use of participatory adult education techniques
- a lack of teaching or support materials

Annex 2 gives a complete example of an observation form for an educational talk. The example given is of the lowest-rated talk which received a score of 2.7 on a five-point scale with 5 being the highest rating. It was chosen because it illustrates all four of the problems noted above that were observed in the educational activities.

Incomplete and Incorrect Messages

Table 1 provides examples of incomplete messages drawn from the various talks observed. The first column shows the key messages that should be transmitted in educational activities. The middle column records what the promoter or educator said, and the final column points out the missing element or the elements in the message that were not communicated by the promoter.

**TABLE 1. INCOMPLETE MESSAGES**

<b>KEY MESSAGES</b>	<b>TRANSLATED MESSAGE</b>	<b>MISSING ELEMENT(S)</b>
<p><b>Danger Signs in Childbirth:</b></p> <p>If there is hemorrhaging, find a way to get the mother to the hospital because she can die within an hour or two.</p>	<p>If parts of the placenta are retained after delivery, that will start a hemorrhage. This is very serious and little by little will produce a bad odor, fever, headache and chills.</p>	<p>Get the mother to a hospital ASAP.</p> <p>A hemorrhaging mother can die very quickly.</p>
<p>Fever after delivery is a danger sign and the mother needs to see a Doctor.</p>	<p>One sign of infection during or after childbirth is fever.</p>	<p>Fever is a danger sign and the mother needs medical attention.</p>
<p><b>Diarrheas and ARIs</b></p> <p>Diarrhea and acute respiratory infections (ARIs) are the illnesses which most affect children under five in our communities and can even cause death.</p>	<p>The most frequent illnesses in our communities are diarrhea and vomiting and acute respiratory infections and cough.</p>	<p>Children are especially at risk These illnesses can be fatal in small children.</p>

In all three examples given above, the promoter's message was rated as similar (3) or very similar (4) to the intended message of the agency. However, the failure to mention the need for medical attention for the danger signs of childbirth was a serious omission with important potential consequences. It shows that the failure to give a complete message can be as significant as an incorrect message.

Throughout the observations, incorrect messages were considerably more common than incomplete ones. These errors were virtually all technical in nature and not due to failures of translation. Table 2 provides examples.

**TABLE 2. EXAMPLES OF INCORRECT MESSAGES**

<b>AGENCY MESSAGE</b>	<b>TRANSLATED PROMOTER MESSAGE</b>	<b>INCORRECT ELEMENT</b>
<p><b>Nutrition</b> Protein is found in fish, eggs, milk, cheese, and beef. A pregnant woman should eat these foods once or twice a week.</p>	<p>Protein is found in fish, eggs, milk, cheese and beef. A pregnant woman should eat these foods at least once a month.</p>	<p>Frequency recommended for protein consumption changed from once or twice a week to once a month</p>
<p><b>Nutrition during pregnancy</b>  Protein helps form the new baby, from the hair to the nails, and it is also important for growth. Protein is found in meat, milk, eggs, beans, soy products, Incaparina and Bienestarina (fortified foods).</p>	<p>Protein helps children grow. For that reason you need to eat tortillas. We find protein in fruits and vegetables.</p>	<p>Examples of protein-containing foods are incorrect.</p>
<p><b>Acute Respiratory Infection (ARI)</b>  Acute respiratory infections or ARIs are transmitted from a sick person to a well one by drops of saliva or mucus, which are sprayed when the sick person coughs, sneezes or speaks.</p>	<p>Seasonal weather creates a lot of dust that is damaging to our health because we breathe it in and it causes an illness called IRA.</p>	<p>The cause and mode of transmission of IRAs are incorrect</p>
<p><b>Family planning</b>  A woman is not fertile all the time and can only get pregnant on certain days of the month. These are called fertile days.</p>	<p>Women are always fertile. That is why some women get pregnant again even while they are breastfeeding.</p>	<p>The promoter message is the opposite of the agency message.</p>
<p><b>Oral Rehydration Therapy (ORT)</b> Oral rehydration (ORT) avoids dehydration in the child with diarrhea.</p>	<p>ORT prevents diarrhea.</p>	<p>ORT does not prevent diarrhea.</p>

The omissions and errors found in Tables 1 and 2, and in the Observation Form in Annex 2 are suggestive of insufficient or inadequate training and supervision. Promoters and TBAs with low literacy skills need repetition, supervised practice and frequent reinforcement to fully master the messages they are expected to transmit to the community. Since they do not read or write well, they are not accustomed to taking notes during training. They rely on memorization, a difficult task for anyone, but especially when they must commit to memory large numbers of messages delivered in a short training period. Without supervised practice in delivering those messages and simple support materials for guidance, their messages to the community can be expected to vary in significant ways from the original. This is particularly true if the official agency message differs from the promoter's own view or beliefs. An example is found in Table 2 where the promoter attributed ARIs to seasonal weather conditions.

### Educational Methodology

Six of the eleven educational activities observed were essentially lectures or "*Pláticas*" as they are known in Spanish. One activity was a dramatization, but was not an interactive one. Two other activities were talks with the promoter asking the audience members to say what they saw in an illustration. This technique, borrowed from the pretesting of materials, can be useful if it triggers discussion. However, if the audience is just repeatedly quizzed about what they see in the drawings or illustrations being used, the process quickly becomes tedious.

Only two of the eleven activities were participatory with active audience involvement and interchange with the promoter or educator. Oddly, in all of the activities put together, there was only one audience-initiated question. This despite the fact that the observer noted in every case that the audience appeared to be interested.

In addition to relying in most cases on formal talks as an educational technique, the amount of content covered in several of the activities was formidable. As many as three different subjects with up to thirty key messages were covered in less than an hour. The observation form in Annex 2 provides an example where the promoter covered the Menstrual Cycle, LAM and NFP (necklace method) in roughly 40 minutes. As noted by the observer, not only was her audience one of rural women not accustomed to passively receiving information, but she also had a visual aid for only one of the three subjects covered.

In part, the content overload was a function of the educational methodology chosen. When there is no discussion or interaction with the audience, the educator feels compelled to continue delivering information until the allotted time has expired. Unfortunately, without interactions with the audience, the instructor has no way of knowing how much of the information being presented is being absorbed. Research on health communications indicates that educators should aim for about three take home messages in an educational encounter with a client. The fact that the setting for the encounter may be a *plática* rather than a counseling session does not mean that audience absorption capacity is suddenly improved.

If promoters and educators were more adept at using participatory educational techniques, time could be spend reinforcing messages with the audience, practicing applications and discussing doubts and concerns. This type of change in educational methodology should go a long way toward reducing the problem of message overload in the *pláticas*.

### Instructional Materials/Visual aids

Another notable problem observed was the lack of teaching or support materials. Two of the eleven educators used handmade visual aids and a third had improvised a visual aid with a half-page drawing taken from a child's primary school exam. Two of the eleven had no materials and one was using a letter-sized illustration of self-breast exam for an audience of 46 women. The remaining five had flip charts or "*mantas*" (cloth posters). The flip charts varied in size, with one described as having large lettering (in Spanish) and small drawings. The *mantas* were from La Leche League of Guatemala. The need for better, and larger, visual aids was commented upon by some of the audience members who were interviewed after attending the talks.

### **5. What has been the response of members of the target audience who have recently been exposed to NGO educational activities and materials? Have messages been understood? Have they been acted upon?**

Information on audience response was collected in follow-up visits to a sample of attendees at the educational activities. The purpose of the follow-up interviews was to assess what participants recalled from the activity they attended and determine how they felt about it.

### Audience response

Of the 69 audience members interviewed, 68 recalled the subject of the talk they attended. Ninety-three percent correctly remembered all or parts of key messages. Of note is the fact that, overall, two thirds of the respondents said that they had previously heard about the subject. Thus it is possible that they were already familiar with much of the information given in the talk or that certain individuals regularly attend educational talks and others do not. However, in the Kaqchikel area only 30% had previously received information on the subject of the talk. Only 10% reported any difficulty in understanding the educational talk and they gave the following reasons for the problem:

- There were no illustrations or examples given to help them remember what was said
- Some words used were difficult to understand
- So many different things were covered it was hard to remember them all.

When audience members were asked whether or not they agreed with the recommendations that had been made by the promoter or educator all but one person responded affirmatively. Two-thirds said that at some point they had done what was recommended by the promoter and most others announced their intention to follow the recommendations in the future.

All but one of the interviewees was interested in attending additional educational activities in the future and several expressed appreciation for the opportunity to receive information that would help keep their families healthy. The health subjects most frequently mentioned as of interest for future educational talks were:

- Child health
- Family planning, especially strategies for overcoming opposition from husbands (only mentioned in the Kaqchiquel area)



- Hygiene, and
- Nutrition and home gardens

A variety of other subjects were also suggested such as sewing, embroidery, baking and other potentially income-producing activities.

Audience members also had suggestions for improving educational activities. Most frequently mentioned (21 respondents) was the desire to have medical services offered together with the talk. Other suggestions included inviting men, inviting more people, scheduling the activities at more convenient times or locales and using more visual aids to make the subject easier to understand.

### Promoter opinions

In addition to audience interviews, TBAs, promoters and educators attending the eight focus groups conducted in the Kaqchikel, Mam and K'iché linguistic areas were asked for their perspective regarding the acceptability and application of health messages among their target audience. As could be expected, some health messages were more widely accepted than others. Interventions that they said were not well accepted in Mayan communities included family planning, Pap smears, prenatal clinic visits, hygiene and vaccinations. Some of the reasons given for resistance to promoter recommendations are cited in Table 3. below.

Participating agencies were not asked whether or not they discuss cultural differences with promoters during training, but the observations of promoter educational activities suggest that promoters generally attempt to repeat the standard key health messages they remember from their training with no adaptation to the audience. In the specific case of family planning, promoters reported that they overcome resistance to the message by emphasizing benefits and advantages. Overall, it is likely that cultural issues are generally ignored, both in educational activities and in the preparation of educational material.

**TABLE 3. COMMUNITY HEALTH PRACTICES AND ATTITUDES TOWARD PROMOTER RECOMMENDATIONS**

CURRENT PRACTICES	ATTITUDES
<p><b>Hygiene</b></p> <p>People do not boil water</p> <p>They do not wash their hands with soap and running water</p> <p>Some bathe infrequently</p>	<p>They have drunk the local water for centuries. Why does it now need to be boiled?</p> <p>Bathing can be dangerous if it upsets the equilibrium between hot and cold.</p> <p>Bathing can cause stomachaches or pain in the feet.</p>
<p><b>Vaccinations</b></p> <p>Many people don't bring their children for vaccinations</p>	<p>People have survived for millennia without vaccinations. Why are they needed now?</p> <p>Vaccinations can cause illness. They make a healthy child fussy and cause fever and swelling. They can sterilize.</p> <p>Lots of people don't get vaccinations, but they don't get sick</p>
<p><b>Family planning</b></p> <p>Family planning prevalence is very low.</p>	<p>Children are sent by God, and only God can control their numbers.</p> <p>It is a woman's responsibility before God to bring children into this world and raise them.</p> <p>Family planning kills children</p>
<p><b>Pre-natal care</b></p> <p>Only 46% of indigenous women receive pre-natal care from a doctor or nurse.</p>	<p>Pregnant women who eat more during pregnancy will gain weight that will make delivery difficult.</p> <p>Tetanus vaccinations can sterilize women</p> <p>TBAs have always cared for pregnant women in the community and are a better choice than the health center</p>

### **Recommendations:**

1. NGOs should review technical words with promoters during their training. When there is no equivalent term in the local Mayan language for a technical word, they should jointly agree on wording which explains the concept behind the term.
2. Bilingual educators and promoters should be encouraged to use the local language or a mix of Spanish and that language.
3. Agencies need to make a concerted effort to monitor educational activities conducted by their promoters, educators and TBAs to assure that messages being delivered to target audiences are both correct and complete.
4. Training should involve the amount of supervised practice needed to achieve competency in the delivery of educational messages. Competency should include both technical knowledge and mastery of educational techniques appropriate for use with low literacy audiences.
5. Agencies also need to change their educational methodologies to include audience participation and feedback if they want to be sure that their educational messages are being understood at the community level.
6. Educators and promoters relate that there is resistance to some of the messages they promote. Ways of dealing with resistance, rumors and myths should be discussed in training as well as cultural adaptations that might be desirable to enhance the impact of one-on-one communications.
7. NGOs might consider pooling resources to train, by linguistic areas, bilingual trainer/supervisors in techniques of low literacy adult education.
8. The lack of visual aids and teaching materials seriously diminishes the effectiveness of promoter educational activities and contributes to the problem of incomplete and/or inaccurate messages being delivered to community members. Promoters, educators and TBAs should have access to simple visual materials with key messages on every health topic they teach in the community.

### **References:**

*Guatemala, Encuesta Nacional de Salud Materno Infantil 1998-1999.*

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# ANNEX 1

## **ESTUDIO DIAGNÓSTICO ACERCA DE LA TRADUCCIÓN DE MENSAJES DE SALUD POR PROMOTORES BILINGÜES EN GUATEMALA**

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### **RESUMEN EJECUTIVO**

Para comprender mejor cómo promotores bilingües, comadronas y educadores en el campo traducen mensajes claves de salud del español a los idiomas mayas de Guatemala, Development Associates hizo un diagnóstico en febrero y marzo de 2000 con el apoyo de Project Concern International (PCI) y la colaboración del Consejo de Población (CP) y el Proyecto de Garantía de Calidad (QAP) de University Research Corporation (URC). Cinco ONGs guatemaltecas asociadas con el Consejo de Población participaron en el diagnóstico (B'elejeb B'atz, IDEI, PIES de Occidente, Renacimiento y SHARE/CESERCO) y una ONG asociada con PCI (Consejo de Mujeres Mayas) colaboró con la validación de los instrumentos del diagnóstico.

El diagnóstico utilizó cuatro instrumentos cualitativos: un cuestionario auto-administrado para los responsables de IEC en cada ONG; una guía de observación semi estructurada para observaciones en cada ONG de charlas u otra interacción educativa por parte de promotores, educadores y comadronas hacia personas de la comunidad; una guía para grupos focales con promotores o educadores de cada ONG; y una guía para entrevistas de seguimiento con miembros de la audiencia de las charlas. Las entrevistas y las observaciones se llevaron a cabo en tres áreas lingüísticas: Kaqchiquel, K'iche' y Mam.

El estudio diagnóstico se enfocó en las siguientes preguntas:

1. ¿Cómo aseguran las ONGs socias de USAID que los educadores y promotores traducirán correctamente los mensajes básicos de salud a los idiomas mayas?
2. ¿Qué capacitación sobre traducción de los mensajes básicos de salud dan las ONGs a sus educadores y promotores?
3. ¿Hasta qué punto y en qué forma realizan los promotores y educadores de las ONGs la traducción de los mensajes básicos de salud contenidos en sus programas y materiales educativos?
4. ¿Qué dificultades enfrentan los promotores y educadores al hacer la traducción de los mensajes básicos de salud? Además de la traducción, ¿Qué otras adaptaciones han tenido que hacer a los mensajes para hacerlos más comprensibles y aceptables a las audiencias?
5. ¿Cuál es la comprensión y la toma de acción por parte de la audiencia que ha estado recientemente expuesta a actividades y materiales de comunicación de la ONG?

Los elementos más notables en las respuestas a estas y a otras preguntas que salieron a consecuencia del diagnóstico se resumen a continuación:

- Sólo una de las cinco ONGs participando en el estudio empleaba una estrategia específica para tratar el asunto de traducciones. Renacimiento usa el idioma local Kaqchikel tanto para

la capacitación de sus promotores como para sus actividades educativas en la comunidad. Las demás cuatro ONGs usan el español para la capacitación de promotores, y dan por sentado que los promotores bilingües y las comadronas traducirán automáticamente cuando hagan actividades educativas en las comunidades.

- Con la excepción de Renacimiento, las personas que ofrecen capacitación en las ONGs solo hablan español. Son médicos, enfermeras y educadores asociados con la ONG o a veces con el Ministerio de Salud. Cuando hay promotores o comadronas en el grupo de participantes que no dominan el español, el instructor puede hacer arreglos para la traducción de mensajes claves al idioma local. Sin embargo, falta control de la calidad de la traducción porque el instructor no habla el idioma local y no puede entender lo que dice el traductor.
- Los promotores y educadores bilingües aplican diferentes estrategias para manejar asuntos de traducción. Una estrategia común, que evita totalmente el problema de traducción, es hacer las actividades educativas en español. Una de las razones para usar el español surgió de los grupos focales con promotores. Ellos indicaron que con frecuencia tienen un grupo mixto de personas indígenas y ladinos. Los ladinos se ofenden cuando ellos usan el idioma maya. Así que siempre dan el mensaje primero en español y sólo lo repiten en el idioma local si haya necesidad de hacerlo.
- Aún cuando los promotores y educadores dieron su plática en el idioma local, mezclaban palabras en español, tanto técnicas como no técnicas, con el idioma mayense. Miembros de la audiencia en las áreas lingüísticas de K'iche' y Mam afirmaron que prefieren una mezcla de español con su propio idioma mientras las personas Kaqchikel-hablantes tenían una preferencia para su idioma pura.
- Algunas palabras técnicas son difíciles de traducir, y porque muchas son términos médicos, no aparecen en los diccionarios corrientes.
- A pesar de las dificultades ocasionales con traducción reportadas por los promotores, la mayoría de los problemas que fueron observados en las actividades educativas evaluadas no tenía que ver con traducción. Mucho más común eran los mensajes incompletos o incorrectos, una sobrecarga de mensajes, el uso mínimo de técnicas participativas de educación de adultos y la carencia o ausencia de material didáctico o de apoyo. Algunos de los errores y omisiones resultaron en la transmisión de mensajes distorcionados a la comunidad. Un ejemplo es la declaración que las perlas rojas en el método del collar representan los días de peligro de embarazo y no los días de menstruación. Otro es informando a la audiencia que con el método del collar "hasta los once días no hay peligro de embarazo" cuando la norma es que hasta los ocho días no hay peligro.
- En once actividades educativas observadas, sólo hubo una pregunta espontánea por parte de un miembro de la audiencia y muy poco intercambio entre el promotor o educador y los miembros de su audiencia. Sin interacción, el promotor o educador desconoce lo que su audiencia ya sabe o lo que ha captado como resultado de la actividad educativa. Tampoco es posible discutir diferencias culturales o corregir mitos y rumores sin tener un intercambio con los asistentes a la plática.

- Ayudas visuales y material educativo de alta calidad ayudaría enormemente a reducir el problema de errores y omisiones. Aún cuando los promotores no saben leer, informaron que invitan a una persona alfabeto a leer el mensaje al grupo para luego discutirlo con los miembros de la audiencia.

### **Recomendaciones:**

1. Las ONGs deben revisar palabras técnicas con los promotores durante la capacitación. Cuando no existe una palabra equivalente en el idioma local, deben ponerse de acuerdo sobre la explicación que mejor comunica el sentido de la palabra.
2. Las agencias deben hacer un esfuerzo especial para supervisar las actividades educativas realizadas por sus promotores, educadores y comadronas para asegurar que los mensajes que ellos están transmitiendo a la audiencia blanco son no sólo correctos sino también completos.
3. La capacitación debe incluir la cantidad de práctica supervisada necesaria para el logro por parte de los participantes de un desempeño aceptable en la transmisión de mensajes educativos. La medida de desempeño aceptable debe abarcar tanto los conocimientos técnicos del capacitando como sus habilidades en la aplicación de técnicas educativas apropiadas para una audiencia analfabeta o semi-alfabeta.
4. Las agencias además deben modificar sus metodologías educativas para permitir la participación y retroalimentación de la audiencia si desean asegurar que sus mensajes educativos están siendo captados a nivel de la comunidad.
5. Los educadores y promotores informan que hay resistencia a algunos de los mensajes que ellos promueven. Se debería discutir durante la capacitación formas de encarar mitos, rumores y resistencia al mensaje como también adaptaciones culturales que pudieran ser deseables para aumentar el impacto de las comunicaciones de persona a persona.
6. Las ONGs podrían considerar la opción de juntar recursos para capacitar, por área lingüística, a capacitadores/supervisores bilingües en técnicas educativas para adultos analfabetos o semi-alfabetos.
7. La falta de ayudas visuales y material didáctico, disminuye seriamente la eficacia de las actividades educativas realizadas por los promotores y contribuye al problema de la transmisión de mensajes incompletos y/o incorrectos a miembros de la comunidad. Los promotores, educadores y comadronas deben tener acceso a materiales visuales simples con los mensajes claves correspondientes a cada tema que ellos enseñan en la comunidad.

## ANNEX 2



## OBSERVATION OF A FORTY-MINUTE EDUCATIONAL TALK

- A. Subject of the talk:** The menstrual cycle, Natural Family Planning (NFP) using a necklace as a user-aid, and the Lactational Amenorrhea Method, LAM.
- B. Description:** The promoter gave the talk in Kaqchikel to a group of mothers, some of them very young, and all of whom spoke this language. She used a hand-made visual aid in poor condition that she had prepared herself. This small poster with no text illustrated the menstrual cycle. The colors corresponded to those used in Population Council manuals: red for menstruation, green for the fertile period and brown for dry days. Even though three topics were covered in the talk, the only visual aid used was the menstrual cycle poster.
- C. Translation**

KEY MESSAGES	TRANSLATED MESSAGES	RATING
<p><b><u>The menstrual cycle</u></b></p> <ul style="list-style-type: none"> <li>- The menstrual cycle starts on the first day of bleeding and lasts until the day before the next menstruation.</li> <li>- The duration of the menstrual cycle is different for different women and from one cycle to the other. The shortest menstrual period is 26 days and the longest is 32. The average cycle lasts 28 days.</li> </ul>	<ul style="list-style-type: none"> <li>- The menstrual cycle begins on the first day of bleeding</li> <li>- The menstrual cycle lasts 28 to 30 days. Each woman is different.</li> </ul>	<p>3 - <b>Incomplete</b> message. The end of the menstrual cycle is not mentioned.</p> <p>2 - <b>Incorrect/incomplete</b>. States 28 to 30 days instead of 26 to 32 and does not mention cycle variation month to month</p>
<ul style="list-style-type: none"> <li>- The menstrual cycle can be compared to mother nature. It has three stages: <ul style="list-style-type: none"> <li>dry days (infertile)</li> <li>wet days (fertile)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- The menstrual cycle has various stages. Dry days are compared to the sun and wet ones to the moon.</li> </ul>	<p>3 - <b>Incorrect/incomplete</b> analogy: Wet days are compared to the rain, dry ones to the sun and menstruation to the moon. Fertile/infertile days are not mentioned.</p>

KEY MESSAGES	TRANSLATED MESSAGES	RATING
<p style="text-align: center;">dry days (infertile)</p> <p><b>Lactation Amenorrhea Method (LAM)</b></p> <ul style="list-style-type: none"> <li>- LAM is a very good method for spacing pregnancies if the following requirements are met: <ul style="list-style-type: none"> <li>the baby is less than six months old,</li> <li>the mother breastfeeds day and night, and</li> <li>her menstrual period has not returned.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- There are several methods for spacing pregnancies, both artificial and natural.</li> <li>- LAM is a very good method for breastfeeding mothers of small children. As long as the mother is breastfeeding the ovary doesn't ripen eggs.</li> </ul>	<p>2 - <b>Incomplete</b> message. None of the three requirements for use of LAM are given. <b>Incorrect</b> statement that breastfeeding women don't ovulate.</p>
<p><b>NFP (Necklace Method)</b></p> <ul style="list-style-type: none"> <li>- Good communication and the collaboration of the partner are needed for use of NFP with the necklace.</li> <li>- With this method, there is no risk of pregnancy during the first 8 days of the menstrual cycle.</li> <li>- The red beads represent the days of menstruation.</li> <li>- The necklace method is for women who have regular menstrual cycles (26-32 days).</li> </ul>	<ul style="list-style-type: none"> <li>- Studies say that the necklace method of NFP requires couple communication.</li> <li>- You count starting with the red beads. There is no danger of pregnancy for the first 11 days.</li> <li>- The red beads represent the days of danger of pregnancy</li> <li>- This method is for women with exact menstrual cycles</li> </ul>	<p>5 - <b>Correct</b></p> <p>2 - <b>Incorrect.</b> Eleven-day infertile period given instead of 8.</p> <p>3 - <b>Incorrect.</b> Red beads represent menstruation</p> <p>4 - <b>Incomplete.</b> Exact is not defined. Regular cycles are those between 26 and 32 days.</p>

**D. List of Spanish words used during the talk:**

<b>Words of technical importance</b>	<b>Non-technical words</b>	
<ul style="list-style-type: none"> <li>- The Necklace Method</li> <li>- lasts 11 days</li> <li>- pregnant</li> <li>- menstruation</li> <li>- menstrual cycle</li> <li>- exact date of menstruation</li> <li>- method</li> </ul>	<ul style="list-style-type: none"> <li>- invitation</li> <li>- understand</li> <li>- couples</li> <li>- you have to</li> <li>- meaning</li> <li>- subject</li> <li>- then, thus</li> <li>- recommendations</li> <li>- form</li> <li>- figure</li> <li>- moon</li> <li>- persons</li> <li>- health</li> </ul>	<ul style="list-style-type: none"> <li>- talk</li> <li>- danger</li> <li>- family</li> <li>- move</li> <li>- programs</li> <li>- green</li> <li>- mark</li> <li>- study</li> <li>- important</li> <li>- opportunity</li> <li>- color</li> <li>- according to</li> </ul>

**E. Quality of the educational inter-action between the promoter and the community members**

<b>Teaching material used</b>	<b>Interaction with Audience</b>
The promoter used a small, hand-made poster to explain the menstrual cycle	<ul style="list-style-type: none"><li>- When the promoter showed the visual aid, she asked the audience what it represented.</li><li>- She waited for only one response, then began her talk</li><li>- She asked the audience if they had any doubts or questions but gave them little time to respond</li><li>- Only one participant asked a question. The promoter responded with an incorrect answer.</li><li>- She held the attention of the group which seemed very interested in the talk</li></ul>

This promoter needed more support in technical knowledge, educational methodology and teaching materials. She carried out her activity with no text or notes and translated what she recalled from her own training. In general, the translated messages were incomplete. This was clearly not due to inability to translate, but rather to her own knowledge deficiencies.