Can Marketing Of Multiple Vitamin/Mineral Supplements Reach the Poor?

The *Vitaldía* Project, Bolivia.

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Executive Summary

This report documents the qualitative research conducted for the development of a multiple micronutrient supplement (*VitalDía)* marketed to reach low income women in Santa Cruz, Bolivia. It also presents results from the baseline and final Knowledge, Attitudes, Practices, and Behavior (KAPB) studies conducted to assess the reach of the program among women of reproductive age. LINKAGES provided the instruments used in these surveys to facilitate the development and evaluation of similar programs.

Formative research was used to guide the development of a multiple micronutrient supplement appropriate for women of reproductive age. Based on opinions expressed by women and health care providers in focus groups, the name *VitalDía* was decided upon and a tablet containing 12 nutrients was formulated in Bolivia by a local pharmaceutical firm. The tablets were packaged in blister packs and sold at a low cost in packages of 30 tablets to promote daily usage by low income women.

A baseline survey was conducted in January/February 1999 prior to the marketing and sales of *VitalDía* which began in June 1999. A final survey was conducted in March/April 2000 to assess the reach of the program.

Knowledge and Use of multiple vitamins

Over 80% of women in both the baseline and follow-up surveys had ever heard of *vitamins*, and about 2/3 of women had ever used them. Use of multiple supplements, however, increased between the two surveys. In the baseline survey, 37% of women had ever heard of *multiple* supplements compared to 61% in the final survey. In the baseline survey, only 11% of women reported ever consuming multiple supplements. This percentage doubled after one year to 25%.

The increase in knowledge and ever use was particularly impressive for low income groups, with knowledge of multiples increasing from 27% to 56% in the lower wealth group compared to an increase from 51% to 71% in the higher wealth group, and ever use nearly tripling from 7% to 20% compared to a doubling of ever use in the higher wealth group (17% to 33%).

Multivariate analyses illustrated that the increase in use was not a result of changes in the socio-economic status of the populations studied in the two surveys, but was a real increase.

Knowledge and Use of VitalDía

The use of the brand of multiple supplements developed and promoted by this project was substantial., especially for a newly introduced product. In the final survey, 11% of women had ever used *VitalDía,* 7% consumed it in the last 3 months, 4% in the last month, and 3% in the last week.

Usage was reported to be regular (84% consumed them on a daily basis), which indicates that its nutritional impact is likely. Women found the product to be beneficial and to be priced at a reasonable cost.

Reasons given without prompting for taking *VitalDía* included to improve from an illness or weakness (32%), to be better nourished (35%), because of medical prescription (11%), and 10% because of ads on television. These responses did not differ by socio-economic status.

Factors associated with Use of VitalDía

The use of *VitalDía* in the final survey was positively associated with education and socio-economic status. Seven percent (7%) of women with <9 years of education had ever consumed *VitalDía* compared to 15% for women with 9 or more years, and 7% of women in the lower wealth category had ever consumed it compared to 17% for those above the median. Women living in the capital city of Santa Cruz were more likely to have ever used *VitalDía (*13%) compared to those in mid-sized cities (11%) and those in rural areas (7%).

Other factors associated with use of *VitalDía* as determined by multivariate analyses, controlling for socio-economic status, included perceived benefits about the use of multivitamins and having heard about them on television or radio.

Acknowledgements

Many were involved in the development, implementation and evaluation of this effort.

Population Services International (PSI) and its affiliate PROSALUD in Santa Cruz, Bolivia were the principal agencies responsible for the implementation of the project. Elizabeth Warnick (PSI) was the technical advisor for the development and implementation of the project and provided technical assistance to PROSALUD. Chris Brady, the Bolivia PSI Country Director provided valuable input both technically and managerially. Sharon Slater, PSI/Washington, provided continual support. Both Jill Shumman and Imran Zafar of PSI were extremely influential in the development stages of the project.

Marta Merida, the social marketing director of PROSALUD, oversaw the project and supervised all aspects. Ana Karina Chavez helped conduct the focus groups, developed the marketing campaigns, and worked on all implementation components. Dr. Carlos Cuellar (previous Director of PROSALUD) and the current PROSALUD Director provided essential support for the project and its continuance. PROSALUD hired a psychologist, Lic. Monje Cuadrado, and a local research firm (Encuestas y Estudios) to conduct and report on the formative research. Much of the results of the qualitative research reported here are taken and translated directly from their reports (Monje Cuadrado, 1998; Encuestas y Estudios, 1999).

The support of Jean Baker, the director of LINKAGES at the Academy for Educational Development, was invaluable; without it, the project would never have been able to proceed. LINKAGES' senior research specialist Kirk Dearden helped with the data processing and analyses of the baseline survey and AED's Orlando Hernandez oversaw the design and data collection for the baseline survey. Teri Davis and Anne Starkweather provided extremely useful administrative support.

Claudio F. Lanata and Betzabe Butron from the Instituto de Investigacion Nutricional (IIN) designed the follow-up survey and oversaw all data collection and cleaning. With help from Hector Verastegui and Teresa Lopez, they analyzed the results of the follow-up survey. An econometric analysis was performed by a team of the Pacifico University in Lima, headed by Rafael Cortez.

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Sandra Huffman provided technical input to PSI and worked with the IIN on the design and analyses of the follow-up survey. She also compiled this report with contributions from Claudio Lanata.

Acronyms

AED	Academy for Educational Development
DHS	Demographic and Health Survey
IIN	Instituto de Investigacion Nutricional (IIN) Lima, Peru
INE	Instituto Nacional de Estadisticas
KAPB	Knowledge, Attitude, Practice and Beliefs (KAPB)
MOH	Ministerio de Salud y Prevision Social -Ministry of Health/Bolivia
PSI	Population Services International
RDA	Recommended Dietary Allowance

Introduction

Because of low intake of animal products and fortified foods and limited intake of varied foods, many women's diets in developing countries are low in several nutrients simultaneously. Micronutrient deficiencies result where intakes of nutrients are limited (such as with vitamin A), bioavailability is poor (as with iron and zinc), and/or nutrient losses are high (as with iron loss due to parasitic infestation). Improving micronutrient intake through dietary approaches by diversifying diets, increasing intakes of foods high in micronutrients (as well as reducing parasite loads) are important strategies to improve women's health. However, because of economic constraints, seasonal harvests, limited production, poor infrastructure to distribute foods produced in other areas, and food consumption patterns, other means of improving micronutrient intake are also needed.

Public sector strategies have been utilized to distribute iron-folic acid supplements to pregnant women through health facilities with limited success, due to distribution and supply problems, low attendance at prenatal care, and side-effects associated with high doses of iron[1] (Ramakrishnan, 2000).

Multiple deficiencies that co-exist prevent optimal improvement in iron status. For example, a recent study in Mexico found that a high proportion of children remained anemic after an intervention with iron (Allen et al, 2000), which the authors suggest is related to other deficiencies including vitamin A and vitamin E. When women are deficient in iron, they are also likely to be zinc deprived as well, with consequences for infant health and development (Caulfield, 1999).

Improving micronutrient status prior to pregnancy has several advantages over a focus on pregnancy. Enhancing folic acid status before pregnancy reduces the risk of neural tube defects (Ceisel, 1993) and multiple micronutrient supplementation has recently been shown to reduce other birth defects as well (Werler et al, 1999). Enhanced iron status in the first trimester of pregnancy is related to improved pregnancy outcome (Hindmarsh, 2000).

Reaching women before pregnancy through the public health sector is difficult because of the lack of contact with women outside of pregnancy or young child health services. Social marketing approaches to sell products directly to the public have, however, been used in fields other than nutrition as a means of expanding coverage and reaching groups not reached by public health programs. For example, oral contraceptives and condoms have for years been successfully marketed directly to the public. Such programs have not only been able to increase use of products but also knowledge about health issues, such as HIV prevention.

[1] Even after an intensive iron-folic acid intervention program working with the Ministry of Health in Bolivia, high proportions of women did not consume adequate iron-folic acid in pregnancy (Mothercare, 1999). While the proportion of pregnant women consuming at least 30 tablets was 62% in intervention sites compared to 30% in control sites, the proportion consuming the recommended number of 90 tables during pregnancy was only 20% compared to 6%. With anemia rates in Bolivia reported at 40% for women with no schooling compared to 21% for women with at least some high school (DHS, 1998), it is imperative that programs to address iron deficiency and anemia develop strategies outside of health sector approaches during pregnancy.

In 1998, funding was obtained from USAID through a cooperative agreement with LINKAGES to test the feasibility of producing and selling a multiple micronutrient supplement suitable for women of reproductive age. The target for this product was low income women living in the Department of Santa Cruz[2]. A local non-governmental organization, PROSALUD, with technical assistance from Population Services International (a social marketing firm) and the Academy for Educational Development developed and marketed a multiple vitamin-mineral supplement.

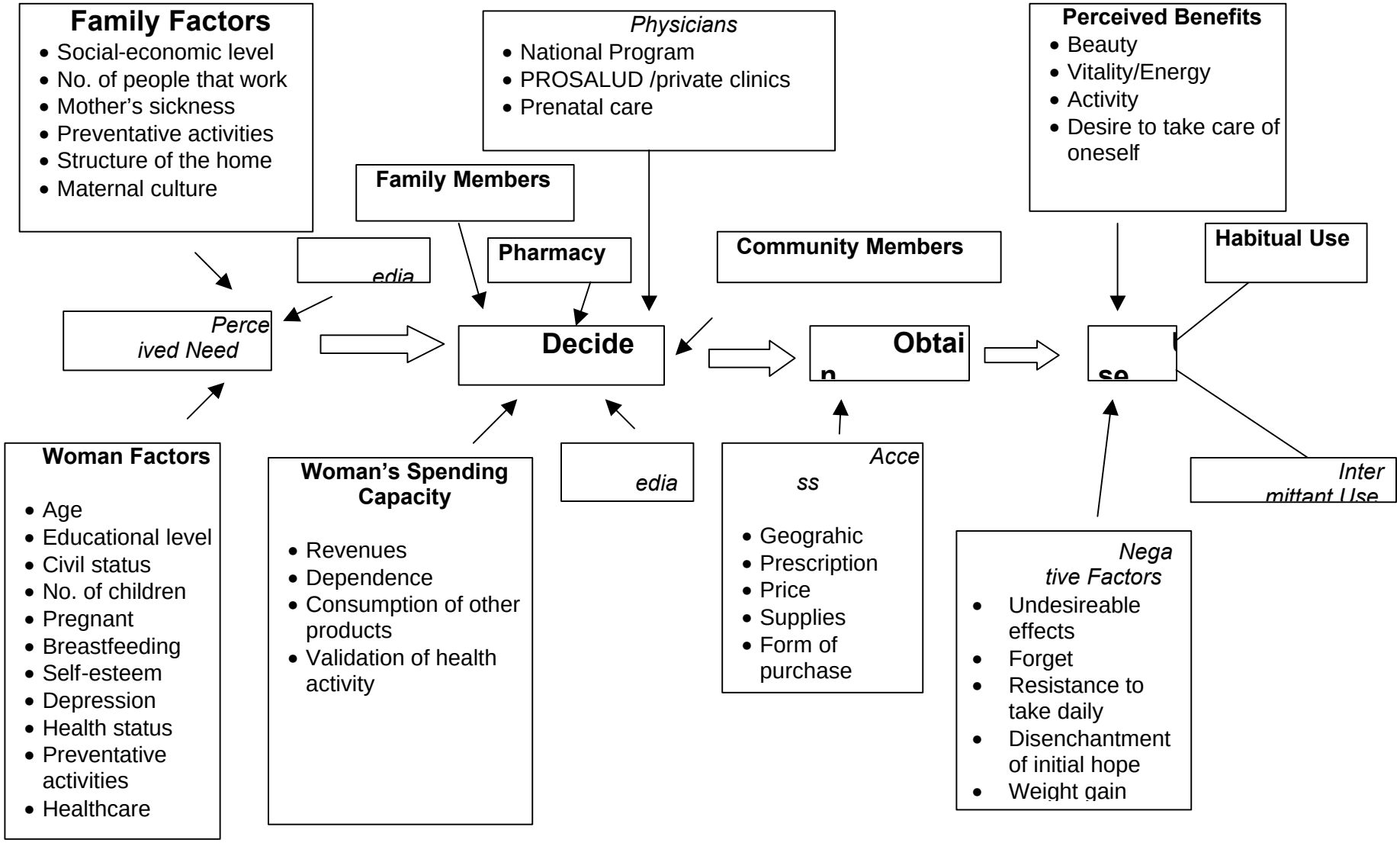
A micronutrient pre-mix was obtained from Roche (Brazil) containing 12 nutrients at levels close to the Recommended Dietary Allowances for women of reproductive age in the US, except with enhanced iron to address the low iron status of Bolivian women. The recommended formula was developed after considering reference standards used throughout the world, including the US RDI, US RDA, UK RDA, and WHO recommended levels. The US RDA was chosen since they were the most recently revised. Annex 1 gives the composition of the tablet in comparison to the most recent US Dietary Reference Intake values (Institute of Medicine, 1997, 1998, 2000).

Qualitative research was used to determine the size, color, packaging, and name for the product. The Bolivian pharmaceutical manufacturer *INTI* produced and packaged the tablets in La Paz. Multiple supplements were then sold to distributors who marketed them to pharmacies throughout urban and rural Santa Cruz; there was also some small scale distribution through markets and mothers' clubs.

This paper reports on how social marketing was used to affect knowledge, attitudes, practices, beliefs and consumption of multiple vitamin and mineral supplements in Bolivia. The conceptual framework illustrating factors related to use of micronutrients in this project is shown in Figure 1.

[2] There are approximately 420,000 women of reproductive age out of a population of 1.7 million in the Department of Santa Cruz (DHS, p. 2)

Figure 1. Conceptual model of factors determining the use of micro-nutrients among women of reproductive age



Formative research

Methods

Formative research was used to develop a multiple vitamin-mineral product that would appeal to women, to determine a suitable price for the produce, to choose a name for the product, and to design the marketing campaign.

Focus Groups

A total of 22 focus groups, each containing 5-10 women of reproductive age (ages 18-45) were conducted. Initially, six focus groups were conducted[3] in the city of Santa Cruz among women during one week of September, 1998 (Cuadrado, 1998). Low income women included women who 1) were market workers (fruit and vegetable sellers); 2) housewives who migrated from Cochabamba, Sucre, Potosi, La Paz, and Oruro, several who were from rural areas; and, 3) housewives originally from Santa Cruz. Middle income women included university students, housewives, and professional women with university degrees.

Subsequently, a local research firm (*Encuestas y Estudios, 1999*) conducted 16 additional focus groups in December 1998. These took place in the three most populated departments of the country (Santa Cruz in the lowlands, La Paz in the *altiplano*, and Cochabamba in the valley). Six groups were conducted in Santa Cruz (four in the city of Santa Cruz, one in the small town of Mairana (with about 5000 population), and one in a rural village (Santa Rosa del Sara). Additionally, focus groups were conducted in the cities of La Paz (n=4), El Alto (n=1), Cochabamba (n=3) and in a rural area outside Cochabamba (in Sipe-Sipe).

In each of the three departments, three groups were of women in lower middle and lower classes (C3-D)[4], and two groups of women of middle and upper middle classes (C1-C2) were included. The poorest women (class E) and the richest women (socio-economic groups A and B) were not included because neither were the target of the program.

Two professionals, a moderator and a psychologist conducted each of the focus groups. A focus group guide was used to lead the discussions (Annex 2). The purpose of the focus groups was to explore perceptions about and use of vitamins and multiple supplements, advertising, and product and packaging preferences. Women from areas outside the target Department of Santa Cruz were included to determine if perceptions toward multivitamins differed in other parts of Bolivia in order to develop a product that would be suitable if the program were to expand nationally.

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[3] By a psychologist Lic. Tania Monje Cuadrado

[4] C1-C2 classes (making up 62% of the Santa Cruz population) included office workers, young professionals, mid-level business women with technical education or a two year university education with a monthly family income of $501-3700; C3-D classes (making up 21% of the Santa Cruz population) included women from peri-urban areas, representing in-migrants of Quechua and Aymara heritage and other lower income women with a family income of $1 to $500 ; the poorest group (E) and the richest group A make up 14% and 3% respectively for Santa Cruz (Encuestas y Estudios, 1999).

Interviews

Twenty lower and middle-income women were interviewed in two markets in the cities of Santa Cruz and Montero within the Department of Santa Cruz to learn about preferences for a proposed name for the product, for an appropriate price for the product and the type of packaging they preferred. Half of those interviewed liked the name *VitalDía,* with the next most liked name *Vidavit* (out of four names suggested). Over 80% suggested a price of between 8-15 Boliviano for a package of 30 tablets. Women were divided about the type of package, about half each wanting a bottle or blister pack.

Additionally, 64 interviews with women of reproductive age were carried out in three pharmacies each in the cities of Santa Cruz, Montero and Cotoca as they entered or left a pharmacy to assess their opinions of an appropriate price for the product. About 80% said they would pay 10 Boliviano or more for a monthly product.

Additionally, 30 short interviews were carried out in La Paz, Cochabamba, and Santa Cruz of five pharmacists (Annex 3) and five physicians (Annex 4) each, and 12 in-depth interviews were carried out in health centers and pharmacies in Santa Cruz and Montero to assess attitudes concerning locally and externally produced vitamin products. The results of these sessions illustrated that most considered products produced in Bolivia to be the most desired, with Europe, the U.S. or Chile next, in that order.

Findings of the formative research

The results of the focus groups were used to design the product and the marketing campaign. While not intended to be statistically valid, they provided the needed information to develop the program.

Perceptions of Multivitamins

Women of both socio-economic groups were familiar with vitamins, and many had used them occasionally during pregnancy or at times when their health was poor. In all the cases mentioned, use of vitamins had been recommended by prescription from a doctor. Ferrous sulfate was considered a vitamin, and they had also heard of vitamin C (for colds), E (for skin), and B complex vitamins (for brain and nerves). In general, few women understood the difference between a vitamin and a multi-vitamin.

Lower income women and women from the Altiplano and Valle areas knew less about vitamins than middle income women.

Consumption habits

No woman consumed vitamins as a matter of habit. Women of both income levels perceived vitamins to be medicinal. For this reason, they did not believe it advisable to take them over prolonged periods of time. There was little understanding of the preventive reason for consuming vitamins. Taking vitamins if not needed was considered

to be harmful, and they were seen as being needed only during pregnancy or illness.

Obstacles to taking vitamins mentioned by the group were:

- fear that too much would damage the body
- fear of gaining weight
- rejection of taking a medication for a prolonged period of time
- rejection for the smell or flavor of the vitamins
- dislike of having to swallow them especially if large
- lack of information
- especially in low income groups, lack of money to buy vitamins, which they consider to be expensive

Middle income women felt that the vitamin needs of women were different depending on their age; many felt that young women needed vitamins less than older women. Younger women needed a “milder” product, and older women a “stronger” product. Younger middle income women felt that motivations for taking a vitamin at age 20 were for beauty, and at age 30 for health.

Lower income women associated vitamins with the idea of “natural”; middle income women associated them with “vitality and health”, and university students with “beauty”.

Women did not normally consider that they needed vitamins to be healthy. They defined their health status as related to helping them to perform their duties as mothers and in helping them take better care of their children. When probed on this, mothers responded that these would be reasons to take multiple vitamins.

There was a strong conviction that vitamins should be taken only with medical prescription since they were similar to medicine. Few had seen any advertising for vitamins.

The views about vitamins and perceptions were quite similar in all regions of the country studied.

Product Preferences

The majority of the participants preferred tablets as being more effective and practical than other formulations (such as syrups). All groups suggested than the ideal shape is round and small (similar to a ferrous sulfate tablet), since it would be easier to swallow. All participants rejected the larger tablets and claimed they would be too difficult to swallow. The participants did not see any relation between the size of the tablet and the number of nutrients that it contains. Solid, covered tablets that are easy to swallow were preferred. Middle income women identified the texture of M&M candy as being ideal. Many preferred a sweet tasting tablet.

The color preferred by all groups was red, but in general, the groups accepted other bright primary colors such as green, white, and dark pink. According to the participants, these colors transmit energy and vitality, as well as give the vitamin a candy-like appearance, and not that of a medicine.

Flavor as well as color appear to be important factors contributing to the acceptance or

rejection of a product. In all the groups, vitamin products most commonly used and accepted were those that were easy to take and good-tasting, such as vitamin C syrups. Those most commonly rejected were for its flavor, such as with ferrous sulfate and Vitamin B_{12}.

The preferred packaging for most of the lower income groups was a blister package because it kept each tablet well preserved, and because it was easier to manipulate. However, this choice may be governed by the habit of purchase (buying single tablets rather than a package at a time).

Women in the middle income sector preferred plastic jars for the pills because it gave a sensation of quality, was comfortable to have in the house, and kept the tablets fresh.

With relation to the quantity that a package should contain (that they would purchase), low income women said no more than 10 tablets at a time, even if they were to continue taking them. For the low income women, reasons for this number were economic as well as a fear of not liking the product or not being able to tolerate the pills. Women preferring the jar presentation indicated that 30 tablets was the maximum that it should contain, since they would not be likely to ever take more than thirty. Some of these women were open to the idea of having different sizes of jars to choose from.

Price preference

In relation to price, the low income women quoted that 0.50 Bs. (bolivianos) per unit would be a good price and that they could pay 10 Bs. for 30 tablets, although they would never buy 30 at one time. Price points for middle income women ranged from 15 Bs. (university women, usually with no income) to 25 Bs. for 30 tablets. Some women in this income group mentioned that they would buy more tablets if there were an overall price incentive for the quantity purchased. All groups felt that the publicity needed to portray a quality product in order to prevent any price was too inexpensive.

Sales outlet preferences

All groups mentioned pharmacies as those inspiring the most confidence and quality. Low income women indicated that they would not buy from ambulatory vendors or small stores in fear that the quality would not be good. Middle income women also mentioned supermarkets as possible sales points. University students mentioned the health post at the univeristy.

Origin of the product

Concerning the origin of the product, most low income women preferred a Bolivian product. They did not have confidence in products (in terms of chemical composition) from outside of Bolivia. The other middle income groups and low income women from Santa Cruz expressed a preference for American products, but did not completely reject Bolivian products.

Preferences for Name

Lower income groups preferred concepts as Life, Vitality and Natural. Among names suggested and preferred were Vita Vida, Salud Vit, Vitafrut and other names of fruits

and vegetables.

Middle income women wanted the product to clearly specify that it was for women and a vitamin. Names suggested included Femivit, Vitafem, Femivam, Multimujer

University women (20-30 years old) felt it was essential to portray a product with concepts of beauty, and being slender (or, not gaining weight). Some names they preferred were Mujer Vita, Vitamin Light, Bellavit, and Bellavit Light.

Women did not like the tem "supplement" as they considered this to be something added to food, like "Magi" soups or diet mixtures.

Summary: Based on these results, the name VitalDia was chosen, reflecting "vitality" and "daily". A package containing 3 cards of 10 bright-yellow coated tablets each, packaged in a blister pack was developed. Blister packs were used though more expensive than bottles because this met lower income women's preferences. The package was sold at a price of 10 Bolivianos for 30 tablets. The package was also bright-yellow and contained a photograph of fruits to signify vitamins.

Baseline and final evaluation surveys

Quantitative surveys to assess knowledge, attitude, practice and behavior were conducted before the product was marketed (baseline study) and nine months afterwards to assess the reach of the program (final survey).

Methods

Sample Size

The use of multiple vitamin mineral supplements among women in the Department of Santa Cruz was expected to be quite low. We estimated that a sample size of about 1700 women of reproductive age would be needed to be able to detect a change in the proportion of women who currently use multiple vitamin mineral supplements from 1% to 3% between the baseline and follow-up). This sample size was estimated to be sufficient (based on an alpha error of .05 and a beta error of .20) to determine characteristics of users by socio-economic status (low vs. medium/ high).

Stratification of population

A multi-staged stratified random sample was used to select potential respondents from four strata based on the size of the population in each stratum. The definitions of the National Institute of Statistics (INE) were used for population size for each of these stratum: large cities (> 100,000 people), mid-size cities (10,001-100,000), small cities (2001-10,000), and rural settlements ($\leq$ 2000 people). There are 16 provinces within the department of Santa Cruz and the total population was estimated at 1,364,000 by INE, using the 1992 census[6]. For each of these areas, INE had produced maps indicating

[6] The Department of Santa Cruz had an estimated total population of 1.7 million in 1998 (DHS,

the census tracts and the blocks (*manzanas*). These maps were used for the baseline sampling frame, but for the final survey the maps were updated with help of municipal maps and site visits to include peri-urban areas that were not in the old INE maps. For the city of Santa Cruz, because the maps were produced in 1992, some of the peri-urban areas had not been included in the sampling universe in the baseline survey but were included in the final survey.

Three rural isolated provinces (Sandoval, Velasco and Bush) were excluded from the sampling frame because they were difficult to reach and the costs of data collection would have been too great. All three are in the Amazon jungle and because the population size of these provinces is relatively small (Sandoval < 10,000, Germán Bush has < 25,000 people, and Velasco < 41,000 people). Exclusion of these provinces eliminated only a small percentage of the population: (78,000 people) from the sampling frame[7]. In addition, settlements with under 750 residents were excluded from the sample.

In the design of the baseline survey, an arbitrary decision was made to include half of the sample from the capital city of Santa Cruz, and the rest from outside the capital city[8]. In the final survey, in order to have a sample similarly distributed, the same sampling frame was used. To decrease sampling error and the variance that might exist between the baseline and the final study, the same cities that were randomly selected within each of these strata were surveyed in the final survey. Therefore, the city of Santa Cruz was surveyed again as well as 6 of the 15 medium cities in the Department of Santa Cruz, 7 of the 48 smaller cities, and 3 of the 23 rural settlements[9].

The total sample size was divided in 170 clusters of 10 individuals each; 85 of these clusters were assigned to the city of Santa Cruz and the other 85 were distributed in the other cities proportionally to their population size. In the city of Santa Cruz and in other cities with more than one cluster assigned to them, a random selection of blocks was made for the baseline and independently for the final survey. A random selection of a block was taken in cities with only one cluster assigned. Within each block, a random selection of an initial household was taken for the survey to begin with, from which neighboring households were sought systematically (every third household or every 10th apartment in the case of apartment buildings), until completing the number of 10 surveys to be conducted per cluster. If the required number of eligible women were not found in one block, the search continued into the nearest block to the one previously visited. Each one of these groupings of surveys in one or more neighboring blocks constituted a cluster.

Only one woman per household, and one household per house (in cases where there

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1998), but census tract information was only available for 1992.

[7] The provinces remaining in the sampling frame are Andrés Ibañez, Angel Sandoval, Chiquitos,Cordillera, Florida, Guarayos, Ichilo, Ñuflo de Chavez, Obispo Santistevan, Sara,Vallegrande, and Warnes.

[8] The proportion of population living in Santa Cruz according to the 1992 INE records was 55%, instead of the 50% arbitrarily used. Thus, the results are not strictly representative of the department as a whole.

[9] There are a total of 18 mid-sized cities, 58 small cities and 53 rural settlements in all of Santa Cruz. Elimination of 3 provinces left 15 mid-sized cities, 48 small cities and 44 rural settlements to choose from. Elimination of settlements less than 750 people left 23 rural settlements to choose from.

was more than one household per house) were selected. A household was defined as all persons who share a physical space and meals. People who were transient or visitors and domestic employees were excluded. In each selected household, all women of reproductive age were identified, and one was randomly selected (using the one with the closest date of birth to the date of the interview). If the person selected was not at home at the time of the visit, two additional efforts were made to reach her on different days and at times, before proceeding to replace her by another women in that household or the nearest to the last household visited.

Questionnaires

The baseline questionnaire was pre-tested and then revised before use in the field. The baseline survey repeated the same questions on knowledge and use for both vitamins and multiple vitamins, which made the interview long. Subsequent analyses of the baseline results found little difference in results for the two sets of questions. Thus the final survey questionnaire was revised slightly, combining vitamins and multivitamins in most questions, and excluding questions that were no longer needed because they were related to the development of the social marketing (such as radio stations listened to). In addition, some questions were modified because they had not been pre-coded in the baseline survey. Also new questions were added to address issues specifically related to use of VitalDia and for an econometric analyses. The final survey was pre-tested twice before it was finalized , once in a peri-urban area in Lima, and the second time in the city of Santa Cruz. Annex 5 gives the final questionnaire used in the survey.

The final survey protocol and the questionnaire of the final survey were presented to the Ethics Committee of the Institute of Nutrition Research and approved.

Data Management and Analysis

The baseline survey was entered by APOYO Bolivia, and the final survey was entered with doubly-entry checks as well as range values and checks for internal and external consistencies. The final analysis was then conducted by the IIN, with a sub-contract to Pacifico University for an econometric analysis, following a Data Analysis Plan developed by the IIN and approved by LINKAGES and AED.

Findings

The baseline KAPB was conducted in January/February 1999 among 1704 women of reproductive age. The final survey was conducted in March/April 2000 among 1735 women.

Table 1 shows the number and percent of interviews conducted in the baseline and final survey by size of the population. The distribution of the population was similar in both surveys.

Table 1. Distribution of baseline and final samples by population size					
Population Size		**Baseline**		**Final**	
		%	**n**	**%**	**n**
>100,001 people	Santa Cruz	50%	859	49%	850
10,001-100,000	Mid-sized cities	28%	473	30%	523
≤10,000	Small Cities/ Rural settlements	22%	372	21%	362
	Total	100%	1704	100%	1735

p>.05

Socio-economic/demographic characteristics of respondents

Nearly all families in both surveys had access to electricity, potable water, radio and television. Some indicators of household wealth were slightly higher among respondents in the baseline than in the final survey, due to the inclusion of more low income families living in the peripheral part of Santa Cruz city and other mid-sized cities (Table 2). A combined socioeconomic score was produced based on access to 12 items (electricity, potable water, household having a bathroom and running water, refrigerator, car, video, radio, television, washer, telephone, motorcycle, or owning the house). The population was then divided into two groups, above and below the median (≤6, >6). This measure was the same in both surveys.

Table 2 . Percent of respondents with ownership of goods and access to services			
Goods or services	**Baseline (n=1704)**	**Final (n=1735)**	**P value**
Electricity	95	91	<.01
Potable water	94	91	<.01
Bath/toilet	96	95	>.05
Refrigerator	66	62	<.01
Automobile	21	19	>.05
Automobile (< 5years old)	6	8	<.05
Video	24	26	>.05
Radio	92	84	<.01
Television	89	84	<.01
Telephone	28	27	>.05
Motorcycle	9	12	<.01
Washing machine	8	6	<.01
Owns home	NA	62%	

Table 3 gives the distribution in characteristics of the respondents and Table 4 compares the averages (means) for both surveys. The average age of the respondents was 29 years and years of schooling was 9 years. There was a slight difference in the distribution of schooling by survey, but not in a consistent direction. The means of years of schooling did not differ (Table 4).

The proportion of women who had been married was higher in the final survey (71% vs. 76%). Seventy percent (70%) of women in the baseline survey had ever been pregnant compared to 80% of women in the final survey. Women in the final survey were asked where they last gave birth, and only 12% delivered at home (outside a health facility).

In both surveys, 7-8% percent of women were currently pregnant and about 15-16% were breastfeeding at the time of the survey.

Table 3. Socio-demographic characteristics of the respondents

Characteristic	**Baseline**	**Final Survey**	
	%	**%**	**P value**
Age	n=1704	n=1735	p>.05
15-19	19	18	
20-24	20	20	
25-29	18	17	
30-34	15	16	
35-30	13	15	
40-49	16	15	
Reproductive status	n=1704	n=1735	p>.05
Pregnant	8*	7*	
Breastfeeding	15**	16**	
Marital Status	n=1704	n=1735	P<.001
Married /living in union	65	71	
Single	30	24	
Divorced/separated/widowed	6	5	
Literate	95%	95%	
Educational level	n=1704	n=1647	P>.05
0-3	12	10	
4-5	11	14	
6-8	20	21	
9-12	39	36	
13+	18	20	
Combined socio-economic score	N=1704	N=1774	P>.05
≤ median	59%	60%	
> median	41%	40%	
Economic Activity	n=1704	n=1735	P<.05
Works for pay outside home	25	21	
Works for pay in the home	18	13	
Does not work for payment	57	66	

*includes 7 women who were lactating; * * includes 7 women who were pregnant;

Ns for this table were 1704 for the baseline and 1735 for the final survey unless otherwise indicated

Table 4. Average (Means) for socio-demographic characteristics					
Characteristic	**Baseline**	**(n)**	**Final**	**(n)**	**P value**
Age (years)	28.9	1704	29.0	1735	> .05
Yrs of Schooling	9.1	1704	9.2	1647	> .05
Santa Cruz	9.9	859	9.6	818	
Mid-sized	8.7	473	8.9	497	
Small/rural	7.8	372	8.7	332	
Household size	5.5	1704	4.5	1735	<.01

There were slightly fewer women (43% vs. 35%) who reported working for pay in the final survey than in the baseline.[10] Household size was lower in the final survey, with 4.5 members compared to 5.5 in the baseline. The average number of living children in both surveys was 3. Of mothers in the final survey who had given birth, 24% had experienced a child death, and all but 6% of those children had died under age five years.

In both surveys, Spanish was the primary language spoken in 96% of households, with 2% speaking Quechua and the other 2% speaking either Guarani, Aymara or Portuguese. The final survey also asked what language the respondent's mother spoke as a child, and found that 80% of the mothers had spoken Spanish, 12% had spoken Quechua, 3% Guarani, 2% Aymara, and 3% other languages.

Practices related to breastfeeding

Table 5 shows the rates of breastfeeding for the two surveys. The final survey had a higher proportion of young infants being breastfed, which suggests again that the population characteristics were different for the two surveys.[11]

Table 5. Percent of infants who were currently being breastfed by age of child				
Age (mo.)	**Baseline (%)**	**Baseline N**	**Final (%)**	**Final N**
0-5	72	145	85	116
6-11	66	120	69	147
12-17	49	119	51	114
18-23	31	46	26	89
N		420		466

P<.001 (The small n noted for ages 18-23 months in the baseline survey is because no

[10] The questions asked differed from the baseline to the follow-up, so this may account for this slight difference in economic activity. In the baseline, the question asked was "Do you do some type of work for which you receive money?", while in the follow-up the question "Do you do any type of work?"

[11] When the age distribution was examined for children under 6 months of age, more infants in the final survey were older (25% were 5-5.9 months of age, compared to 12% in the baseline), which would have biased the breastfeeding rates in the other direction, causing lower rates in the final survey. It should also be noted that date of birth was not collected in the baseline survey so ages were reported ages given by the mothers. This difference could also be due to mothers rounding up infants who were 5 months old to a reported age of 6 months.

date of birth on the youngest child was collected, and thus there was substantial heaping in reported ages at 24 months, which have been excluded from this table).

Summary: Because of the attempt in the final survey to ensure that the new areas not mapped since 1992 by the Institute of Statistics (INE) were included in the survey, the distribution of characteristics of survey respondents differed compared to the baseline survey. A higher proportion of women in the final survey were from poorer areas outside towns and cities than in the baseline. They were more likely to have been married or living in union. They also had access to fewer indicators of wealth.

Concepts about vitamin/mineral supplements

Knowledge and ever use of supplements

In the baseline survey, 80% of women reported that they had ever heard of vitamins; 49% of all women had heard of vitamin C, 45% of vitamin A, and 35% of the B vitamins (when asked to mention which vitamins they had heard of without being prompted). In the final survey, 89% of women reported to have ever heard of vitamins.

Of women in the baseline, 67% had ever used any vitamins. This percentage was similar in the final survey (68% in the final survey) (Table 6).

The proportion of women who had heard of *multiple vitamins*, increased between the baseline and final surveys (37% vs 61%). When asked about multiple vitamin use, only 11% of women in the baseline reported ever using multiple vitamins. This percentage doubled after one year, with 25% of women ever reporting multiple vitamin use.

Educational level was closely related to knowledge and use of vitamin or multiple supplements, with women with higher education more likely to have heard of either vitamins or multiples and to have used them (Table 6). For women with less than the median years of education (9 years), 5% in the baseline and 16% in the final survey had ever used multiple supplements compared to 16% and 33% for those with more than or equal to 9 years of education ($p<.001$). However, the greatest increment in usage of multiple vitamins within each strata of educational level from the baseline to the final survey was among the least educated women, indicating that they responded better to the intervention that the better educated women.

Higher socio-economic status defined as ownership of household goods (such as having electricity, potable water, television, radio, or refrigerator) was also closely related to ever use of vitamins or multiple supplements, as was the combined socio-eocnomic score.

However knowledge and usage of multiples increased more dramatically in lower education and lower socio-economic groups. Knowledge increased from 10% to 41% for women with 0-3 years of education, compared to 78% to 98% in the mostly highly educated group, and ever usage increased from 2% to 12% in the lowest socio-economic group and from 29% to 48 % among the highest education group. Similarly, knowledge increased from 27% to 56% in the lower wealth group compared to 51% and 71% in the higher wealth group, and ever use increased from 7% to 20% compared to 17% to 33%.

Table 6. Percent of women who had ever heard of vitamins and multiple supplements and used them			
	Baseline	**Final**	**P value**
Ever Heard of vitamins	80 (n=1704)	89 (n=1735)	<0.001
By Educational Level	n=1704	n=1645	
0-3	53	78	
4-5	63	83	
6-8	74	86	
9-12	87	94	
13+	97	98	
Ever took vitamins	67 (n=1704)	68 (n=1734)	>.05
By Educational Level	(n=1704)	(n=1646)	<.01
0-3	41	54	
4-5	55	60	
6-8	59	62	
9-12	74	73	
13+	83	83	
By location	(n=1704)	(n=1734)	<.01
Santa Cruz	70	68	
Mid-sized cities	69	69	
Small/rural areas	56	66	
Ever heard of multiple vitamins	37(n=1704)	61 (n=1729)	<.001
Educational Level	(n=1704)	(n=1642)	
0-3 years	10	43	
4-5	15	47	
6-8	30	56	
9-12	40	66	
13+	69	86	
By Socio-economic status			
≤ median	27	56	
> median	51	71	

Ever took multiple vitamins	11 (n=1704)	25 (n=1728)	<.001
By Educational Level	(n=1704)	(n=1641)	
0-3 years	2	12	
4-5	4	12	
6-8	7	21	
9-12	10	25	
13+	29	48	
<9 years	5	17	<.001
>=9 years	17	33	
Indicators of economic well-being			
Does not have electricity	3	12	P<.01
Has electricity	12	26	P<.01
Does not have potable water	6	13	P>.05
Has potable water	11	26	P<.01
Does not own a television	8	12	P<.01
Owns a television	11	26	P<.01
Does not own a radio	6	15	P<.01
Owns a radio	12	27	P<.01
Does not own a refrigerator	6	17	<.01
Owns a refrigerator	14	30	P<.01
By Socio-economic status			
≤ median	7	20	
> median	17	33	
By location	(n=1704)	(n=1728)	<0.001
Santa Cruz	12	27	
Mid-sized cities	11	25	
Small/rural areas	9	22	

*Fischer's Exact test, one sided; Due to missing values for answers related to educational level, the sample sizes in the final survey differ.

Sources of information

All women in the final survey were asked how they learned about vitamins and multiples. Sources of information about existence of vitamins or multiples was reported spontaneously as primarily physicians (59%), television (20%), and friends and relatives (17%).

Table 7 shows that women in Santa Cruz were more likely to have heard through television, and less likely to have heard from health “charlas” or to have received them from the health center than women in smaller areas. Otherwise, location made little

difference in where they had heard about supplements.

Table 7. Proportion of women who learned of supplements through different sources in the final survey					
How heard of vitamins/multiples	**Santa Cruz**	**Mid-size cities**	**Small /rural**	**All (n=1735)**	**P value**
Television	26	18	10	20	<.001
Radio	6	4	5	5	>.05
Brochures	3	1	1	2	>.05
Health "charlas"	4	7	8	6	<.05
Physicians prescription	57	61	59	59	>.05
Friends/relatives	19	16	13	17	>.05
Pharmacists	8	6	7	7	>.05
Received from health center	1	1	4	2	<.05

Women who had ever taken vitamins were more likely than those who had not to mention that physicians had prescribed them in both the baseline and final surveys (54% vs. 40% in the baseline, and 68% vs. 40% in the final survey). Similar level of results were noted for women who had ever taken multiples (73% vs. 40%, and 70% vs. 55%).

These findings are important, since they sugest that physicians remain an important source of information for purchasing and using a supplement, even after such an intensive mass media campaign.

Summary: Knowledge about vitamins and multiples appeared to increase between the two surveys, especially for knowledge of multiples. While ever use of vitamins did not change, use of multiples was reported to double. Educational level was closely related to ever use of both vitamins and multiples, with more educated women more likely to have used either. The influence of health care providers and television appeared to be especially important in affecting the level of use of supplements.

Recent use of vitamins or multiple supplements

Because it appeared that many women did not differentiate between vitamins and multiple vitamins, and in order to cut down the time to conduct the interview, timing of use was combined in the final survey. Table 8 shows use of either vitamins or multiple vitamins in the final survey during the last three months, last month, or last week.

In the baseline survey, the proportion who used multiple vitamins in the last 3 months was 4%. Only 2% of women were using multiple supplements in the last week. In the final survey, the proportion of women who had used any vitamin or multiple supplement in the last three months was 24% and in the last week 9%. No similar data was obtained from the baseline survey.

As with ever use, in the final survey women with more education were more likely to

have used supplements than those with less education.

Table 8. Percent of women in the final survey who had used vitamins or multiple supplements in the last three months, last month and last week	
	(Vitamins or multiples)
Used in last three months	24
By Educational Level (yrs)	
0-3	13
4-5	13
6-8	21
9-12	27
13+	36
	1643
By location	
Santa Cruz	25
Mid-sized cities	23
Small/rural areas	21
By pregnancy status	
Pregnant	47
Non-pregnant	22
By Breastfeeding status	
Breastfeeding	22
Not breastfeeding	27
Used In last month	16
By Educational Level	
0-3	10
4-5	7
6-8	14
9-12	18
13+	25
n	1647
In the last week	9
By Educational Level	
0-3	6
4-5	3
6-8	7
9-12	10
13+	15
n	1642

In the final survey, women were asked if there were any differences between vitamin and multiple vitamins, with 58% saying yes, 22% saying no, and 21% not knowing whether there was or not.

In the final survey, women who had used vitamins or multiples in the last three months were more likely to report there were differences (63% vs. 57%). Educational level was also closely related to knowledge about differences (40% for those with under 5 years of education reported that there were differences between vitamins and multiple vitamins compared to 78% for those with 13+ years of education). Women with more education were also more likely to give a correct definition, while those with less education were more likely to say they did not know why they were different.

Pregnant women were more likely to have used supplements within the last three months than non-pregnant women (36% vs. 23% women in the baseline, and 47% vs. 22% in the final survey). However breastfeeding status was unrelated to supplement use (Table 8).

Table 9 shows reported reasons for using vitamins and multiple vitamins that were mentioned spontaneously, by whether women had ever used either vitamins or multivitamins and for those who had used either vitamins or multiples in the last three months. The most common reasons spontaneously mentioned by respondents were that supplements improve the functioning of the body or help resist illnesses. Women who had used supplements were in general more likely to have listed these reasons than women who had never used supplements, and the direction of responses was consistent for those who had ever used vitamins, to those who had ever used multiples, and to those who had used either in the last three months.

Women with more education were more likely to report that supplements improve the functioning of the body or resist illness than less educated women (56% and 13% respectively for those with 0-3 years of education compared to 71% and 34% for those with 13+ years of education). Less educated women were slightly more likely than highly educated women to report that supplements prevent anemia (10% for those with 0-3 years of education compared to 6% for those with 13+ years of education).

Summary: Women who understood the difference between vitamins and multiple vitamins were more likely to have ever used vitamins or multiples and to have used them in the last three months in the final survey. Women with more education were also more likely to report differences between vitamins and multiples, and the correlation between education and vitamin use may explain this difference.

Table 9. Percent of women who spontaneously reported reasons for using vitamins and multiple vitamins in final survey						
Reason given	**Ever used vitamins (n=1154)**	**Never used vitamins (n=456)**	**Ever used multiple vitamins (n=431)**	**Never used multiple vitamins (n=1173)**	**Used multiples or vitamins in the last 3 months (n=403)**	**No use of multiples or vitamins in last 3 months (n=1203)**
Strengthen or improve functioning of the body/give more energy	73	70	72	71	72	72
	P>0.05		P>0.05		P>0.05	
Resist infections	26	20	28	23	29	22
	P<0.05		P<0.05		P<0.01	
Prevent anemia	10	8	11	9	11	9
	P>0.05		p>0.05		p>0.05	
To gain weight, improve appetite	11	9	10	11	8	11
	p>0.05		p>0.05		p>0.05	
To recuperate from illness or weakness	9	9	11	8	9	9
	p>0.05		p>0.05		p>0.05	
Strengthen eyes, bone, skin, etc.	12	11	14	10	14	11
	p>0.05		P<0.05		p>0.05	
For growth	4	5	5	4	5	4
	p>0.05		p>0.05		p>0.05	
Enhance beauty	1	2	2	1	2	1
	p>0.05		p>0.05		p>0.05	

Preventive health actions and beliefs

Because women who understand the need for prevention of health problems may be more likely to use multiple supplements, several questions on health behavior were asked in the final survey (Table 10). Many of these practices were related to the respondent's education or location where they lived.

More highly educated women were more likely to smoke, exercise frequently, been on a diet in the last month, use a modern method of family planning, and to have had a pap test in the last year.

Women who lived in larger urban centers were more likely to smoke, exercise frequently, been on a diet, and had a pap test. Family planning use was not related to location (Table 10).

We examined use of any vitamin or multiple vitamin in the last three months by several factors (Table 11). Whether women smoked, used family planning or had been on a diet were not related to use of supplements. Women who exercised daily were more likely to have used vitamins in the last three months (35%) compared to those who only did so once a week or sporadically (26-27%), or to those who did not exercise (21%). Women who had had a pap smear in the last year were more likely (36%) to have used supplements than those who had not (21%).

Summary: Women who practiced beneficial health practices (such as exercising regularly and getting a pap smear) were more educated, more urban and also more likely to have used supplements.

Table 10. Percent of women in the final survey who took part in different health related behaviors	
Activity	**Total %**
Smokes	**11**
Education level (Yrs) (p<.001)	
0-3	**5**
4-5	**11**
6-8	**8**
9-12	**10**
13+	**16**
Frequency of Exercise	
Everyday	**12**
At least once a week	**11**
Sporadically	**11**
Does not exercise	**65**
Was on a diet in the last month	**19**
By Location p<.001	
City of Santa Cruz	**25**
Mid-size cities	**17**
Small/rural cities	**9**
Uses family planning method	**36**
By marital status	
Single (never married)	**10**
Married	**50**
In Union	**55**
Received pap smear	**29**
By Educational level (Yrs.) p<.001	
0-3	**24**
4-5	**25**
6-8	**31**
9-12	**24**
13+	**30**

Table 11. Percent of women in the final survey who took part in different health related behaviors by use of supplements in the last three months			
Activity	**Used supplements (n=410)**	**Did not use supplements (1321)**	**p**
Frequency of Exercise			**<.001**
Everyday	**17**	**10**	
At least once a week	**12**	**11**	
Sporadically	**13**	**11**	
Does not exercise	**57**	**67**	
Diets			**>.05**
Was on a diet in the last month	**21**	**18**	
Not on a diet in the last month	**79**	**82**	
Received pap smear			
Received pap	**38**	**26**	**<.001**
Did not receive pap smear	**62**	**74**	
Smoking pattern			**>.05**
Smokes	**12**	**10**	
Does not smoke	**88**	**90**	

In addition to preventive health actions that we selected, women were asked about what they should do to be healthy. The most common responses (mentioned without prompting) were to eat more or better, eat fruits and vegetables and get exercise (Table 12).

Table 12. Percent of women who reported varying responses for what women should do to be healthy in the final survey	
What women should do to be healthy	**Final %**
Eat more or better	44
Eat more fruits and vegetables	23
Get exercise	32
Take vitamins/multivitamins	8
Seek doctors advice	27

When asked if women should take special care during pregnancy, 95% in both surveys responded yes. The main types of actions they suggested without prompting included eating more or better, resting more and seeking medical treatment (Table 13). Surprisingly, few women mentioned taking vitamins or iron during pregnancy as an special means to care for themselves during pregnancy.

Table 13. Percent of women who reported varying responses for what care women should take during pregnancy in the final survey	
What care women should take	**Final %**
Eat more or better	29
Eat more fruits/vegetables	15
Rest more	59
Take vitamins/multivitamins	10
Take iron/ferrous sulfate	1
Don't drink alcohol	13
Seek medical attention	24

Women were asked if they thought breastfeeding women expended more energy in order to breastfeed and about three-quarters said that they did in both the baseline and final surveys (75% vs. 71%, respectively). Respondents said they could replenish that energy by eating more or better, eating fruits and vegetables and taking vitamins or multivitamins (Table 14).

Table 14. Percent of women who reported varying responses for what breastfeeding women should do to replenish energy			
What women should do	**Baseline %**	**Final %**	**P value**
Eat more or better	66	63	>.05
Eat more fruits and vegetables	44	32	<.01
Rest more	8	2	<.01
Take vitamins/multivitamins	34	25	<.01
Seek medical attention	0	4	>.05

This table uses P 85 from the baseline and P66 from the final survey
*Combines responses to 66.4 and 66.5 because this is how they were combined in the baseline

Nearly all women (90% and 87% in the baseline and final surveys, respectively) said they were content with their diets. Of those few (13% in the final survey) who were not, 63% said they wanted to eat more fruits and vegetables, 36% said eat more protein foods, and 6% said eat less fat, 6% said eat less carbohydrates, 2% said drink less soda or alcohol.

Because women whose mothers have been chronically ill may be more likely to want to prevent such illnesses by using vitamins, in the final survey, women were asked if their mothers were or had ever been chronically ill. About half of the mothers were reported to be healthy, but 35% were reported to have suffered from a chronic illness, and 11% had died.

Summary: Many women report that they should take special care during pregnancy, with the most common actions mentioned including eating better, resting and seeking medical attention. During breastfeeding, women reported that they should eat more or better, eat fruits and vegetables and take vitamins to replenish the energy needed for breastmilk production. Nearly all women were content with their diets. These beliefs may affect their use of multiple vitamins.

Knowledge of VitalDia

Of all women (n=1735), 30% reported spontaneously that they had heard of *VitalDía.* When asked directly if they had heard of *VitalDía*, the percentage of women increased to 63% (n=1091/1735).

The marketing of *VitalDía* primarily used television, radio or brochures. Of all women (out of n=1735), 32% mentioned that they had ever heard of supplements through televison, radio or brochures.

Women who did not mention a specific source of information about supplements were asked if they had heard or seen any ads in the last 6 months. 32% of all women reported that they had seen ads in the last six months, with women living in larger cities were more likely to have heard/seen ads in the last six months (38% for Santa Cruz, 40% for mid-sized cities) than for small/rural areas (24%). Combining women who had ever heard of publicity and those who had heard ads in the last six months shows that 49% (n=856) had heard publicity.

Women who had heard publicity were asked what product they had heard, and 61% responded spontaneously that they had heard advertising for *VitalDía*.

Of women who spontaneously mentioned sources of information or those who had heard ads in the last six month (n=856), messages that they remembered included that supplements: are especially for women (22%), give energy/increase vitality (55%), protect from infection (10%), reduce aging (3%), is a natural product (3%), maintain strength (4%), is good for pregnancy or lactation (2%), does not cause weight gain (2%) or enhances beauty (2%).

For the subset of women who specifically mentioned that they had heard messages about *VitalDía* (n=522), more women were likely to mention that supplements are especially for women (36%) and that they give energy/increase vitality (77%) than for all women who mentioned how they had heard of supplements and those who had heard ads in the last six months .

Summary: Nearly 2/3 of women had heard of *VitalDía* showing a high reach of the marketing, with most mentioning television as the principal source of information. The major messages women heard from the advertising was that *VitalDía* was especially for women and that it gives energy/vitality.

Use of VitalDía

Table 15 shows previous use of *VitalDía* for women interviewed in the final survey. Eleven percent of women had ever used *VitalDía,* 7% took it in the last 3 months, 4% in the last month, and 3% in the last week. Use was consistently associated with education and socio-economic status, and to a lesser extent, with location. Seven percent (7%) of women with <9 years of education had ever used *VitalDía* compared to 15% for women with 9 or more years, and 7% of women in the wealth category less than the median had ever used it compared to 17% for those above the median. Women living in the capital city of Santa Cruz were more likely to have ever used *VitalDía (13%)* compared to those in mid-sized cities (11%) and those in rural areas (7%).

Of the 51 women who had used *VitalDía* in the last week, 67% were able to show the package, only 3 women reported having bought pills without the box, and the rest were unable to show the box.

Of women who took *VitalDía* in the last week**,** 78% reported taking them 5 days or more during that week. Nearly all reported taking them every day.

VitalDía use was no different between these two groups; 5% of pregnant women and 7% of non-pregnant women, and 6% of lactating women and 5% on non-lactating women had used *VitalDía* in the last 3 months (Table 16).

Table 15. Percent of women who used *VitalDia* (final survey)		
When used VitalDia	**%**	**P**
Ever used *VitalDia*	11	
By Educational Level (yrs)		<.001
0-3	5	
4-5	4	
6-8	10	
9-12	12	
13+	20	
<9 years	7	<.001
>=9 years	15	
By Socio-economic status		<.01
≤ median	7	
> median	17	
By Location		<.01
Santa Cruz	13	
Mid-sized cities	11	
Small/rural areas	7	
Used *VitalDia* **in last 3 months**	7	
By Educational Level (yrs)	N=1735	<.001
0-3	4	
4-5	2	
6-8	5	
9-12	7	
13+	12	
<9 years	4	<.01
>=9 years	9	
By Socio-economic status		<.01
≤ median	4	
> median	10	
By Location		<.05
Santa Cruz	7	
Mid-sized cities	7	
Small/rural areas	4	

Used *VitalDia* in last month	4	
By Educational Level (yrs)	N=1647	<.001
0-3	4	
4-5	1	
6-8	3	
9-12	4	
13+	8	
<9 years	3	<.01
>=9 years	5	
By Socio-economic status		
≤ median	3	<.01
> median	6	
By Location		
Santa Cruz	5	<.01
Mid-sized cities	4	
Small/rural areas	3	
Use *VitalDia* in the last week	3	
By Educational Level (yrs)	N=1647	<.01
0-3	2	
4-5	1	
6-8	3	
9-12	3	
13+	6	
<9 years	2	<.01
>=9 years	4	
By Socio-economic status		<.01
≤ median	2	
> median	5	
By Location		>.05
Santa Cruz	4	
Mid-sized cities	3	
Small/rural areas	1	

Table 16. Percent women who used *VitalDía* or iron by reproductive status		
Timing of use	***VitalDía***	**Iron**
Used in last 3 months		
All women n=1735	7	5
Pregnant (n=122)	5	29
Non-pregnant (n=1607)	7	3
	p>.05	P<.001
All women w/children < 2 years N=432		
Breastfeeding	6	7
Non breastfeeding	5	10
	p>.05	p>.05
Used in last month		
Pregnant	4	25
Non-pregnant	4	2
	p>.05	P<.001
Breastfeeding	3	4
Non breastfeeding	2	7
	p>.05	p>.05
Used in last week		
Pregnant	3	22
Non-pregnant	3	1
	p>.05	P<.001
Breastfeeding	3	1
Non breastfeeding	2	6
	p>.05	P NA (due to small cell size)

Practices of women using VitalDia in the last 3 months

Of the 112 women who had taken *VitalDía* in the last three months, for 14% the most recent purchase was in the last week, 23% in the last month, 60% for more than a month ago. Most (82%) had purchased it in the box, and 12% had purchased pills without a box.

In the preceding 3 months before the interview (since January 2000), the average number of packets bought was 2, and for the preceding year (it was available from June – December, 1999), the average number of packets purchased was 1.

For women who had taken *VitalDía* in the last three months, 54% made their own decision to take it, 14% said it was a parents decision, 9% was based on the spouse's decision, and 14% based it on medical advice.

Reasons given without prompting for taking *VitalDía* included to improve from an illness or weakness (32%), to be better nourished (35%), because of medical prescription (11%), and 10% because of ads on television. These responses did not differ by socio-economic status composite score.

When asked to state without prompting what they liked about the product, 31% said its quick beneficial effects, 15% said because of its composition (that it contained many vitamins and/or iron), 12% reported its price, 20% reported the packaging, 9% reported they liked the tablet itself.

When asked how frequently women should take *VitalDía*, 84% said daily, 8% said another frequency, and 8% said they did not know. Of women who reported a frequency, when asked how they knew this frequency, 28% said due to the instructions on the box, 14% because they read the leaflet, 10% information from the person who sold it (pharmacist), 32% from the physician, and 18% from publicity.

Most (91%) women purchased *VitalDía* from pharmacies, and 4% purchased it from a PROSALUD Health center. Only 4% had difficulty in obtaining the product. Only 13% (n=14) thought that a medical prescription was needed to purchase it and of those, half had obtained it because of medical advice.

The price paid was thought to be reasonable by 77% of women, and 9% thought it was too high and 9% thought it was too low. For those who purchased a packet of 30 tablets (n=73), 82% paid the expected price of 10 *Bolivanos*, and the mean price paid was 11 *Bolivanos*, because 10 women paid more than 10 and only 1 paid less. The highest price paid was 22 *Bolivanos* for 30 tablets.

When asked if anyone else in their family also took *VitalDía*, 20% reported yes and of those (13/22), 59% reported sharing the same package.

For women who took *VitalDía* in the last 3 months, (n=111), 87% (all responses were unprompted) reported that they felt a change since using them. Of those (n=96), 79% reported that they had more energy, 20% said they had better health in general, 16% said that they had a better appetite, 5% said it reduced pain, 4% that it improved memory, 4% said they did not get sick, 5% said they had gained weight and 2% that

they felt prettier.

When asked it they felt any problem from taking *VitalDía*, only 8% reported that they had. When asked whether taking *VitalDía* for a year would have any effect, 44% said it would, but of those the most common effect was improving health (19%), 11% causing weight gain, and 9% causing liver damage.

Summary: *VitalDía* resulted in high usage for a newly introduced product (one that never existed before), with 11% of women reporting ever use, and 3% using it currently (in the last week). Ever use was significant (5%) for those women who had the lowest level of education (0-3 years) but was especially high (20%) in those with the highest education levels (13+ years). Women of higher wealth also were more likely to ever use *VitalDía.*

Pregnant and breastfeeding women were no more likely to consume *VitalDía* than other women.

A high proportion of users reported feeling health benefits from taking *VitalDía*.

Women appear to be using it correctly by taking it on a daily basis. They purchased it primarily from pharmacies as expected and reported that the price was appropriate.

Use of Iron

Women were not asked about ever use of iron, but were asked about recent use. Five percent (5%) of all women took iron in the last 3 months, 4% in the last month, and 3% in the last week. These rates are similar to use of *VitalDía* , which is surprising since while iron had been available for decades, *VitalDía* had only been on the market for about 9 months.

Out of the 41 women who had taken iron in the last week, 53% (n=18) were able to show the box the iron came in and 11% (n=4) only bought pills not in a box.

Women who were currently pregnant were more likely to have taken iron in the last three months that those who were not currently pregnant (29% vs. 3%). There was no difference in use of iron by whether a woman was breastfeeding or not (Table 15).

Less than 1% (n=11) of women took both *VitalDía* and iron in the last 3 months and pregnant women were not more likely to have taken both than non-pregnant women. This is important, since *VitalDía* has not replaced iron usage. What is more likely is that *VitalDía* has covered women who did not used iron before, increasing the coverage with iron as a whole (through the iron contained in *VitalDía*). The two strategies (social marketing and health sector approaches to distribute iron during pregnancy) are reaching different audiences, complementing each other.

Practices related to pregnancy

Women with children under age 3 were asked questions concerning their last pregnancy (Table 17). Over 80% at both times had received prenatal care and most obtained it from health centers. About half of the women had blood taken during prenatal care, and about ¾ said they knew why. Reasons reported were 1) to detect an infection (26% in the baseline and 57% in the final survey); to test for anemia (28% in the baseline and 23% in the final survey); and to test for blood type (34% in the baseline and 28% in the final survey).

Of women in the final survey who said they took vitamins/multiple vitamins during their last pregnancy, 25% said they took iron/ferrous sulfate. Thus it is clear that women include ferrous sulfate or iron as a vitamin/multivitamin.

Table 17. Percent of respondents that received prenatal care and associated treatment during pregnancy

	Baseline	**Final**	**P value**
Had prenatal care	82	86	**<.05**
Where received last prenatal care			
MOH health center/hospital	86	67	
Prosalud health center		12	
Private clinic/physician	12	16	
Midwife	1	3	
Were recommended or prescribed something		74	
Mentioned iron spontaneously		55	
Mentioned vitamins spontaneously		22 (n=98/437)	
Mentioned Vitaldia spontaneously		1	
Were given iron during prenatal care		59	
Were sold iron during prenatal care		12	
Had blood examined	52	46	**<.05**
Knew why blood was taken	78%	73%	**>.05**
Experienced tiredness during last pregnancy		61 (686)	**>.05**
Did something for fatigue (mentioned spontaneously)			
Ate more/better to fight tiredness		4 (416)	
Ate fruits/vegetables or special foods		6 (416)	
Took vitamins or multiple vitamins		10 (416)	
Took iron/ferrous sulfate		3 (416)	
Rested		53 (416)	
Took vitamins/iron for fatigue (the following were mentioned when asked directly what vitamin they took had been prescribed)		119/416=29%	
Took Vitaldia		2%	
Took iron/ferrous sulfate		24%	
Took other vitamins		72%	
N=119		**99%**	

Summary: Even though a high proportion of women received prenatal care, only a small proportion reported consuming iron or vitamins during pregnancy. Women who were currently pregnant were more likely to be currently taking iron than non-pregnant women.

One concern voiced before the start of the project was that *VitalDía* would replace the iron promoted for pregnancy. The results showed that few women took *VitalDía* but not iron during their last pregnancy.

Social support

Several questions related to social support were asked in the final survey. Only 20% of women reported participating in social groups (such as *comparsas, fraternidades*, mothers clubs or social clubs). Most women (79%) reported that they had someone in their familiy who could help them with problems, but only half (49%) said they they had someone outside their familiy who could help them.

Indicators of mental well-being

Women who feel depressed, tired or sad may be more or less likely to use *VitalDía*. Table 18 shows the proportion of women who report these feelings. None were related to use of *VitalDía* in the last three months.

Table 18. Percent of women who reported having various symptoms during the last 30 days

Symptom	**%**
Has frequent headaches	53
Has no appetite	**27**
Does not sleep well	31
Feels nervous or tense	61
Feels sad	53

Multivariate Analyses

The purpose of the multivariate analysis was to test if the conceptual model described in Figure 1 was correct in determining the utilization of *VitalDía*. The main steps proposed for a women to use *VitalDía* were:

Perception ➡ Decision ➡ Purchase ➡ Utilization

The analysis is concentrated on perception to use supplements and then utilization of *VitalDía*, because it is difficult to measure the decision process, and purchase of the *VitalDía* was closely related to use. The following questions guided the analysis:

- What variables were related with a positive perception of using supplements?
- What variables (including perception) predicted the utilization of *VitalDía* in the last 3 months?
- What variables predicted the utilization of *VitalDía* at any time in the last year since *VitalDía* was first available?
- Was increased use of multivitamins in the final survey due to changes in socio-economic status?

Perception of the need to use vitamins or multiple supplements

A measure of perception about vitamin supplements was a response to questions about how to be healthy. A positive perception to use vitamins/multiple vitamins was based on whether a woman spontaneously (without prompting) mentioned any of the following:

1) When asked "What should women do to be healthy?" their spontaneous (unprompted response) was to 1) take iron (n=6) or 2) take vitamins/multivitamins (n=116) or 3) take vitamins/multiple vitamins regularly (n=18), or

2) When asked whether "Do breastfeeding women spend more energy to be able to breastfeed", if the response was yes, they were then asked "What should women do to replenish this energy that they need?". The following spontaneous responses included 1) to take vitamins/multivitamins (n=238) or 2) take multiple vitamins regularly (n=62), or

3) When asked "Do you think women should take special care during pregnancy? if their response was yes, they were asked "What special care should they take". Spontaneous responses included 1) take iron (n=20) or 2) take vitamins/multivitamins (n= 131) or 3) take multiple vitamins regularly (n=32).

The number of women who reported one or more of the above answers was 482 (28%). Odds ratios were calculated to predict the odds of a woman mentioning a positive perception about vitamins/multivitamins. Variables expected to be related with a positive or negative perception to use vitamins/multivitamins, as described in the conceptual framework (Figure 1), were tested independently from each other in a first step.

As shown in Table 19, a positive perception was related to household factors including ownership of several goods (car, new car, video, telephone, washer and television). The combined socioeconomic score[12] was also positively related to perception.

Perception was also positively related to greater education (either the ability to read and/or having >9 years of education). Spanish spoken by the woman's mother, if she dieted in the last month and if she reported using family planning methods were also related to perception, but the woman's age was not related to use.

[12] The population was divided into two groups above and below the median ($\leq$6, >6), based on access to 12 items (electricity, potable water, household having a bathroom and running water, refrigerator, car, video, radio, television, washer, telephone, motorcycle, or owning the house).

Table No. 19 Unadjusted odds ratios and 95% CI of having a positive perception (about the benefits of vitamins/multivitamins) in relation to other variables				
Variable	**Description**	**OR (Mantel Haentzel)**	**95% CI**	**P Value**
Household Factors:				
City	Santa Cruz (1) vs mid, small sized	1.53	1.24-1.89	.000
P25	Spanish as maternal language	1.60	1.19 – 2.15	<0.01
P 144.6	Owns a car	1.33	1.03-1.72	<0.05
P144.7	Owns a car less than 5 years old	1.77	1.24-2.53	<0.01
P144.8	Owns a video	1.43	1.1.3-1.80	<0.01
P144.10	Owns a television	1.56	1.16-2.17	<0.01
P144.11	Owns a washing machine	2.32	1.56-	<.001
P144.12	Owns a telephone	1.67	1.33-2.10	<.001
Combined indicator of socio-economics status	> 6 (out of 12 variables) for wealth	1.45	1.1.7-1.80	.001
Woman Factors:				
P27	Knows how to reads	2.80	1.48 – 5.30	<0.01
P28	>9 years of education	1.37	1.11 – 1.70	<0.01
P 55.4	During pregnancy took iron for tiredness	6.82	1.36– 34.26	<0.01
P55.3	During pregnancy took vit/mult for tiredness	2.45	1.30 --4.6	<.01
P61	Dieted in the last month to lose weight	1.60	1.24 – 2.07	<0.001
P62	Uses family planning	1.30	1.01 – 1.56	<0.05
Information on supplements				
	If and how heard about vit/multi			
80.1	Heard about vit/multi on tv	1.81	1.41-2.31	<0.001
80.2	Heard about vit/multi on radio	1.71	1.11-2.64	<0.001
80.3	Saw a pamphlet	2.67	1.42-5.00	<0.001
80.5	From a physician	1.25	1.01-1.55	<.05
79.1-79.3,79 .5-79.8	Could name a benefit of supp.	1.99	1.39-2.84	.000
81 or 80.1 or 80.2	Heard any advertising on tv or radio	1.74	1.40-2.15	<.001

Variables that had significant associations were included in a logistic regression model to predict use a positive perception, except that use of supplements during pregnancy

was left out because many women had never been pregnant, and family planning was left out because few single women used family planning. The combined socio-economic status variable was entered to represent all the socio-economic factors, and level of education was used rather than knowing how to read, since only 5% did not know how to read.

As shown in Table 20, factors that continued to be significantly related to perception in logistic regression included whether they had heard television or radio ads about supplements, if they lived in Santa Cruz compared to the other areas, and whether they could name a benefit about supplements. While socio-economic status was significantly related, its adjusted odds ratio was close to 1.

Table 20. Final logistic regression model of selected variables that explain the positive perception of the use of multivitamins or iron in women of fertile age in Bolivia.

Variable	Description	Adjusted Odd Ration	95% CI		P Value
SES	Measurement of wealth	1.064	1.005	1.125	.032
LEVEL	≥ 9 years of education vs. <9	1.141	.916	1.422	.239
HEARDADS	Heard radio or tv ad about supplements	1.505	1.204	1.881	.000
CITYREC	Santa Cruz vs smaller areas	1.363	1.092	1.701	.006
POSPER2	Could name a benefit of multiples	1.734	1.204	2.499	.003
Constant	-2.272 (B)				.000

The use of supplements was significantly related to having a positive perception as shown in Table 21.

Table 21. Unadjusted odds ratios and 95% CI of using vitamins or multivitamins based on having a positive perception

Variable	Description	OR (Mantel Haentzel)	95% CI	P value
Positive perception	**Based on spontaneous mention that supplements are important for health**			
P71	Ever heard of vitamins	1.95	1.32-2.88	<0.001
P 72	Ever took vitamins	1.61	1.27-2.04	<0.001
P73	Ever heard of vitamins	1.60	1.28-2.00	<0.001
P74	Ever took vitamins	1.47	1.1.6-1.85	<0.01

Consumption of VitalDía in the last 3 months

As seen in Table 23, the adjusted logistic regression found several variables to be related to use of *VitalDía* in the last 3 months, included socioeconomic status, positive perceptions of supplements, being able to name a benefit of supplements, and having heard information about supplements from television or radio.

Table 22. Final logistic regression model to estimate the odds of selected variables of using *VitalDía* in the 3 months prior to the final survey in women of fertile age in Santa Cruz, Bolivia.

SES	Ownership of goods	1.189	1.061	1.333	.003
POSIPERC	Positive perception	1.771	1.167	2.689	.007
POSPER2	Could name a benefit of supplements	2.633	.927	7.476	.069
HRDMEDI	Physician recommended supplements	.787	.503	1.231	.294
HRDAMIG	Heard friends mention supplement use	.820	.474	1.417	.476
HEARDADS	Heard radio or tv ads about supplements	4.252	2.469	7.325	.000
p74tookm	Ever took multiples	5.483	3.536	8.500	.000
Constant	-6.47(B)				.000

In this model, it was confirmed that the most important predictors of the use of *VitalDía* in the last three month included heard a TV or radio ad, naming a benefit and having a positive perception of benefits associated with multivitamins, and having taken multivitamins before. Having learned about supplements from a physician or “charla” did not relate to *VitalDía* use, perhaps because these acted through influencing a positive perception. For socio-economic status, while it was significant, the odds ratio was close to 1.

Ever use of Vitaldia

The number of women who ever used *VitalDía* was greater than the users in the 3 months prior to the last survey. This may mean that such women (who have tried the product before and stop using it), reflect an initial response to the campaign to introduce the product in the market. We therefore used “ever use” of *VitalDía* as another outcome variable in a multivariate analysis.

Table 23. Final logistic regression model to estimate the odds of selected variables of ever using *VitalDía* prior to the final survey in women of fertile age in Santa Cruz, Bolivia.					
Variable	Description	Adjusted Odd Ratio	95% CI		P value
SES	Ownership of goods	1.194	1.090	1.308	.000
POSIPERC	Positive perception	1.656	1.179	2.326	.004
P74TOOKM(1)	Ever took multiples	5.751	4.111	8.044	.000
POSPER2	Could name a benefit of supplements	1.611	.823	3.155	.164
HEARDADS	Heard tv or radio ads	3.384	2.298	4.982	.000
Constant	-5.347				.000

As expected, a similar group of variables were positively associated with ever using *VitalDía* as those associated with the consumption of the product in the last 3 months, with similar strengths in their associations (Table 23), including a positive perception of benefits of multivitamins, having previously taken vitamins or multivitamins, and television or radio publicity. The relationship of scoioeconomic status, while significant, was small (odds ratio of 1.2).

Changes in "ever use" of multivitamins from baseline to final survey

We were interested to learn if the increase observed in the variable "ever use of multivitamins" between the baseline and the final survey was real and not due to a confounding effect of changes in the socio-economic characteristics of the interviewed women. Since the final survey did not interview the same women of the baseline survey, and did not survey the same clusters within the city, we could not do an adjusted analysis by individual or cluster.

The final model (Table 25) found that there was a significant increase in the variable "ever use of multivitamins" between the two surveys (dummy variable survey was significant). The observed increase was real and not confounded by the changes in the SES characteristics or educational level of the women interviewed.

Table 24. Stepwise logistic model of the outcome variable "ever taken multivitamins"					
Question	**Variable**	**Exp B**	**95% CI**		**P value**
	Survey (final vs baseline)	2.953	2.438	3.576	.000
SES	Above vs below median for 12 variables	1.647	1.359	1.995	.000
P28a	>=9 yrs education vs < 9	2.423	1.961	2.994	.000
Constant	-4.495(B)	.011			.000

Conclusion

This report demonstrates that the social marketing intervention has been quite successful, surpassing the initial objective set by the project. Less than a year after it had been introduced, *VitalDía ever* use was seen among 11% of women; 7% used it in the last three months, 4% used it in the last month, and 3% in the last week. Two-thirds of women interviewed the final survey had heard about *VitalDía.*

We believe that the formative research used in the design of a new product played a significant role in the success of the program, since it helped to set an appropriate price, the number of tablets per box, the blister packaging, the form of the tablet, colors, and messages associated with the campaign. Women reported that the price was not a barrier to use, and the campaigns addressed concerns and beliefs that women had about use of supplements.

The use of multiple supplements in both surveys and *VitalDía* in the final survey was positively associated with education and socio-economic status. Seven percent (7%) of women with <9 years of education had ever used *VitalDía* compared to 15% for women with 9 or more years, and 7% of women in the wealth category less than the median had ever used it compared to 17% for those above the median. Women living in the capital city of Santa Cruz were more likely to have ever used *VitalDía (13%)* compared to those in mid-sized cities (11%) and those in rural areas (7%).

However, less educated and poorer women and those living in rural areas showed increases in use of multivitamins between the baseline and final surveys. They also used *VitalDía* at significant levels. For women with the lowest level of education (0-3 years), ever use was 5% compared to 20% in those with the highest education levels (13+ years).

As indicated in all multivariate models, a positive perception of benefits associated with vitamins and multivitamins and having heard about them on television or radio was much more important than the socio-economic variables in determining the use of *VitalDía*.

These results illustrate that it is feasible within a population such as that living in Santa Cruz, Bolivia, to socially market a multiple vitamin mineral supplement with women of reproductive age.

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Annex 1. Composition of VitalDia

Annex 1. Composition of VitalDia compared to the US Recommended Dietary Allowances [1] and Centrum							
Nutrient	**VitalDia Nutrient levels**	**US RDAs for Women Rep.Age RDA levels**		**% of US RDAs Pregnancy in Vitaldia**	**% of US RDAs Lactation in Vitaldia**	**US RDIs (used in labeling)**	**Centrum**
		Nutrient levels	**% of RDAs in Vitaldia**				
Vitamin A ug RE	**1600** Dry Vitamin A Acetate	**800**	**200%**	**200%**	**123%**	**875**	
Vitamin A IU*	**5000 retinol**						**5000 (40% as Betacaro.)**
Vitamin D IU	**400** Dry Vitamin D3	**200 AI)**	**200%**	**200%**	**200%**	**400**	**400**
Vitamin E IU	**10** Dry Vitamin E	**15**	**67%**	**100%**	**83%**	**30**	**30**
B_1 (Thiamin) mg	**1.5** Thiamine Mononitrate	**1.1**	**136%**	**107%**	**100%**	**1.5**	**1.5**
B_2 (Riboflavin) mg	**1.6** Riboflavin USP	**1.1**	**145%**	**114%**	**100%**	**1.7**	**1.7**
Niacin mg	**17** Nicotinamide	**14**	**121%**	**94%**	**100%**	**20**	**20**
Folate Fg	**400** Folic acid	**400**	**100%**	**67%**	**80%**	**400**	**400**
B_6 mg	**2.2** Pyridoxine Hydrochloride	**1.3**	**169%**	**116%**	**110%**	**2**	**2**
B_{12} Fg	**2.2** Vitamina B_{12}	**2.4**	**92%**	**85%**	**79%**	**6**	**6**
Vitamin C mg	**70** Ascorbic Acid	**75**	**93%**	**100%**	**74%**	**60**	**60**
Vitamin K Fg		**65**					**25**
Zinc mg	**15** Zn sulfate	**12**	**125%**	**100%**	**78%**	**15**	**15**
Iron mg	**27 Ferrous fumarate**	**15**	**180%**	**90%**	**180%**	**18**	**18**
Calcium mg		**1000(AI)**				**1000**	**162**
Phosphorous mg		**700**				**1000**	**109**
Magnesium mg		**Age 19-30 : 310 Age 31-50: 320**					**100**
Iodine Fg		**150**				**150**	**150**
Selenium Fg		**55**					**20**
Copper mg		**1.5-3.0**				**2**	**2**

The most recent RDAs were used. They are reported from the NAS/IOM (1989) for vitamins A and K, iron, zinc, iodine and copper, and the NAS/IOM (1997) for Ca, Ph, Mg, vitamin D, Fl; from the NAS/IOM (1998) for Thiamin, Riboflavin, Niacin, B_6, folic acid, B_{12}; and the NAS/IOM (2000) for vitamin C, E, and selenium.;
*Conversion from RE to IU based on 1 RE=3.33 IU vitamin A activity from retinol (Sommer and West, 1996)

Annex 2. Focus group guide

Focus group guide on multiple micronutrients for women of reproductive age

PSI-PROSALUD Guía para Grupos Focales Fase 1: Multivitaminas

I. Introducción:10 minutos.

Agradecer su asistencia

1) Representamos a una institución interacional dedicada a vender productos de salud a precios razonables.
2) No siempre es posible que la mujer reciba todas las vitaminas y nutrientes que necesita el cuerpo diariamente, especialmente durante el ciclo menstrual, el embarazo o la lactancia. Intentamos vender un producto que sea un suplemento a la comida diaria de las mujeres aportando vitaminas y nutrientes adicionales para su organismo. Este producto será de consumo diario.
3) Finalmente, este producto ha sido aprobado por las autoridades sanitarias del pais y no necesitará receta médica para ser comprado.
4) (Explicar las reglas de un grupo focal y asuntos de confidencialidad).

II. Percepciones sobre la nutrición y las multivitaminas: 20 minutos.

1) ¿Cómo se ve afectada la salud de las mujeres que ustedes conocen por situaciones en su vida como la menstruación, el embarazo, la lactancia?
   Profundizar:¿se quejan de falta de energía? ¿se sienten mal?.
2) ¿Qué hacen las mujeres si se sienten con poca energia, o cuando están embarazadas…buscan cambio en su alimentación...toman vitaminas?. Profundizar.
3) ¿Qué opinan de las mujeres que toman vitaminas? ¿por qué?
4) ¿Qué tipos de vitaminas conocen? ¿Qué función cumplen las vitaminas?. Profundizar: a parte del sulfato ferroso (hierro), ¿qué otras vitaminas conocen?
5) ¿Qué le sugiere la palabra "Multivitamina"?
6) ¿Por qué algunas mujeres toman multivitaminas? ¿por qué algunas mujeres no toman multivitaminas?
7) ¿Conocen algunas marcas de multivitaminas? ¿Cuáles?. Profundizar: ¿Cuál es su opinión sobre ellas?.

III. Características del producto: 10 minutos.

El producto que queremos producir contiene muchos nutrientes para hacer más saludable a la mujer. Queremos que la mujer este interesada en este producto, entonces sus opiniones sobre las características del producto nos ayudarán bastante.

1) ¿En qué forma debería estar presentado el producto...polvo...gotas...jarabe...tabletas?.
   Mostrar ejemplos de formas diferentes, que las participantes toquen las muestras. ¿Por qué?.
2) Si les gustara en forma de tableta, ¿de qué tamaño debe ser al tableta?. Mostrar tabletas de tamaños diferentes.
3) ¿De qué color prefieren que sea el producto? Mostrar ejemplos de pastillas de

diferentes colores. ¿Porqué?

4) ¿Qué tipo de textura prefieren...tableta, cápsula, de composición gelatinosa, seca? ¿Por qué? Presentar muestras de tabletas de diferente textura.
5) ¿Cómo les gustaría que sea el sabor? ¿Por qué?

IV. Empaque: 15 minutes.

1) ¿Cómo les gustaría que este producto sea vendido…en frasco? (mostrar frascos de vidrio, de plástico, transparentes) ¿Por qué? ¿En paquete, como éste? (mostrar blister) ¿por qué?
2) ¿Han comprado pastillas en frascos antes? ¿qué opinan? ¿Han comprado pastillas en blister antes? ¿qué opinan?.
3) ¿Cuántas multivitaminas debe contener el frasco o el paquete?, Profundizar; 30/60/90 ó más.

DESCANSO: 10 Minutos.

V. Precio: 15 minutos.

1) ¿Cuánto pagarían por una cantidad de 30 multivitaminas, o sea, por la cantidad necesaria para un mes?. Profundizar rangos de 7 a 15 Bs. para NSE bajo - medio bajo/ y 15 a 30 Bs. para NSE medio - medio alto. Preguntar sobre el punto medio aqui indicado, subir el precio 1 Bs. si la respuesta es positiva o bajarlo 1 Bs. Si es negativa.

Bajo - Medio Bajo: ¿Pagaría 10 Bs. por una cantidad de 30 vitaminas?
Media - Media Alta: ¿Pagaría 15 Bs. por una cantidad de 30 vitaminas? ¿Por qué?.

2) ¿Dónde creen que se deben vender las multivitaminas?
3) Mostrar dos pastillas. Estas pastillas tienen los mismos ingredientes, una se vende en la farmacia y la otra en una tienda. ¿Cuál compraría? ¿Por qué? Profundizar: ¿Es mejor la farmacia como punto de venta?, ¿Cuáles son los obstáculos para comprar en una tienda?

VI. Nombre: 30 minutos.

1) Facilitador: en las discusiones que hemos tenido hoy, ustedes mencionaron que las vitaminas les dan fuerza, poder, energía, etc. ¿Qué nombre sugerirían para la vitamina que le vamos a vender?

Annex 3. Interview Guide for Pharmacists

Entrevistas con Farmaceuticos

Ciudad/ Provincia:_____
Barrio:_____
Nombre:_____
Especialidad:_____
Fecha: _____

Primero: Describir el producto y explicar mostrando las cajas

1. Cree que las mujeres en edad fertil necesitan actualmente tomar multivitaminas?

   Por qué

2. Cuando receta multivitaminas a sus pacientes? En que situaciones? Para qué?

3. Que multivitaminas receta usted actualmente? Por qué?

4. Sugiere usted a las mujeres alguna frecuencia para que tomen las multivitaminas?

5. Que informacion necesita para poder recomendar una multivitamina?

6. Que factores considera usted al momento de recomendar una multivitamina?

7. Cree que los precios aTecten la compra de las multivitaminas? Por qué?

8. Cual es su opinion hacia la venta de las multivitaminas sin receta?

9. Como ie gustaria informarse de nuestro producto? (folleteria, cursos, etc.) Que

informacion le interesaria recibir?

10. Si queremos alcanzar a las mujeres en edad fertil. Qué tipo de publicidad debemos hacer? (radio, afiches, cursos, etc.) Por qué?

Annex 4. Interview Guide for Physicians

Entrevistas con Medicos
Ciudad/ Provincia:)_____
Barrio:)_____
Nombre:)_____
Especialidad:)_____
Fecha: :)_____

Primero: Describir el producto y explicar mostrando las cajas

1. Ustedes aconsejan a las mujeres a tomar multivitaminas?

2. Que factores considera usted al momento de recomendar una multivitamina? (fabricante, pais de origen, precio, etc.)

3. Sugiere usted a las mujeres alguna frecuencia para que tomen las multivitaminas?

4. Que multivitaminas vende mas?

5. Qual es el principal factor que influye en la compra?

6. Estan las mujeres interesadas en la composicion de las multivitaminas en el momento de la compra?

7. Que informacion necesita para poder vender o recomendar una multivitamina?

8. Que tipo de informacion debemos poner en las cajas?

9. De que manera influyen las visitas medicas en las ventas?

10. Si queremos alcanzar a las mujeres en edad fertil, que tipo de publicidad debemos hacer? (radio, afiches, cursos, etc.) Por que?

11. Que tipo de material publicitario ie gustaria tener en su farmacia?

12. Tienen afiches o displays algunas multivitaminas? Cuales? *(mostrar y describir).*

Annex 5. Questionnaire used in the final KAPB Survey

Apoyo – Bolivia

Versión 6 – 10 Marzo 2000

MERCADEO SOCIAL DE MULTIVITAMINAS - ENCUESTA FINAL

13

1. Fecha de la Entrevista	____/____/____ (día) (mes) (año)
2. Hora del inicio de la entrevista (de 00:00 hrs a 24:00 hrs)	__ __ : __ __ hrs
3. Nombre de la Ciudad:	__ __ __ __
4. Número de la Vivienda:	__ __ __ __
5. Número de la Encuesta:	__ __ __ __
6. Nombre del Entrevistador:_____	__ __

Buenos días / tardes / noches: Trabajo para la Empresa Apoyo y estamos realizando una encuesta de salud. Estamos interesados en tener una mejor idea de la información que las mujeres reciben sobre ciertos productos farmacéuticos, y averiguar si estos han sido usados anteriormente, o si los están usando en este momento. Su contribución será muy importante para que los programas de salud funcionen mejor. Podría brindarnos unos minutos de su tiempo?.

7. Cuántas familias viven en esta vivienda: 7. __
__ familias

Si en la vivienda viven mas de una familia, elige al azar solo una de ellas.

Apellidos de la familia elegida / participante:.....

8. Cuántas personas viven permanentemente en este hogar?
8. __ __ personas

9. Podría decirme los nombres de esas personas? Comencemos con el jefe del hogar, quién es el jefe del hogar? (Un hogar de define como un grupo de individuos que viven juntos dentro de un mismo espacio físico y comparten la misma olla de comida. Se incluyen a las empleadas domesticas que duermen en la casa. Incluir a todos los miembros de la familia, no importa que no hayan dormido en la casa la noche anterior Se excluyen visitantes o residentes temporales. SOLO anotar la fecha de nacimiento de niños menores de 3 años y mujeres).

_____

SUPERVISOR: Firma_____ Codigo: __ __ Fecha: ____/____/____

TABLA DE COMPOSICIÓN FAMILIAR

Nombre	Sexo 1:mujer; 2:hombre	Cuantos años tiene?	Fecha de nacimiento (día/ mes/ año) si <3años y mujeres	Es el Jefe del hogar? 0:No; 1:SI	Parentesco con el jefe del hogar(*)	Trabaja? 0:No; 1:SI	Recibe dinero? 0:No; 1:SI
1.		__ __	__ __/__ __/__ __				
2.		__ __	__ __/__ __/__ __				
3.		__ __	__ __/__ __/__ __				
4.		__ __	__ __/__ __/__ __				
5.		__ __	__ __/__ __/__ __				
6.		__ __	__ __/__ __/__ __				
7.		__ __	__ __/__ __/__ __				
8.		__ __	__ __/__ __/__ __				
9.		__ __	__ __/__ __/__ __				
10.		__ __	__ __/__ __/__ __				

(*) Parentesco: 1: Esposo (a) 4: Nuera / Yerno del jefe 8: No sabe
2: Hijo (a) del jefe 5: Empleada domestica 9: No procede
3: Padre (madre) del jefe del hogar 6: Otro (especificar)

10. Encuestador colocar el número que corresponde a la persona que está brindando la información 10. __ __

11. Encuestador cuenta el número de mujeres entre 15 y 49 años de edad y registra. Verifica este número con la persona entrevistada y si hay discrepancia, corrige. 11. __ __

Selecciona a la mujer de 15 -49 años que esté más próxima a cumplir años (excluyendo a la empleada doméstica):

12. Encuestador, Cuál es el número de la mujer seleccionada para la entrevista?
    12. __

Se encuentra _____ en casa en este momento? Podría llamarla, por favor, me gustaría poder hablarle un momento. (Si la persona seleccionada no esta disponible, programa una nueva visita. Anota la nueva fecha con lápiz en la columna que corresponda. Programa hasta dos visitas más hasta lograr la entrevista. Lleve un control de los resultados de esas visitas sirviéndose del siguiente cuadro).

Resultados de las Visitas			
Número de Visitas	**Primera**	**Segunda**	**Tercera**
Fecha:(día, mes y año)	13. ____/ _____/ ____	14. ____/ ____/ ____	15. ____/ ____/ ____
Hora: (00:00 a 24:00 horas)	16. __ __ : __ __	17. __ __ : __ __	18. __ __ : __ __
Resultado: 0: No se encuentra 1: Acepta la entrevista 2: No acepta la entrevista 9: No Procede	19. ___	20. ___	21. ___

Buenos días / tardes / noches: Trabajo para la Empresa Apoyo y estamos realizando una encuesta de salud. Estamos interesados en tener una mejor idea de la información que las mujeres reciben sobre ciertos productos farmacéuticos, y averiguar si estos han sido usados anteriormente, o si los están usando en este momento. Su contribución será muy importante para que los programas de salud funcionen mejor. Podría brindarnos algo de su tiempo?.

DATOS PERSONALES

22. Cuál es su fecha de nacimiento? (día, mes, año) 22.
    _____/_____/_____

(Si nació entre Abril 1950 y Marzo 1985, continuar. De lo contrario, concluya la entrevista y consiga a un representante del hogar que sea elegible).

23. (2) Cuál es su estado civil ahora?
    23. __
    1. Casada
    2. En unión libre / concubina / conviviente
    3. Viuda
    4. Divorciada / separada
    5. Soltera

24. (4) Que idioma es el que más se habla en su hogar?
    24. __
    1. Guaraní
    2. Portugués
    3. Castellano
    4. Aymara
    5. Quechua
    6. Otro (especificar)

8: No sabe

25. Qué idioma hablaba su madre cuando Ud. era niña?
    25. __
    1. Guaraní
    2. Portugués
    3. Castellano
    4. Aymara
    5. Quechua
    6. Otro (especificar)
    8: No sabe

26. Su madre sufre o sufrió de alguna enfermedad por mucho tiempo?
    26. __
    (Nos referimos a enfermedades que han durando mucho tiempo, o con varios episodios, o que ha afectado mucho a la enferma y/o familia)
    0. Esta sana. NO sufre de ninguna enfermedad
    1. Sufre de alguna enfermedad. Especificar cuál:.....
    2. No sufre de ninguna enfermedad pero en estos momentos está enferma
    3. Falleció
    8. No contesta / No sabe

Educación

27. (3) Sabe Ud. leer, o no?
    27. __
    0: No; 1: Sí

Si la respuesta es SI, continuar. De lo contrario saltar a la sección "Trabajo"

28. (5) Cuántos años de educación ha completado Ud.?
    (Anotar al costado el número de años completos que estudió en cada categoría)
    1. Primaria __ años
    2. Secundaria __ años
    3. Estudios Técnicos ó Universitarios __ años
    4. Otro (especificar) __ años

28ª. (5) Encuestador: Suma los años de estudios completos y escribe el dato: 28a.__ __ años
(Si no estudió colocar 00)

Trabajo

29. Realiza Ud. algún tipo de trabajo?
    29. __
    1. Solo Ama de casa
    2. Estudiante
    3. Trabajadora dependiente (trabaja para otra persona)
    4. Trabajadora independiente (tiene su propio negocio)
    5. Otro (especificar)

Si la respuesta es "Trabajadora dependiente o independiente" continuar. De lo contrario pasar a Embarazo - Lactancia

30. Recibe Ud. dinero por ese trabajo? (Encuestador: excluir trabajo de ama de casa)
    30. __
    0: No; 1: Sí; 8: No contesta; 9: No procede

31. (8) Realiza ese trabajo dentro o fuera de casa? 31. __
    1. En casa.
    2. Fuera de casa.
    9. No procede

32. Por cuánto tiempo viene realizando ese trabajo?
    32. __
    1. Por más de tres meses
    2. Por menos de tres meses
    8. No contesta
    9. No Procede

EMBARAZO - LACTANCIA

33. (63) Alguna vez estuvo embarazada, o no?
    33. __
    0: No; 1: Sí; 8: No contesta; 9: No procede

Si la respuesta es SI, continuar. De lo contrario saltar a la pregunta 43 (embarazo actual).

34. (66) Cuántos hijos vivos tiene? (Si no tiene hijos escribir 00)
    34. __ __

35. Ha tenido algún hijo que falleció después de nacer?
    35. __ __
    0: No; 1: Sí
    (nos referimos a niños que nacieron vivos y fallecieron posteriormente. Anotar el número de hijos fallecidos. Si no tiene hijos o no ha tenido hijos que fallecieron colocar 00)

Si tuvo algún hijo fallecido, continuar. De lo contrario, saltar a Pregunta 37.

36. Cuántos fallecieron antes cumplir los 5 años? 36. __ __
    (Si ninguno falleció o no ha tenido hijos colocar 00)

37. (68) Qué edad tiene su hijo más pequeño?
    37. __
    1. 0 – 11 meses
    2. 12 - 35 meses
    3. Igual ó Mayor a 36 meses

Para las mujeres que tienen hijos menor de 3 años :

38. Cuándo nació su hijo más pequeño? (día, mes, año)
    38. ___/___/___
    Verifica que el niño tenga menos de 3 anos, de lo contrario volver a preguntar y corregir

39. Donde nació su hijo? (No leer las respuestas) 39. __

1. En el hospital ó Maternidad del MNSPS
2. Centro de salud del MNSPS
3. En el Centro de salud de Prosalud
4. Clínica ó centro de salud privado
5. En el domicilio atendido por familiares o parteras
6. Otro (especificar)

40. Después del parto, tomó alguna vitamina o multivitamina? Cuál tomó?
(No leer las respuestas. Registrar todas las respuestas espontáneas)
0: No; 1: Sí; 8: No contesta; 9: No procede

40.1: Vital Dia 40.1 __
40.2: Sulfato Ferroso / hierro 40.2 __
40.3: Vitamina A 40.3 __
40.4: Otro (especificar): Prod A:..... __ __
40.4 __
Prod B:..... __ __
40.5 __
Prod C:..... __ __
40.6 __

Si no menciona espontáneamente Vitamina A, continuar con la P41. Sino pasar a la P42:

41. El centro de salud u hospital, le entrego vitamina A después del parto?
41. __
0: No; 1: Sí; 8: No contesta; 9: No procede

42. (69) Actualmente esta dando de mamar a su hijo?
42. __
0: No; 1: Sí; 8: No contesta; 9: No procede

43. (62) Esta Ud. actualmente embarazada, o no?
43. __
0: No; 1: Sí; 8: No contesta; 9: No procede

La siguiente sección es para las mujeres con hijos menores de 3 años y las que están actualmente embarazadas. Si la encuestada no cumple con estos requisitos, saltar a la sección "Conocimiento y Prácticas de actividades de Pr evención".

CONTROL PRE NATAL

44. (70) Asistió alguna vez a su control durante su embarazo?
44. __
(Referirse al ultimo o actual embarazo)
0: No; 1: Sí; 8: No contesta; 9: No procede.

Si la respuesta es SI, continuar. De lo contrario, pasar a la sección "Exámenes de sangre y Embarazo"

45. (71) Donde fue Ud. para su ultimo control?
45. __
(Referirse al ultimo o actual embarazo. No leer las respuestas)

0: No; 1: Sí; 8: No contesta; 9: No procede

1. Partera
2. Centro de salud / hospital del MNSPS
3. Centro de salud de Prosalud
4. Clinica / Medico privado
5. Otros (especificar)

46. Le recomendaron o recetaron algo en su control pre natal?
    46. __
(incluye todo tipo de recomendación, no solo medicinas)
0: No; 1: Sí; 8: No contesta; 9: No procede.

Si la respuesta es SI, continuar. De lo contrario pasar a Preg 48 "Exámenes de sangre y embarazo"

47. Podría decirme qué le recomendaron / recetaron?
(Codificar SOLO las respuestas que hablen de productos farmacéuticos.
Puede haber más de una respuesta. Registrar todas las que se den espontáneamente)
0: No; 1: Sí; 8: No contesta; 9: No procede.

47.1. Vital Día
47.1 __
47.2. Sulfato ferroso / hierro
47.2 __
47.3 Otro (especificar) Prod A: ..... __ __
47.3 __
Prod B: ..... __ __
47.4 __
Prod C: ..... __ __
47.5 __

El centro de Salud y la distribución de sulfato ferroso

48. El centro de salud le **regaló** sulfato ferroso en alguno de sus controles de embarazo?
El centro de salud le **vendió** sulfato ferroso en alguno de sus controles de embarazo?
Puede haber más de una respuesta) 0: No; 1: Sí; 8: No contesta; 9: No procede.

48.1: Si; le regalaron al menos una vez
48.1 __
48.2: Si, le vendieron al menos una vez
48.2 __

49. Cuantas veces le regalaron o vendieron sulfato ferroso? 49ª. Regalado __ __ veces
(88: no sabe; 99: No procede)
49b.Comprado __ __ veces

50. Aproximadamente, cuántas pastillas de sulfato ferroso le dieron ó compró cada vez?
50. __ __
1: Siempre recibió 90 pastillas o más
2: Al menos una vez recibió 90 pastillas o más
3: Siempre recibió menos de 90 pastillas
4: compró en jarabe
8: NO recuerda
9: No procede

Las siguientes secciones son para todas las mujeres con niños me nores de 3 años o actualmente gestantes; sin importar si tuvieron Control Pre Natal ó no.

Exámenes de sangre y embarazo

51. (72) Durante su embarazo, le hicieron un examen de sangre, o no?
    51. __
    0: No; 1: Sí; 8: No contesta; 9: No procede.

Si la respuesta es "SI le hicieron algún examen de sangre", continuar.
De lo contrario pasar a la sección Cansancio / Agotamiento.

52. (73) Sabe Ud. para qué le hicieron ese examen de sangre, o no?
    52. __
    0: No; 1: Sí; 8: No contesta; 9: No procede

Si la respuesta es "SI sabe para qué le hicieron ese examen", continuar.
De lo contrario pasar a la sección Cansancio / Agotamiento.

53. (74) Podría decirme para qué le hicieron ese examen?
    (No leer las respuestas. Registrar todas las respuestas espontáneas)
    0: No; 1: Sí; 8: No contesta; 9: No procede.

    53.1 Para conocer Tipo de sangre (grupo ó Rh) 53.1 __
    53.2 Para detectar alguna enfermedad ó infección
    53.2 __
    53.3 Para saber si existía anemia 53.3 __
    53.4 Otro (especificar) 53.4 __

Cansancio / Agotamiento en último o actual embarazo

54. (77) Durante su último / actual embarazo padeció de cansancio o agotamiento, o no? 54. __
    0: No; 1: Sí; 8: No contesta; 9: No procede

Si la respuesta es SI, continuar. De lo contrario pasar a sección "Conocimientos y Práctica de actividades de Prevención"

55. (78) Qué hizo durante ese embarazo para luchar contra el cansancio o agotamiento?
    (No leer las respuestas. Registrar todas las respuestas espontáneas)
    0: No; 1: Sí; 8: No contesta; 9: No procede.

    55.1. Comer mayor cantidad de comida / alimentarme mejor
    55.1 __
    55.2. Comer mas frutas y verduras (u otro alimento específico)
    55.2 __
    55.3. Tomar vitaminas / multivitaminas
    55.3 __
    55.4. Tomar hierro, sulfato ferroso
    55.4 __
    55.5. Reposo
    55.5 __
    55.6. Otros (especificar)
    55.6 __

Si NO mencionó vitamina / multivitaminas / hierro espontáneamente, continuar. De lo contrario saltar a 57.

56. (79) Durante su último embarazo tomó algún remedio para combatir
56. __
el cansancio o agotamiento?
0: No; 1: Sí; 8: No contesta; 9: No procede

Si mencionó espontáneamente vitamina / multivitaminas / hierro (espontáneamente ó por la pregunta 53) continuar.
De lo contrario pasar a la sección "Conocimientos y Práctica de actividades de Prevención"

57. (80) Que vitamina o multivitamina es la que Ud. tomó?
(No leer las respuestas. Registrar todas las respuestas espontáneas)
0: No; 1: Sí; 8: No contesta; 9: No procede.

57.1. Vital Día
57.1 __
57.2. Sulfato ferroso ó hierro
57.2 __
57.3. Otros (especificar) Prod A: .....__ __
57.3 __
Prod B: .....__ __
57.4 __
Prod C: .....__ __
57.5 __

58. Quién le sugirió tomar esa vitamina/ multivitamina / sulfato ferroso?
58.1 Vital Día __
(Codificar a la persona que influenció más para cada producto) 58.2
Hierro __
0. No tomó esta vitamina 58.3
Prod A: __
1. Pariente 58.4
Prod B: __
2. Partera / promotor / curandero
58.5 Prod C: __
3. Enfermera, Obstetriz ó Doctor en el centro de salud u hospital del MNSPS
4. Enfermera, Obstetriz ó Doctor en el centro de salud de Prosalud
5. Farmacéutico
6. Nadie (fue mi decisión)
7. Otro (especificar)
8. No sabe, no contesta
9: No procede

CONOCIMIENTO / PRÁCTICA DE ACTIVIDADES DE PREVENCIÓN

59. Ud. fuma?
59. __
0: No; 1: Sí; 8: No contesta; 9: No procede

60. Cuántas veces a la semana hace Ud. ejercicio?
60. __
1. Todos los días
2. Al menos una vez por semana
3. Esporádicamente
4. No hace ejercicio
8. No contesta / No sabe

61. Ha hecho dieta para bajar de peso en el ultimo mes?
    61. __
    0: No; 1: Sí; 8: No contesta; 9: No procede

62. Usa Ud. algún método de planificación familiar?
    62. __
    0: Ninguno
    1: Si; método moderno (inyectables, oral, condón, DIU, Ligadura, norplant)
    2: Si, método tradicional (ritmo, abstinencia, método de los días fijos)
    3: Si, MELA
    4: Otro (especificar)

63. Se ha controlado con el Papanicolau el algún momento del año pasado o
    63. __
    lo que va del 2000? Estuvo embarazada cuando le hicieron el Papanicolau?

    0. No se hizo Papanicolau durante el último año
    1. Se hizo y no estaba embarazada
    2. Se hizo cuando estaba embarazada
    8. No sabe

OPINIÓN SOBRE LA SALUD Y LA ALIMENTACION

64. (10) Qué deben hacer las mujere s para mantenerse saludables?
    (No leer las respuestas. Registrar todas las que se den espontáneamente)
    0: No; 1: Sí; 8: No contesta; 9: No procede.

    64.1. Comer más / Comer bien
    64.1 __
    64.2. Comer más frutas y verduras (ú otro alimento específico)
    64.2 __
    64.3. Hacer ejercicio
    64.3 __
    64.4. Tomar pastillas de hierro o sulfato ferroso
    64.4 __
    64.5. Tomar vitaminas o multivitaminas
    64.5 __
    64.6. Tomar vitaminas o multivitaminas regularmente
    64.6 __
    64.7. Acudir al médico
    64.7 __
    64.8. Otros (especificar)
    64.8 __

65. (84) Cree Ud. que las madres que dan de mamar gastan más energía por dar de mamar? 0: No; 1: Sí; 8: No contesta; 9: No procede
65. __

Si la respuesta es SI, continuar. De lo contrario saltar a la pregunta 67.

66. (85) Como cree que pueden reponer esa energía extra que necesitan?
(No leer las respuestas. Registrar todas las que se den espontáneamente)
0: No; 1: Sí; 8: No contesta; 9: No procede.

66.1. Comiendo más / comiendo mejor 66.1 __
66.2. Comiendo más fruta y verduras (ú otro alimento específico)
66.2 __
66.3. Descansando más 66.3 __
66.4. Tomar multivitaminas o vitaminas 66.4 __
66.5. Tomar vitaminas o multivitaminas regularmente 66.5 __
66.6. Acudir al médico 66.6 __
66.7. Otros (especificar) 66.7 __

67. (86) Considera que la mujer debe tomar cuidados especiales durante el embarazo ? 67. __
0: No; 1: Sí; 8: No contesta; 9: No procede

Si la respuesta es SI, continuar. De lo contrario, saltar a la pregunta 69.

68. (87) Qué debe hacer la mujer para cuidarse durante el embarazo?
(No leer las respuestas. Marcar todas las respuestas espontáneas)
0: No; 1: Sí; 8: No contesta; 9: No procede.

68.1 Comiendo mejor / comer mas
68.1 __
68.2 Comiendo más frutas ó verduras (ú otro alimento específico)
68.2 __
68.3 Descansando más / no hacer fuerza / no hacer trabajo fuerte
68.3 __
68.4 Tomar vitaminas o multivitaminas 68.4 __
68.5 Tomar vitaminas o multivitaminas regularmente
68.5 __
68.6 Tomar hierro, sulfato ferroso
68.6 __
68.7 No beber bebidas alcohólicas / no fumar 68.7 __
68.8 Asistir al control médico 68.8 __
68.9 Otros (especificar) 68.9 __

69. (11) Está actualmente contenta con la alimentación que tiene, o no?
69. __
0: No; 1: Sí; 8: No contesta; 9: No procede

Si la respuesta es NO, continuar. De lo contrario, saltar a la sección "Multivitaminas / Vitaminas".

70. (12) Qué aspectos de su alimentación actual le gustaría cambiar?
(No leer las respuestas. Marcar todas las respuestas espontáneas)
0: No; 1: Sí; 8: No contesta; 9: No procede.

70.1. Comer más / comer mejor
70.1 __
70.2. Comer más frutas y verduras / legumbres
70.2 __
70.3. Comer más proteínas (carne, leche, huevos, frijoles)
70.3 __
70.4. Comer menos grasas
70.4 __
70.5. Comer menos carbohidratos (harinas, cereales, pan, azúcares)
70.5 __
70.6. Beber menos gaseosas / bebidas alcohólicas
70.6 __
70.7. Otros (especificar)
70.7 __

MULTI VITAMINAS / VITAMINAS

71. (13) Ha oído hablar de vitaminas anteriormente, o no?
71. __
0: No; 1: Sí; 8: No contesta; 9: No procede

72. (16) Ha tomado alguna vez vitaminas?
72. __
0: No; 1: Sí; 8: No contesta; 9: No procede

73. (23) Alguna vez ha oído hablar de las multivitaminas?
73. __
0: No; 1: Sí; 8: No contesta; 9: No procede

74. (33) Ha tomado Ud. alguna vez multivitaminas, o no?
74. __
0: No; 1: Sí; 8: No contesta; 9: No procede

Si la respuesta es SI para la pregunta 72 y/o 74, continuar. De lo contrario, saltar a Preg 76.

75. Qué vitamina o mutlivitamina ha tomado?
(No leer las respuestas. Marcar todas las respuestas espontáneas)
0: No; 1: Sí; 8: No contesta; 9: No procede.

75.1. Vital Día
75.1 __
75.2. Sulfato ferroso u otra sal de fierro
75.2 __
75.3. Otros: Prod A: .....__ __

75.3 __
Prod B: .....__ __
75.4 __ Prod C: .....__ __
75.5 __

76. En su opinión hay diferencia entre multivitaminas y vitaminas? 76. __
0: No; 1: Sí; 8: No contesta; 9: No procede

Si la respuesta es SI, continuar. De lo contrario saltar a la pregunta 78.

77. Qué es una multivitamina?
77. __
1. Dice que es un producto compuesto de varias vitaminas y minerales
2. Dice que mezcla de varias vitaminas
3. Brinda una definición diferente (especificar:
.....)
8. No contesta / No sabe
9. No procede

78. Qué marcas de vitaminas ó multivitaminas conoce?
(No leer las respuestas. Marcar todas las respuestas espontáneas)
0: No; 1: Sí; 8: No contesta; 9: No procede.

78.1. Vital Día
78.1 __
78.2. Sulfato ferroso u otra sal de fierro
78.2 __
78.3. Otros: Prod A: .....__ __
78.3 __
Prod B: .....__ __
78.4 __
Prod C: .....__ __
78.5 __
Prod D: .....__ __
78.6 __
Prod E: .....__ __
78.7 __

79. Para que sirven principalmente las vitaminas o la multivitaminas?
(No leer las respuestas. Marcar todas las respuestas espontáneas)
0: No; 1: Sí; 8: No contesta; 9: No procede.

79.1 Fortalece / mejora / buen funcionamiento del organismo / ser saludable / más energía 79.1 __
79.2. Ayudar a mejorar / reforzar las "defensas" / Para evitar enfermedades
79.2 __
79.3 Para la anemia / para que no de anemia / para aumentar la sangre
79.3 __
79.4 Sirven para engordar / para abrir el apetito / para tener apetito

79.4 __
79.5 Reconstituye / Para recuperarse después de enfermedad / Para debilidad
79.5 __
79.6 Fortifica la vista / ojos / huesos / piel (ú otro órgano en especial)
79.6 __
79.7 Para el crecimiento
79.7 __
79.8 Para mejorar la belleza, embellecer, para estar radiantes
79.8 __
79.9 Otros (especificar)
79.9 __

Publicidad

80. (26) Cómo se enteró de la existencia de las multivitaminas / Vitaminas?
(No leer las respuestas. Marcar todas las respuestas espontáneas)
0: No; 1: Sí; 8: No contesta; 9: No procede.

80.1 Vio anuncio en la televisión
80.1 __
80.2 Oyó propaganda / anuncio en la radio
80.2 __
80.3 Vio afiche / rota folio/ otro material impreso / prensa
80.3 __
80.4 oyó en charla de salud
80.4 __
80.5 Por el medico / visita medica / receta
80.5 __
80.6 Se lo regalaron en el centro de salud
80.6 __
80.7 Por medio de amigos / parientes
80.7 __
80.8 Por medio de la farmacia de la comunidad o centro de salud
80.8 __
80.9 Otras formas (especificar)
80.9 __

Si no menciona TV, radio, periódico, afiche, continuar. Si lo mencionó espontáneamente pasar a preg. 82.

81. En los últimos 6 meses, ha oído ó visto alguna publicidad sobre
81. __
Multivitaminas / vitaminas?
0: No; 1: Sí; 8: No contesta; 9: No procede

Para todas las mujeres que refieren haber escuchado publicidad por TV, radio o escrita (pregunta 80 ú 81), continuar. De lo contrario seguir a la sección "Comunicación con Red Social" - pregunta 85.

82. (28) Que producto vio / escucho que se promovía?
(No leer las respuestas. Marcar todas las respuestas espontáneas)
0: No; 1: Sí; 8: No contesta; 9: No procede.

82.1. Vital Día
82.1 __
82.2. Otros: Prod A: .....__ __
82.2 __
Prod B: .....__ __
82.3 __
Prod C: .....__ __
82.4__

83. Podría decirme si en el mes de ……. Oyó o vio alguna publicidad
83. __
sobre (mencionar el nombre del producto)? (Mencionar cada mes, iniciando por el mes actual, y retroceder hasta que se cumplan seis meses o hasta que mencione que ya no recuerda)

Mes del Año	Noviembre	Diciembre	Enero	Febrero	Marzo	Abril
Prod 1 __ __ 0: No; 1: Sí; 8: No contesta; 9: No procede						
Prod 2 __ __ 0: No; 1: Sí; 8: No contesta; 9: No procede						
Prod 3 __ __ 0: No; 1: Sí; 8: No contesta; 9: No procede						

84. (29) Que decía la publicidad sobre el producto .....? (Mencionar cada producto)
(No leer las respuestas. Marcar todas las respuestas espontáneas)
0: No; 1: Sí; 8: No contesta; 9: No procede.

Posibles respuestas	Prod A __ __	Prod B __ __	Prod C __ __
84.1. Da energía / Revitaliza / favorece la belleza personal	__	__	__
84.2 Evita la vejez / prolonga la juventud	__	__	__
84.3 Previene / protege de las enfermedades	__	__	__
84.4 Mantiene a la persona sana y saludable / buena para la salud	__	__	__
84.5 Mantiene a la persona fuerte	__	__	__
84.6 No engordan	__	__	__
84.7 Mejora el apetito / abre el apetito	__	__	__
84.8 Especial para mujeres/Tiene todas las vitaminas que la mujer necesita/	__	__	__
para la mujer de hoy día	__	__	__

84.9 Es buena para el embarazo o para la mujer cuando lacta	__	__	__
84.10 Es un producto natural	__	__	__
84.11 Es fácil de usar (no tiene ningún sabor u olor)	__	__	__
84.12 Que se debe tomar diario	__	__	__
84.13 No necesitan prescripción medica para comprarlas / No son medicinas	__	__	__
84.14 Otro (especificar):			

Comunicación en Red Social

85. Alguna vez ha hablado con alguien acerca de las vitaminas o multivitaminas?

85. __

0: No; 1: Sí; 8: No contesta; 9: No procede

86. Con quién habló de este asunto?
(No leer las respuestas. Marcar todas las respuestas espontáneas)
0: No; 1: Sí; 8: No contesta; 9: No procede.

86.1 Padres
86.1 __
86.2 Esposo / Compañero
86.2 __
86.3 Amigos / Vecinos
86.3 __
86.4 Proveedores de salud / médico
86.4 __
86.5 Farmacia
86.5 __
86.6 Otro (especificar):
86.6 __

Frecuencia y Tiempo de Uso de Multivitaminas y Vitaminas

87. Por cuánto tiempo deben tomarse las vitaminas o multivitaminas para que surtan efecto?
(No leer las respuestas. Marcar todas las respuestas espontáneas)
0: No; 1: Sí; 8: No contesta; 9: No procede.

87.1. Siempre, toda la vida/desde antes del embarazo
87.1 __
87.2. La duración del embarazo
87.2 __
87.3. Hasta el destete/despechar
87.3 __
87.4. Hasta que uno se sienta mejor / o se cure
87.4 __
87.5. Según mencione el doctor / Farmacia
87.5 __
87.6 Por un mes
87.6 __
87.7 Por 2 meses
87.7 __
87.8 Por 3 meses
87.8 __
87.9 Por 6 meses
87.9 __
87.10 Otros (especificar)
87.10 __

88. Cuántas veces a la semana o al mes hay que tomar las vitaminas para que surtan efecto? (No leer las respuestas. Marcar todas las respuestas espontáneas)
0: No; 1: Sí; 8: No contesta; 9: No procede.
88.1. Diariamente
88.1 __
88.2. Una o más veces por semana
88.2 __
88.3. Una o más veces al mes
88.3 __
88.4 Otro (especificar):
88.4 __

Conocimiento sobre anemia

89. (82) Sabe Ud. lo que es anemia? Puede decirme qué es?
(No leer las respuestas. Marcar todas las respuestas espontáneas)
0: No; 1: Sí; 8: No contesta; 9: No procede

89.1 Bajo nivel de hierro en la sangre/ Falta de glóbulos rojos o de sangre
89.1 __
89.2 Deficiencia en la alimentación / Mala alimentación / perdida de apetito
89.2 __
89.3 Exceso de glóbulos blancos
89.3 __
89.4 Falta de vitaminas
89.4 __
89.5 Otros (especificar)
89.5 __

90. (83) En su opinión, Cuáles son las consecuencias de la anemia?
(No leer las respuestas. Marcar todas las respuestas espontáneas)
0: No; 1: Sí; 8: No contesta; 9: No procede

90.1 Debilitamiento / Agotamiento físico / Desgano / Palidez / Produce sueño
90.1 __
90.2 La muerte
90.2 __
90.3 Efecto negativo en el feto
90.3 __
90.4 Produce complicaciones del embarazo
90.4 __
90.5 Otros (especificar)
90.5 __

Uso de Multivitaminas en General

91. Ha tomado alguna vitaminas ó multivitaminas en los últimos 3 meses? Cuál?
(Mencionar el nombre de los 3 meses para ubicar mejor al encuestado. No leer las respuestas. Marcar todas las respuestas espontáneas)
0: No; 1: Sí; 8: No contesta; 9: No procede

91.1 Vital Día
91.1 __
91.2 Sulfato Ferroso / hierro
91.2 __
91.3 Otros:Prod A: .....__ __
91.3 __
Prod B: .....__ __
91.4 __
Prod C: .....__ __
91.5 __

92. Ha tomado alguna vitamina ó multivitaminas en el último mes? Cuál?
(Mencionar el nombre del último mes para ubicar mejor al encuestado. No leer las respuestas. Marcar todas las respuestas espontáneas)
0: No; 1: Sí; 8: No contesta; 9: No procede

92.1 Vital Día
92.1 __
92.2 Sulfato Ferroso / hierro
92.2 __
92.3 Otros:Prod A: .....__ __
92.3 __
Prod B: .....__ __
92.4 __
Prod C: .....__ __
92.5 __

Uso en la última semana

93. Ha tomado alguna vitamina ó multivitaminas en esta última semana? Cuál?
(No leer las respuestas. Marcar todas las respuestas espontáneas)
0: No; 1: Sí; 8: No contesta; 9: No procede

93.1 Vital Día
93.1 __
93.2 Sulfato Ferroso / hierro
93.2 __
93.3 Otros:Prod A: .....__ __
93.3 __
Prod B: .....__ __
93.4 __
Prod C: .....__ __
93.5 __

Si ha tomado cualquier vitamina o multivitamina en la última semana, continuar. De lo contrario saltar a Preg 96.

94. Hoy día es ....., ha tomado alguna vitamina o multivitamina hoy día?
Ayer que fue....., tomó alguna vitamina o multivitamina?

Colocar la fecha de la encuesta en el día de la semana que corresponda. Luego retroceder día por día hasta completar 7 días. Colocar el código y nombre del producto en la fila correspondiente. Es posible anotar los datos de hasta 3 productos diferentes .

Día de la semana	*L*	*M*	*Mi*	*J*	**V**	**Sab**	**D**	**L**	**M**	**Mi**	**J**	**V**	**Sab**	**D**
Fecha														
Tomó? Prod A: __ __ 0: No; 1: Sí; 8: No contesta;														
Verificación de la información luego que muestra la caja 0: No; 1: Sí; 8: No contesta; 9: No procede no mostró caja														
Tomó? Prod B: __ __ 0: No; 1: Sí; 8: No contesta;														
Verificación de la información luego que muestra la caja 0: No; 1: Sí; 8: No contesta; 9: No procede no mostró caja														
Tomó? Prod C: __ __ 0: No; 1: Sí; 8: No contesta;														
Verificación de la información luego que muestra la caja 0: No; 1: Sí; 8: No contesta; 9: No procede no mostró caja														

Encuestador: Cuando te muestre las cajas o sobres de las pastillas que ha tomado en la ultima semana, al final de la encuesta, verifica la información de esta tabla nuevamente y codifica si la información que te brinde al mirar simultáneamente la caja o similar.

95. Encuestador: Cuál es tu opinión acerca de la confiabilidad de la información dada por la encuestada?
95. __
SI te muestra la caja de vitaminas al final de la entrevista, contesta tu opinión luego de haber verificado la información de la tabla anterior.
1: Información confiable
2: No me parece confiable
8: No puedo opinar

Uso de Vital Día

Si la entrevistada no mencionó espontáneamente Vital Día hasta ahora, continuar. Si ya mencionó, pasar a la preg 98.

96. Ha escuchado hablar de Vital Día?
96. __
0: No; 1: Sí; 8: No contesta; 9: No procede

97. Ha tomado alguna vez Vital Día? 97. __
0: No; 1: Sí; 8: No contesta; 9: No procede.

Si ha tomado Vital Día alguna vez, continuar.
Si la respuesta es NO ha tomado nunca Vital Día, pasar a la sección "Efectos por el Uso de Multivitaminas".

Si la entrevistada ha tomado Vital Día en algún momento, continuar.
Si no ha tomado nunca Vital Dia pero ha tomado alguna otra vitamina en los últimos 3 meses, pasar a Preg. 126.
Si no ha tomado ninguna vitamina en los últimos 3 meses, pasar a Preg.130.

98. Cuando compro **Vital Día** la ultima vez?
98. __
1: En la ultima semana
2: Hace menos de un mes
3: Hace mas de un mes
8: No sabe, no recuerda
9: No procede

99. Cuantas unidades de **Vital Día** compró la ultima vez?
99. __
1. 01 caja por 30 pastillas / grageas
2. Pastillas sueltas. Anotar el No que compró: __ __
3. Otro (especificar):
8. No sabe / No recuerda
9. No procede

100. Desde el inicio de este año 2000, cuántas veces ha comprado Vital Día?
100. __ __ veces
(00: si no compró ninguna vez; 88: NO sabe; 99: NO procede)

101. El año pasado, cuantas veces compró **Vital Día**?
101. __ __

(00: si no compró ninguna vez; 88: NO sabe; 99: NO procede)

102. Generalmente, que cantidad de **Vital Día** compra Ud.?
102a.__ __ cajas
(88: no sabe, no contesta; 99: No procede)
102b.____ pastillas

103. Quién tomó la decisión de comprar **Vital Día**?
103. __
(Codificar al que tomó la decisión principalmente en la mayoría de las veces que compró)
1. Entrevistada
2. Madre / padre
3. Pareja
4. Fue por indicación del médico
5. Fue por consejo / recomendación de farmacéutico
6. Fue por consejo / recomendación de promotor de salud
7. Otros (especificar)

104. Qué la motivó a tomar **Vital Día**?
(No leer las respuestas. Registrar todas las respuestas espontáneas)
0: No; 1: Sí; 8: No contesta; 9: No procede

104.1. Para mejorar de una enfermedad / molestia / debilidad
104.1 __
104.2. Para estar mejor nutrida / más fuerte / para fortalecer ó mejorar un órgano específico 104.2 __
104.3. Por que estoy embarazada o estoy dando de lactar
104.3 __
104.4. El médico me lo recetó
104.4 __
104.5. Otras razones (especificar)
104.5 __

105. Qué es lo que más le gusta de **Vital Día**?
(No leer las respuestas. Registrar todas las respuestas espontáneas)
0: No; 1: Sí; 8: No contesta; 9: No procede

105.1 Precio
105.1 __
105.2 La caja: colores, dibujos, mensajes fáciles de entender, el prospecto, etc.
105.2 __
105.3 La gragea: tamaño adecuado, color adecuado, fácil de tragar, no tiene de sabor, etc. 105.3 __
105.4 Propaganda impresa (afiches, folletos, etc.): color, mensajes, etc.
105.4 __
105.5 La propaganda de radio
105.5 __
105.6 La propaganda de TV

105.6 __
105.7 La composición de Vital Día: tiene todas las vitaminas, tiene hierro, etc.
105.7 __
105.8 Produce pocas o ninguna molestia: mal sabor en la boca, estreñimiento, etc.
105.8 __
105.9 Produce efectos buenos rápidamente
105.9 __
105.10 Otro (especificar)
105.10 __

106. Vital Día contiene Hierro. Considera Ud. que esto es una ventaja? Porqué?
(No leer las respuestas. Registrar todas las respuestas espontáneas)
0: No; 1: Sí; 8: No contesta; 9: No procede

106.1 Mejora la circulación de la sangre
106.1 __
106.2 Aumenta los glóbulos rojos
106.2 __
106.3 Es buena para el cerebro
106.3 __
106.4 Levanta el ánimo
106.4 __
106.5 Para fortalecer los huesos
106.5 __
106.6 Mejora las defensas del cuerpo
106.6 __
106.7 Otros
106.7 __

Frecuencia y Tiempo de uso de Vital Día

107. Con qué frecuencia se debe tomar Vital Día?
107. __
1. A diario
2. Otra frecuencia (especificar)
8. No sabe, no contesta

Si r esponde que No sabe, pasar a Pregunta 111. Si menciona cualquier frecuencia de uso, continuar.

108. Cómo se enteró que se debía tomar con esa frecuencia?
(No leer las respuestas. Registrar todas las respuestas espontáneas)
0: No; 1: Sí; 8: No contesta; 9: No procede

108.1. La caja lo indica 108.1 __
108.2. Leyó el prospecto 108.2 __
108.3. El vendedor / farmacéutico me explico 108.3 __
108.4. El medico u otro proveedor me explicó 108.4 __
108.5. Por la publicidad 108.5 __
108.6. Por Consejos de amigos / familiares
108.6 __

108.7. Otros (especificar) 108.7 __

109. Ha seguido la recomendación de tomarla con esa frecuencia?
109. __
(Mencionar la frecuencia mencionada en pregunta anterior)
0: No; 1: Sí; 8: No contesta; 9: No procede

Si la respuesta es NO, continuar. Si la respuesta es SI pasar a sección "Vital Día en algún momento de la semana"

110. Porqué no ha seguido esa recomendación?
(No leer las respuestas. Registrar todas las respuestas espontáneas)
0: No; 1: Sí; 8: No contesta; 9: No procede

110.1. Por olvido 110.1 __
110.2. No es necesario tomarlas todos los días 110.2 __
110.3. Miedo de intoxicación
110.3 __
110.4. Son muy caras 110.4 __
110.5. Son muy fuertes 110.5 __
110.6. Causa molestias / efectos secundarios/ da sueño 110.6 __
110.7. El médico me dijo que las tomara de esa manera
110.7 __
110.8. El producto no es bueno 110.8 __
110.9 Me engordó 110.9 __
110.10. Otro (especificar)
110.9 __

Vital Día en algún momento de la semana

Encuestador revisa la Tabla del recordatorio semanal y si ha tomado Vital Día en algún momento de la ultima semana, continuar. Si no ha tomado en la última semana pasar a pregunta 114.

111. Por cuánto tiempo piensa tomar ese producto?
111. __
1. Hasta que se acabe la caja o la cantidad que ha comprado
2. Mientras pueda tener dinero para comprarla
3. Toda la vida
4. Hasta que nazca mi niño
5. Hasta que mi hijo pequeño deje de lactar
6. Otro (especificar)
8. No sabe
9. No procede

Vital Día en la última semana pero no diariamente

Encuestador revisa la Tabla del recordatorio semanal y si no tomó diariamente en la ultima semana, continuar. Si tomó diariamente pasar a sección "Acceso".

112. Por qué no tomó ese producto diariamente?
(No leer las respuestas. Registrar todas las respuestas espontáneas)
0: No; 1: Sí; 8: No contesta; 9: No procede

112.1. Por olvido
112.1 __

112.2. No es necesario tomarlas todos los días
112.2 __
112.3. Miedo de intoxicación
112.3 __
112.4. Son muy caras
112.4 __
112.5. Son muy fuertes
112.5 __
112.6. Causa molestias / efectos secundarios
112.6 __
112.7. El médico me dijo que las tomara de esa manera
112.7 __
112.8. El producto no es bueno
112.8 __
112.9. Otro (especificar)
112.9 __

113. Cómo se le haría más fácil a Ud. tomar Vital Día a diario?
(No leer las respuestas. Registrar todas las respuestas espontáneas)
0: No; 1: Sí; 8: No contesta; 9: No procede

113.1. Envase en lugar visible
113.1 __
113.2. Envase de color vivo (llamativo)
113.2 __
113.3. Envase grande
113.3 __
113.4. Recomendación de tomarlas después del almuerzo
113.4 __
113.5. Que se las recete el medico
113.5 __
113.6. Que sean tabletas o pastillas
113.6 __
113.7. En combinación con una dieta o régimen alimenticio
113.7 __
113.8 Otro (especificar)
113.8 __

No Vital Día en la última semana

Si no tomó Vital Dia en la última semana, continuar. De lo contrario pasar a sección "Acceso".

114. Si Ud. tomó Vital Dia antes, por qué no continuó tomando ese producto?
(No leer las respuestas. Registrar todas las respuestas espontáneas)
0: No; 1: Sí; 8: No contesta; 9: No procede

114.1 No necesita consumir más vitaminas
114.1 __
114.2 Por descuidada
114.2 __
114.3 No tiene receta médica

114.3 __
114.4 Por falta de recursos económicos / por el precio
114.4 __
114.5 No las compré / me olvide de comprar mas
114.5 __
114.6 Me hace daño
114.6 __
114.7 No encontre en la farmacia
114.7 __
114.8 Otros (especificar)
114.8 __

ACCESO PARA ADQUIRIR VITAL DÍA

115. Donde compra generalmente Vital Día?
(No leer las respuestas. Registrar todas las respuestas espontáneas)
0: No; 1: Sí; 8: No contesta; 9: No procede

115.1. Puesto de mercado / feria
115.1 __
115.2. Farmacia
115.2 __
115.3. Ambulante
115.3 __
115.4. Hospital / Centro de salud del Ministerio
115.4 __
115.5. Centro de Salud de Prosalud
115.5 __
115.6. Clínica privada / Centro Médico privado / Consultorio privado
115.6 __
115.7. Promotor de salud
115.7 __
115.8. Otro (especificar)
115.8 __

116. Tuvo alguna dificultad para encontrar un sitio donde comprar Vital Dia?
116. __
0: No; 1: Sí; 8: No contesta; 9: No procede

Si la respuesta es SI, continuar. De lo contrario saltar a Preg 118.
117. Cuál fue esta dificultad?
117. __
1. Las farmacias están lejos de mi casa
2. Algunas farmacias no tenían Vital Día
3. El centro de salud / Hospital no tenia Vital Día
4. Otro (especificar)

118. Se necesita receta para comprar Vital Dia?

118. __
0: No; 1: Sí; 8: No contesta; 9: No procede

119. En algún momento le han pedido receta para venderle Vital Día?
119. __
0: No; 1: Sí; 8: No contesta; 9: No procede

120. Cuánto pagó la última vez que compró Vital Dia? 120a. __ __ __ boliv por
(Escribir el monto pagado por el número total de pastillas que compró. 120b. __ __ grageas
Si recibió una muestra gratis escriba 999)

121. Considera que el precio que pago fue alto, razonable o bajo?
121. __
1. Alto; 2. Razonable; 3. Bajo

Si el precio le parece alto, continuar. De lo contrario pasar a Preg. 123.

122. Cuál sería el precio que podría pagar? 122a. __ __ bolivianos por grageas
122b. __ __

Uso en la familia de Vital Día

123. Hay alguien más en su familia que también está tomando Vital Dia?
123. __
0: No; 1: Sí; 8: No contesta; 9: No procede

Si la respuesta es SI, continuar. De lo contrario saltar a la sección "Efectos por el Uso de Multivitaminas"

124. Quien más está tomando Vital Dia?
(Identificar a la persona mencionada en la tabla de la estructura familiar de la primera hoja, y colocar el numero que le corresponda a la persona mencionada. Puede existir más de una respuesta. Registrar todas las que se den espontáneamente)

124.1 Código de persona 1:
124.1 __ __
124.2 Código de persona 2:
124.2 __ __
124.3 Código de persona 3:
124.3 __ __
124.4 Código de persona 4:
124.4 __ __
124.5 Código de persona 5:
124.5 __ __
124.5. Otro (especificar) 124.6 __ __

125. Comparten la misma caja o las mismas partillas que compró Ud.?
125. __
0: No, cada uno tiene su propia caja o pastillas
1: Si

8: No sabe, no responde
9: No procede

Esta sección es para todas la encuestadas que han usado cualquier vitamina o multivitamina o sulfato ferroso o hierro en los últimos 3 meses, último mes o última semana (preg 91, 92 ó 93.

EFECTOS POR EL USO DE VITAMINAS Ó MULTIVITAMINAS

126. (58) Ha sentido algún cambio desde que toma vitaminas, o no?
126. __
0: No; 1: Sí; 8: No contesta; 9: No procede

Si la respuesta es SI continuar, De lo contrario pasar a la pregunta 128.

127. (59) Que cambios ha experimentado?
(No leer las respuestas. Registrar todas las respuestas espontáneas)
0: No; 1: Sí; 8: No contesta; 9: No procede

127.1. Mas energía/menos cansancio
127.1 __
127.2. Belleza / más radiante
127.2 __
127.3. Mejor salud en general / organismo funciona mejor
127.3 __
127.4. Mayor apetito
127.4 __
127.5. He engordado
127.5 __
127.6. No me enfermé / mejoró defensas
127.6 __
127.7. Calma los dolores / calma alguna molestia específica
127.7 __
127.8. Mejor memoria / mejoría de alguna parte del cuerpo (ojos, pelo, etc.)
127.8 __
127.9. Otros (especificar)
127.9 __

128. Ha sentido alguna molestia desde que toma las multivitaminas?
128. __
0: No; 1: Sí; 8: No contesta; 9: No procede

Si la respuesta es SI, continuar. De lo contrario pasar a la pregunta 130.

129. Qué molestia ha tenido?
(No leer las respuestas. Registrar todas las respuestas espontáneas)
0: No; 1: Sí; 8: No contesta; 9: No procede
129.1. Mal sabor en la boca / Sabor extraño
129.1 __
129.2. Ardor en el estómago
129.2 __
129.3. Estreñimiento 129.3 __

129.4. Otro (especificar)	129.4 __

La siguiente sección es para todas las encuestadas.

Efecto de administración por un año de vitaminas o multivitaminas

130. Si una mujer toma una vitamina o mutlivitamina por un año seguido,
130. __
habría algún efecto, positivo o negativo?
0: No; 1: Sí; 8: No contesta; 9: No procede

Si la respuesta es SI, continuar. De lo contrario pasar a sección "Participación en grupos sociales"

131. Qué efecto le podría causar?
(No leer las respuestas. Registrar todas las respuestas espontáneas)
0: No; 1: Sí; 8: No contesta; 9: No procede

131.1 Mal sabor en la boca / Sabor extraño
131.1 __
131.2 Ardor en el estómago / nauseas
131.2 __
131.3 Estreñimiento
131.3 __
131.4 Intoxicación
131.4 __
131.5 Daño al hígado / daño a los huesos / daño a órgano específico
131.5 __
131.6. Otro (especificar)
131.6 __

PARTICIPACION EN GRUPOS SOCIALES

132. Participa Ud. en algún grupo/organización social?
132. __
0: No; 1: Sí; 8: No contesta; 9: No procede

133. En que organización / grupo social participa?
(No leer las respuestas. Registrar todas las respuestas espontáneas)
0: No; 1: Sí; 8: No contesta; 9: No procede

133.1 Comparsas/confraternidades
133.1 __
133.2 Club de madres
133.2 __
133.3 Juntas de vecinos
133.3 __
133.4 Club social
133.4 __
133.5 Club deportivo
133.5 __

133.6 Otros (especificar)
133.6 __

134. En este año 2000, cuántas veces Ud. ha participado de las actividades
134. __ __
de esta organización / grupo? (00: en ninguna; 88: No sabe; 99: No procede)

135. Tiene alguna persona, a parte de su familia, que podría ayudarla si tuviera un problema?
135. __
(Nos referimos a problemas emocionales o económicos)
0: No; 1: Sí; 8: No contesta; 9: No procede

136. Y En su familia, hay alguien que podría ayudarla si tuviera un problema?
136. __
0: No; 1: Sí; 8: No contesta; 9: No procede

MOLESTIAS SENTIDAS EN LOS ULTIMOS 30 DIAS

Ahora quisiéramos hacerle unas preguntas referentes a ciertos síntomas o molestias que Ud. puede haber sentido o sufrido durante los últimos 30 días. Encuestador: si la respuesta es SI, pregunta si tuvo esa molestia en los últimos 30 días y luego si tuvo la molestia en forma constante. Si la respuesta continua siendo SI, recién registra la respuesta.

137. Tiene frecuentes dolores de cabeza?
137. __
No incluyen dolores de cabeza esporádicos o por gripe, por ejemplo.
0: No; 1: Sí; 8: No contesta; 9: No procede

138. Tiene mal apetito?
138. __
Se refiere a si la entrevistada "Come muy poco ó no siente deseos de comer en forma más o menos constante" 0: No; 1: Sí; 8: No contesta; 9: No procede

139. Duerme mal?
139. __
Se refiere a si la entrevistada demora en quedarse dormida, se despierta antes de lo acostumbrado o si su sueño es interrumpido por frecuentes sobresaltos. Cualquiera de estas molestias en forma más o menos constante" 0: No; 1: Sí; 8: No contesta; 9: No procede

140. Se siente nerviosa, tensa o aburrida?
140. __
0: No; 1: Sí; 8: No contesta; 9: No procede

141. Se siente triste?
141. __
0: No; 1: Sí; 8: No contesta; 9: No procede

142. Llora Ud. con mucha frecuencia?
142. __
Es decir, si llora por cualquier cosa, con una frecuencia que no es la usual, de una manera que no se presenta normalmente en las personas.
0: No; 1: Sí; 8: No contesta; 9: No procede

143. Se siente cansada todo el tiempo?
143. __
Es decir, se siente muy cansada, fatigada, sin fuerzas sin que haya una causa para ello.
0: No; 1: Sí; 8: No contesta; 9: No procede

NIVEL SOCIO ECONOMICO

144. (122) Por favor, Dígame si en su casa hay……..?
0: No; 1: Sí; 8: No contesta; 9: No procede
144.1. Electricidad
144.1 __
144.2. Agua potable
144.2 __
144.3. Baño / water
144.3 __
144.4. Refrigerador
144.4 __
144.5. Motocicleta
144.5 __
144.6. Automóvil
144.6 __
144.7. Automóvil de los últimos 5 años
144.7 __
144.8. Video
144.8 __
144.9. Radio
144.9 __
144.10. Televisión
144.10 __
144.11. Lavadora
144.11 __
144.12. Teléfono
144.12 __

145. (123) Su familia alquila o es propietaria de esta casa?
145. __
1. Su familia es Propietaria
2. Alquila
3. Su familia vive con parientes
4. Anticretico
5. Otro (especificar)

146. (124) Cuantos ambientes separados o independientes hay en toda la casa?
146. __ __
(Incluir los cuartos separados por paredes. Asegurarse que menciona todas las habitaciones y no solo los dormitorios)

147. (125) Cuántos baños / water hay en su casa?
147. __ __

148. (126) Cuántos focos o fluorescentes aproximadamente hay toda la casa?
148. __ __

(Encuestador revisa si hay consistencia entre esta respuesta y el número de ambientes de la pregunta 146. Si hay alguna incongruencia, verifica nuevamente las respuestas)

149. Aproximadamente cuánto gasta su familia en alimentos? (SOLO enteros)
149a. __ __ __ __
Codificar la frecuencia del gasto referida por la encuestada:
149b. __
1: Diario
2: Semanal
3: Quincenal
4: Mensual
5: Otro (especificar)

Observa y anota el material predominante de:

150. (127) el techo de la casa / vivienda:
150. __
1. Teja
2. Calamina
3. Jatata / Motacu / Palmera
4. Cartón
5. Concreto / cemento (pulido o no)
6. Otro (especificar)

151. (128) las paredes de la casa / vivienda
151. __
1. Adobe
2. Ladrillo
3. Madera / Maderba / parquet
4. Concreto
5. Calamina
6. Plástico
7. Cartón
8. Otro (especificar)

152. (129) el suelo de la casa / vivienda
152. __
1. Cerámica / loceta o similar
2. Piedra
3. Madera
4. Tierra
5. Cemento (pulido o no)
6. Otro (especificar)

Esta sección es solo para las entrevistadas que están tomando cualquier tipo de vi taminas o multivitaminas o hierro en la última semana (Pregunta 93)

USO DOCUMENTADO DE MULTIVITAMINAS / VITAMINAS

Informar a la encuestada que la sección de preguntas ha culminado. Solicitar que te muestre los envases o pastillas remanentes de las vitaminas o multivitaminas que estuvo tomando en la ultima semana.

153. (44) Me puede mostrar la caja / paquete / sobres de las vitaminas o multivitaminas que ha tomado en esta semana? Encuestador volver a revisar la tabla del recordatorio semanal (preg 94).
1. Muestra la caja / paquete / sobre
2. No muestra por que compró pastillas por unidad
3. No mostró por que no pudo encontrar la caja
9. No procede / No tomó vitaminas en la última semana

153.1 Vital Día 153.1 __

153.2 Sulfato ferroso / hierro 153.2 __

153.3 Producto A: ..... Código: __ __
153.3 __
153.4 Producto B: ..... Código: __ __
153.4 __
153.5 Producto C: ..... Código: __ __
153.5 __

154. Pídele a la entrevistada que cuente cuantas pastillas ó grageas de Vital Día quedan en el paquete o caja y registra el número. (Colocar 99 si no procede)
154. __ __

155. Hora de fin de la encuesta (00:00 a 24:00 horas) 155. __ __:__ __ horas

Muchas gracias por su colaboración!. Tiene alguna pregunta? Qué desea que le aclare?

Nuevamente, muchas gracias.