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Development Associates

IEC TECHNICAL ASSISTANCE
COMPLETION REPORT

JANUARY, 2001

Task Order Completed For
The U.S. Agency For International
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IEC TECHNICAL ASSISTANCE COMPLETION REPORT

Submitted to:

**The United States Agency for International Development
Guatemala-Central American Programs (G-CAP)**

Submitted by:

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Reporting Period: June 15, 1999 - January 15, 2001

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Acknowledgements

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In addition to the excellent support received from the lead collaborating agencies, we would like to extend our thanks to USAID, and especially to the Task Order CTO, Edward Scholl. His timely and effective support was very helpful. Finally, Development Associates extends special thanks to the diligent and hard working members of our in-country team, Elena Hurtado and Odilia Perén.

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1) Background

USAID/G-CAP and its partners are currently implementing the strategic objective "Better Health for Rural Women and Children." Its intermediate objectives are 1) more rural families use quality maternal and child health services; 2) maternal and child health programs are well managed; and 3) stronger Guatemalan commitment to integrated women's health. Key to the successful achievement of intermediate objectives is a communication and behavior change strategy that is multi-pronged, based on valid research, is focused on targeted populations and is culturally sensitive to those populations.

In March 1999, a Development Associates team, under Task Order No. 800, conducted an assessment of the IEC approach being pursued by USAID/G-CAP and its partners. Under the current Task Order, No. 801, Development Associates addressed the following technical assistance needs in IEC:

- TA to USAID and partners on communication for behavior change and IEC strategy design and development;
- TA to partners on the documentation of formative research and the application of IEC-related research in the development of IEC strategies, messages and materials, including a review of relevant existing research;
- Assess current field testing procedures being used, followed by TA to partners on weaknesses noted;
- TA to partners on materials design for low-literacy audiences;
- TA to partners on types of images preferred for health education materials following a rapid assessment;
- Mini-assessment on the use of Mayan languages for educational talks in the community, including the degree to which bilingual promoters are prepared for translating messages, followed by TA to partners on how to facilitate better communication with Mayan audiences;
- TA to partners on incorporation of education activities for illiterate audiences and expanded use of visual materials without text;
- Conduct a rapid inventory of mass and popular communications channels followed by TA to partners on the use of multiple communication channels.

The emphasis was on transferring skills to the partners as quickly as possible.

A modification to the Task Order was signed in May 2000, which extended the termination date to December 15, 2000 and added Task F. to the section on Expected Results below. A second modification to the Task Order was signed in December 2000 extending the expiration date to January 15, 2001.

2) **Expected Results**

The tangible results expected from Development Associates' work under this Task Order were the following:

- A. A summary of existing research which has implications for IEC messages and materials will be compiled and presented in a report;
- B. A report assessing current field testing procedures by USAID's partners will be produced;
- C. A report assessing the use of Mayan languages and translation skills will be produced;
- D. A report describing the results of an inventory of mass and popular communication channels will be produced;
- E. Skills development activities will be conducted through seven workshops and individualized technical assistance and participants will report that the workshops were useful and applicable to their work.
- F. An updated expanded version of the APROFAM manual Capacitando Sin Letras will be submitted, or in its place, a final draft version of the manual.

3) **Activities**

The contract was signed on June 15, 1999 and a startup trip took place in July. Additional staff trips were made in early and late September of 1999, in late January/early February and in April, May, July and September of 2000. A consultant traveled to Guatemala for a workshop at the end of September 1999. Another consultant assisted with a workshop at the end of November, with supervision of field practice in January 2000 and with a follow-up workshop in February.

4) **Performance (By Expected Results listed above)**

- A. Research reports were collected in Guatemala in 1999 and searches were done on the Internet and Popline. A report titled Information, Education and Communications (IEC) Research Summary was submitted to USAID/G-CAP in January, 2001. A copy can be found in Annex 1.
- B. An assessment of field testing procedures was conducted in January, 2000 as a follow-up to a workshop on the development of materials and images for illiterate and low literacy audiences that was conducted in November, 1999. Project staff and a consultant assessed the pretesting skills of five inter-agency teams representing 16 organizations as they tested images and materials they developed at the workshop with their target audiences.

A workshop on pre-testing skills, based on this assessment, was conducted in early February. During this workshop, participant teams made modifications to the materials tested in January and prepared plans for retesting of modified materials. Results of this second round of pre-testing were reported at a workshop in May. An English language report on pre-testing was submitted electronically to USAID in July 2000 and the Spanish version of the report was submitted in September. A copy of the bilingual Report on Procedures for Field Testing IEC Materials is in Annex 2.

- C. The Mayan language translations study was designed in December 1999. Home office staff reviewed draft study instruments in January 2000 and the instruments were pretested in February. Bilingual fieldworkers were trained from February 21-25 and data collection was completed in March. A debriefing for field workers was held March 21-22 in Quetzaltenango. Partial results were summarized at a workshop held in April on the application of research to IEC and at a debriefing meeting for USAID and its partners in May. A report titled An Assessment of the Translation of Health Messages by Bilingual Promoters in Guatemala was submitted to USAID/G-CAP in January, 2001. A copy of the report is attached in Annex 3.
- D. The survey of communication channels was designed in September 1999 and interviewers were trained in October. Data collection was carried out in November. Questionnaire processing and data entry, originally planned for December, were postponed until staff returned in January 2000 from holiday vacations. Data entry was completed during January and February and data analysis began in March. In April, the agencies which participated in the channels survey spent a day during a workshop on research working with their own data from the survey. Development Associates' IEC specialist reviewed errors in data collection with each institution. The institutional teams then analyzed results and prepared a presentation on important findings. These were presented by the participants to workshop attendees. A report titled A Communication Channels Survey in Mayan Communities in Guatemala was submitted to USAID/G-CAP in November 2000. A copy of the report can be found in Annex 4.
- E. Development Associates designed the training component of this activity as a consecutive series of related events. The same group of participants was invited to all of these training events so that over the course of the year they would explore different aspects of the development of an IEC strategy and steadily increase their capabilities in designing and conducting IEC activities. Interim field activities such as pre-testing materials and images or collecting communication channels data provided participants with hands-on skill practice between workshops.

The first training event was a one and a half-day workshop on Communications and Behavior Change held on the 27th and 28th of September, 1999 at the Hotel Radisson. Twenty-eight participants representing seventeen organizations attended the workshop which was facilitated by Anne Terborgh of Development Associates and Ron Parlato, a consultant to the firm.

In October, interviewers participating in the study on communication channels were trained for three and a half days. Representing agencies active in USAID's target departments, interviewers were trained to work with the target audience of their own agencies so the communication data gathered would be directly applicable to their own local IEC activities.

A four and a half day workshop on preparation of materials for illiterate and semi-literate audiences was conducted from November 29 to December 4 for 36 participants from 23 organizations. APROFAM co-facilitated the workshop at the Royal Palace Hotel with Development Associates' IEC Advisor, Elena Hurtado and consultant Maria Elena Casanova. Participants were grouped into six interagency teams, each of which produced materials for supervised field testing to be carried out following the end-of-the year holidays.

In January 2000, Development Associates Advisor Elena Hurtado and consultant Maria Elena Casanova spent two weeks supervising the pre-testing carried out by the teams and assessing their pretesting knowledge and skills. This was followed by a two and a half-day workshop on pre-testing held February 2-4 at the Hotel Royal Palace. Ms. Hurtado and Ms. Casanova led the workshop with support from APROFAM.

As noted in 4. C., above, bilingual field workers attended five days of training in late February to prepare for the Mayan language translations study. This training was carried out with the support of four international organizations: Development Associates, Project Concern International, the Population Council and the University Research Corporation.

In April, Elena Hurtado and Anne Terborgh from Development Associates and Marta Julia Ruiz of the Population Council led a workshop on the application of research findings to IEC plans and activities. The workshop was held at the Hotel Royal Palace from April 12-14, 2000. Participants analyzed data from the most recent DHS and other studies to determine the applicability of the information to IEC plans and activities. They also analyzed and presented the data they collected on the channels study and discussed preliminary findings from the translations assessment which were presented by Reyna Lopez of Project Concern International (PCI).

A final five-day workshop on Educational Activities for Illiterate and Low-Literacy Populations was held at the CENDEC center in Chimaltenango in May 2000. Participants reviewed a variety of teaching techniques for use with low-literacy populations, designed an educational activity and team-taught a session with a group of local women with low literacy skills who volunteered to attend. APROFAM conducted the workshop which was monitored by Anne Terborgh.

- F. Work on updating and expanding *Capacitando Sin Letras* began in July. Anne Terborgh worked for a week with the APROFAM training department to review updates needed in the current manual and outline work required to incorporate reproductive health subjects into the manual. A second TA trip was completed in September and APROFAM and Ms. Terborgh worked throughout the fall by electronic mail, exchanging drafts of new

and revised materials. A final draft of the revised edition of the manual was submitted to USAID by APROFAM in early December.

5) **Lessons Learned**

Each of the technical reports associated with this task order highlights lessons learned. However, certain themes which recur in the reports, and that were observed during training activities, are worth reiterating. The principal ones are summarized below.

A. Quality control is needed in person to person community education.

Person-to-person communication has been the strategy of choice in most agencies for reaching Mayan audiences. Agencies have recruited and trained bilingual promoters and traditional birth attendants (TBAs) and many have developed or tried to locate suitable educational materials for them to use. However, despite these efforts, relatively little is known about the quality of the information that is delivered to the communities by these rural health workers. Generally they work alone, unobserved by program staff, and educational materials distributed to field workers have a notorious tendency to disappear.

In Development Associates' translations study, discussed under 4.C. above, field observations were made of promoters and educators carrying out educational activities with community members. Although the sample was very small, the observations suggested that the delivery of incomplete or erroneous health messages by community health workers may be fairly common. Further, their reliance on the lecture method or *charla* for group educational activities almost guarantees low retention of information on the part of their audience. Ample research exists to show that the lecture is one of the least efficient teaching techniques, especially for low literacy audiences who take no notes. Further, without interaction the promotor or educator has no way of knowing what the audience has learned or knows about the subject. Myths and rumors cannot be corrected. Cultural differences are not discussed.

B. Teaching materials are needed for quality education

Good teaching materials and illustrations could make an important contribution to improving the effectiveness of *charlas*. Yet materials are often lacking in the field. One reason for this is that promoters and educators are trained in a wide range of maternal, child and reproductive health topics. They may have a flip chart on breastfeeding from La Leche League but nothing on the menstrual cycle, an illustration of danger signs during pregnancy but nothing on acute respiratory infections, a small informational pamphlet on a specific topic, but no visual aids suitable for use with a group. Few agencies have enough materials to cover the full range of subjects promoters and educators discuss in the communities and as a consequence educational activities continue to be delivered with makeshift or no educational materials.

C. Language is an issue

It appears from Development Associates' translations study that few Mayans prefer to receive educational messages in Spanish. However, there does not seem to be a uniform preference among the different Mayan language groups concerning the language they prefer for health messages. Some prefer the local Mayan language alone whereas others are comfortable with a mix of Spanish and the Mayan language. Agencies need to pay closer attention to the language preferences of their intended audience, whether it be volunteer health workers recruited from the community for training or community members attending educational activities.

The way in which technical terms and concepts are communicated to the target audience is also an issue. Agencies need to work with their promoters and educators to assure that the translation of technical terms and concepts from Spanish to a Mayan language is adequate. If there is no Mayan language equivalent of a technical term (such as prenatal care, for example), the agency should establish an official translation for all their field staff to use.

D. Target audiences should be segmented

Although numerous research findings have highlighted the importance of directing maternal-child and reproductive health messages to Mayan men, relatively little has been done in this area. Nonetheless, not only do various studies show that men are receptive to receiving information, but they probably would be easier to reach than rural women given their greater mobility and higher literacy levels.

It probably would also be worthwhile to consider better segmentation between rural and urban populations. There are very large differences between urban/rural and *Ladino*/Mayan health indicators. The common current practice of producing IEC material for *Ladinos* and then changing the illustrations for a Mayan audience may not be sufficient. Messages and channels may need to be changed as well.

E. The selection and use of communication channels needs to be reviewed

There seems to be no question that radio has been underutilized as a communications channel for reaching Mayan communities. Access to radio is high in these communities and it reaches both men and women. Yet dissemination of health information by radio has received relatively little attention. Most current radio use by health organizations consists of promotional spots as opposed to educational programming.

Person to person communication, the most common outreach strategy, has had rather limited coverage. However, it might reach greater numbers if it were organized to accommodate the strong preference expressed by Mayans in Development Associates' communication channels study for group education. About half of the individuals interviewed in that survey belonged to one or more organized groups in their communities. NGOs in particular might extend their reach by expanding their

networking with local development committees, churches and other entities that work with groups in the communities.

F. Attention should be given to adjusting messages to local audiences

Agencies need to review the messages they are transmitting to assure that they meet current community needs. A prime example concerns agency promotion of pregnancy spacing and responsible parenthood messages to an audience that has repeatedly asked for more information on contraceptive methods and the health risks of using them. Another might be activities designed to promote breastfeeding which do not address the risks of the supplement liquids that are commonly given to very young babies. This is not to suggest that messages should not conform to national and international guidelines, but rather that they should be adapted to fit local circumstances where necessary.

G. Coordination benefits all

One of the most beneficial aspects of Development Associates work on this task order was to bring together IEC staff from a variety of agencies to share experiences and learn from each other. Throughout the series of workshops IEC staff worked in inter-agency groups and came to appreciate their common needs and interests. By the end of the task order, an inter-agency IEC Working Group was formed to continue sharing and coordination. This effort merits strong support and encouragement.

6) Recommendations:

A debriefing meeting for USAID and its strategic objective (SO) partners was conducted in May 2000 by Anne Terborgh and Elena Hurtado after all activities had been completed except the revision of the manual *Capacitando Sin Letras*. Activities undertaken to date were reviewed, summaries were presented of the Channels and Translations studies, and the following recommendations were made to the newly formed inter-agency IEC Working Group.

A. Research

1. Establish research priorities for IEC

Although a good deal of research pertinent to IEC has been conducted in Guatemala, some gaps remain. Examples include:

- In-depth exploration of the image, color and subject matter preferences of the Mayan population;
- Research on the response of different audiences to various types of behavior change messages to improve audience segmentation;
- Following up on Development Associates' study on the translation of health messages by bilingual health workers to assess the accuracy and completeness of the education they provide in Mayan communities; and
- Testing potential IEC logos with different target groups.

2. Disseminate research findings

Too often, available research findings have not been broadly disseminated within institutions. The IEC working group could facilitate this process by:

- Identifying research findings that are important to IEC programs;
- Sharing research findings with the frontline field workers who do community education and program promotion; and
- Share the findings of the demographic and health surveys (ENSMI) with IEC staff.

B. Needs assessment

Since virtually all agencies work on maternal, child and reproductive health and target rural Mayan populations, their IEC materials needs are similar if not identical. Yet the tendency over the years has been for each institution to develop its own materials. The IEC working group could help remedy this problem by:

- Promoting the sharing of IEC materials among institutions;
- Identifying the materials that are most useful to all;
- Determining if those materials are useful in their current form or if they need to be adapted or updated;
- Identifying mechanisms for revising existing material or developing new material; and
- Coordinating multi-institutional pre-testing of materials.

C. Technical assistance for USAID Partners

The membership of the Working Group represents a core of expert technical resources in IEC that could contribute to the programs of all agencies by:

- Providing technical assistance in the pre-testing of materials (sample selection, instrument design, analysis of results, etc.);
- Offering training at the departmental level on topics such as the management of focus groups and individual interviews, training of promoters and TBAs in behavior change communications, educational methodology and interpersonal communications skills; and
- Identifying and distributing reference material on IEC themes like behavior change communications, pre-testing, audience segmentation, etc.

INFORME FINAL
RESUMEN EN ESPAÑOL
de
Lecciones Aprendidas y Recomendaciones

Lecciones aprendidas

Cada uno de los reportes técnicos asociados con esta orden de trabajo realiza las lecciones aprendidas. Sin embargo, vale la pena repetir ciertos temas comunes en dichos reportes, los cuales también fueron observados durante las actividades de capacitación. Los principales se resumen a continuación.

1. Se necesita más control de calidad en la educación comunitaria de persona-a-persona

La comunicación de persona-a-persona ha sido la estrategia preferida por la mayoría de las agencias que se dirigen sus mensajes a poblaciones mayas. Las agencias han reclutado y capacitado a promotores y parteras bilingües, y muchas han desarrollado o tratado de localizar materiales educativos aptos para ellos. Sin embargo, a pesar de estos esfuerzos, se sabe relativamente poco sobre la calidad de la información entregada a las comunidades por los trabajadores rurales de salud. En general trabajan a solas, sin la supervisión directa del personal del programa, y los materiales educativos distribuidos a los trabajadores en el campo tienden a desaparecerse.

En el estudio de traducciones realizado por Development Associates, (Anexo 3), se hicieron observaciones en el campo de promotores y educadores llevando a cabo actividades educativas con miembros de la comunidad. Aunque la muestra fue mínima, las observaciones sugirieron que la transmisión de mensajes de salud incompletos o erróneos por parte de los trabajadores comunitarios de salud, puede ser relativamente común. Además, su preferencia por la técnica de la conferencia magistral o charla como método didáctico casi garantiza una retención baja de la información por parte del grupo blanco. Muchas investigaciones de aprendizaje indican que la conferencia magistral es una de las técnicas didácticas menos eficaces, especialmente para grupos semi-alfabetos o analfabetos, quienes no pueden tomar apuntes. También, sin el beneficio de una interacción activa con la audiencia, el promotor o educador no puede enterarse de lo que sus oyentes ya saben sobre el tema o de que están aprendiendo. Los mitos y rumores no pueden ser corregidos y diferencias culturales no son discutidos.

2. Los materiales didácticos son indispensables para una educación de calidad

Buenos materiales didácticos y ayudas visuales harían una contribución importante al mejoramiento de la eficacia de las charlas. No obstante, hay una marcada carencia de materiales en el campo. En parte, ésta se debe a que los promotores y educadores son capacitadas en una amplia gama de tópicos sobre la salud materna, infantil y reproductiva. Ellos pueden tener un rotafolio de la Liga de la Leche sobre el amamantamiento, pero nada sobre el ciclo menstrual; algo ilustrando señales de peligro

durante el embarazo, pero nada sobre infecciones respiratorias agudas; un folleto informativo cubriendo un tópico específico, pero ningún ayuda visual apto para un grupo. Pocas agencias disponen de materiales suficientes para cubrir la gama completa de temas que los promotores y educadores presentan en las comunidades, y como consecuencia las actividades educativas continúan siendo realizadas con materiales improvisados, o sin materiales.

3. Los idiomas son importantes

El diagnóstico de Development Associates sobre traducciones demuestra que pocos mayas prefieren recibir mensajes educativos en español. Sin embargo, no parece haber una preferencia uniforme entre los hablantes de los distintos idiomas mayas en cuanto al idioma que prefieren para mensajes sobre la salud. Algunos prefieren solo el idioma maya local, mientras otros se sienten cómodos con una mezcla del español y el idioma maya. Las agencias deben prestar más atención a las preferencias lingüísticas del grupo blanco, sea de trabajadoras voluntarias de salud reclutadas en la comunidad, o miembros de la misma comunidad que asisten a las actividades educativas.

La manera en que los términos y conceptos técnicos son comunicados al grupo blanco es otro asunto importante. Las agencias necesitan colaborar con sus promotores y educadores bilingües para asegurar una traducción adecuada de los términos y conceptos técnicos del español a un idioma maya. Si algún idioma maya no tiene una palabra o frase que equivale al término técnico en español (como el cuidado prenatal, por ejemplo), la agencia deberá establecer una traducción oficial para ser usada por todo su personal de campo.

4. Los grupos blanco deben ser segmentados

Aunque las conclusiones de varias investigaciones han enfatizado la importancia de dirigir mensajes de salud materno-infantil y reproductiva a los hombres mayas, se ha hecho relativamente poco en esta área. Esta situación persiste a pesar de la existencia de hallazgos de varios estudios indicando que los hombres son receptivos a recibir dicha información. Además es probable que sería más fácil hacer llegar la información a ellos que a las mujeres rurales, dado su mayor movilidad y niveles más altos de alfabetismo.

También podría ser provechoso considerar una mejor segmentación entre las poblaciones rurales y urbanas. Existen grandes diferencias entre los indicadores de salud urbanos/rurales y ladinos/mayas. La práctica común actual de elaborar material de IEC para los ladinos y luego cambiar las ilustraciones para los mayas, tal vez no sea suficiente. Es posible que se deben cambiar los mensajes y los medios también.

5. La selección y uso de canales de comunicación necesita revisión

No parece haber ninguna duda que la radio ha sido subutilizada como medio de comunicación para llegar a las comunidades mayas. El acceso a la radio es bastante alto en dichas comunidades y llega tanto a los hombres como a las mujeres. Sin embargo, se

le ha prestado relativamente poca atención a la divulgación de información de salud por radio. La mayoría del uso de la radio por parte de organizaciones de salud consiste en anuncios promocionales en lugar de programas educativa.

La comunicación de persona-a-persona, la estrategia de extensión más común, ha gozado de un alcance algo limitado. Sin embargo, podría llegar a un número mayor de personas si fuera organizada para aprovechar la preferencia marcada por la educación en grupos expresada por los entrevistados en la encuesta de Development Associates sobre canales de comunicación. Aproximadamente la mitad de los individuos entrevistados en aquella encuesta pertenecía a uno o más de los grupos organizados en sus comunidades. Las ONGs en particular podrían extender su alcance a través de contactos con entidades locales como los comités de desarrollo, las iglesias y otras que trabajan con grupos organizados en la comunidad.

6. Se necesita más atención al ajuste de mensajes a la audiencia

Las agencias necesitan revisar los mensajes que transmiten para asegurar que cumplan con las necesidades actuales de las comunidades. Un buen ejemplo es la práctica común de promover mensajes sobre el espaciamiento de los embarazos y la paternidad responsable a una audiencia que ha indicado en repetidas ocasiones que desea más información sobre métodos anticonceptivos y los riesgos de usarlos. Otro podría ser las actividades diseñadas para promover el amamantamiento que no incluyen mensajes sobre los riesgos de los líquidos suplementarios que se suelen dar a infantes. Esto no implica que los mensajes no deberían conformarse a las guías y normas internacionales, sino que deberían adaptarse de acuerdo con las circunstancias locales, donde fuera necesario.

7. La coordinación beneficia a todos

Uno de los aspectos más beneficiosos de la actividad de Development Associates en esta orden de trabajo, era reunir a los encargados de IEC de una variedad de agencias y darles la oportunidad de compartir experiencias y aprender el uno del otro. A través de la serie de talleres, los encargados de IEC trabajaron en grupos interagenciales y llegaron a valorar las necesidades e intereses que tenían en común. Al finalizarse la orden de trabajo, se formó un Grupo de Trabajo en IEC interagencial para continuar compartiendo y coordinando. Dicho esfuerzo merece un fuerte apoyo y estímulo.

Recomendaciones

En mayo de 2000, Anne Terborgh y Elena Hurtado dirigían una reunión de retroalimentación para USAID/G-CAP y sus socios. Revisaron todas las actividades cumplidas hasta la fecha, presentaron resúmenes de la encuesta de canales de comunicación y del diagnóstico de traducciones, e hicieron las recomendaciones que siguen al nuevo Grupo de Trabajo en IEC.

1. Establecer prioridades de investigación en IEC

Aunque existen mucho hallazgos de investigación en Guatemala que son pertinentes a IEC, todavía hay algunas brechas. Ejemplos incluyen la posibilidad de:

- Profundizar sobre preferencias de la audiencia maya (imágenes, colores, temas)
- Estudiar la segmentación de la audiencia probando diferentes mensajes sobre una sola conducta con diferentes grupos de la población meta
- Dar seguimiento al diagnóstico sobre traducciones y los mensajes comunicados por trabajadores de campo
- Validar diferentes logos de IEC con la audiencia meta

2. Difundir información de investigaciones

Con frecuencia hallazgos disponibles de investigaciones no han sido bien difundidos dentro de las instituciones. El Grupo de Trabajo en IEC podría facilitar este proceso de la manera siguiente:

- Identificar hallazgos de investigación de importancia para programas de IEC
- Compartir estos hallazgos con el personal que trabaja en educación y promoción
- Promover la difusión de la ENSMI entre personal de IEC

3. Identificar necesidades compartidas de material de IEC

- Dado que casi todas las agencias trabajan en el área de la salud materna, infantil y reproductiva y tienen como grupo blanco la población rural y mayense, sus necesidades de materiales de IEC son similares sino idénticos. Sin embargo, a través de los años la tendencia ha sido elaborar materiales por separado, institución por institución. El Grupo de Trabajo en IEC puede ayudar en resolver este problema en:
 - Compartir materiales que las agencias están usando para actividades de IEC
 - Identificar los materiales de mayor interés a todos
 - Determinar si los materiales son útiles en su forma actual o si es necesario actualizar o adaptarlos
 - Identificar mecanismos para la revisión de material existente y/o elaboración de material nuevo
 - Coordinar la validación interinstitucional de materiales

4. Dar apoyo técnico en IEC a los socios de USAID

Los miembros del Grupo de Trabajo son expertos locales en IEC que pueden apoyar a los programas de todas las agencias mediante acciones como las siguientes:

- Asesorar en actividades de validación (selección de muestras, diseño de instrumentos, análisis de resultados, etc.)
- Dar capacitación al nivel departamental sobre:
 - El manejo de grupos focales, entrevistas individuales
 - La capacitación de promotores y parteras semi-alfabetos sobre cambio de conductas
 - Comunicación inter-personal
- Identificar y distribuir material de referencia en IEC (sobre cambio de conducta, validación, segmentación de la audiencia, etc.)

APPENDIX 1

IEC Research Summary

**INFORMATION, EDUCATION AND COMMUNICATION (IEC)
RESEARCH SUMMARY**

Report

Submitted to:

**The United States Agency for International Development (USAID)
Guatemala-Central American Programs (G-CAP)**

Submitted by:

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Arlington, Virginia 22209-2023**

January, 2001

Task Order No. 801
IQC No. HRN-I-00-98-00030-0 - TASC

INFORMATION, EDUCATION AND COMMUNICATION (IEC) RESEARCH SUMMARY

Anne Terborgh, Lori Buchsbaum, Bernardo Kleiner and Karen Roll

EXECUTIVE SUMMARY:

In response to a USAID question regarding IEC research, a Development Associates assessment team concluded in 1999 that " better use could be made of existing research to guide the efforts of USAID/G-CAP and its partners."¹ Considerable research activity related to IEC had taken place in the late 1980s and 1990's, but IEC staff were not necessarily familiar with findings nor were they applying them in the development of their IEC strategies.

In a follow-up to the 1999 assessment, Development Associates conducted a workshop on research in April, 2000 for IEC specialists from 18 Guatemalan and international organizations. In the course of the workshop it became clear that many participants had been involved in collecting research data (focus groups, interviews, etc.) but not in the analysis or reporting of findings. Most had heard of ENSMI 1998-1999, Guatemala's most recent Demographic and Health Survey (DHS), for example, but few had actually seen the report.

Conclusions

Existing research findings, available in Guatemala, have many IEC implications which could change or modify IEC messages, target audiences, channels and strategies. Examples from the research summary include:

- A reliance on person-to person communication to promote family planning when the most recent DHS shows that only two percent of non-users were visited by a family planning worker in the year preceding the survey and seven percent discussed family planning on a visit to a health facility. Thus, 91% were not being reached by this channel.
- The common practice of devoting educational time to the promotion of birth spacing although research suggests that this message has already been widely assimilated by the target audience. The primary reason Guatemalan women give for not using contraceptive methods is not that they don't understand birth spacing. It is because they simply don't know any methods. Non-users who do know methods may fear the health consequences of using them.
- Lack of understanding among women and traditional birth attendants (TBAs) of the purpose of prenatal tetanus vaccinations and no increase in coverage between the '95 and '98-99 surveys.
- Little use of radio beyond promotional spots although 63% of indigenous women interviewed in the most recent DHS said they listened to the radio every day.

¹ Development Associates. Maternal-Child Health Information, Education and Communication (IEC) Assessment. May 1999.

- Strong advances in increasing childhood immunization levels, but metropolitan Guatemala City lags behind the rest of the nation in coverage.
- The highest level of chronic childhood malnutrition in Latin America, unchanged between 1995 and 1999. Yet IEC staff attending the Development Associates Research Workshop were not aware of the severity of the problem.
- Minimal targeting of men despite consistent evidence that men are key decision makers on matters of health care in Mayan communities and are interested in receiving more information on maternal, child and reproductive health.
- Dangerous delays in seeking professional health care for complications of pregnancy and childbirth because the urgency associated with signs of complications is not recognized and home remedies are often tried first.
- Adolescent sex education programs directed at secondary school students even though they are the young people least likely to experience an unplanned adolescent pregnancy. Almost two-thirds of Guatemalan women never make it beyond primary school and adolescent childbearing among young women with no education is four times higher than it is among adolescents in high school or beyond.
- High rates of method failure and of method discontinuation for side effects which suggest that users are not well informed about how to use methods correctly and manage common side effects.

Recommendations:

1. The Behavior Change Communications (BCC) Working Group should periodically devote meetings to the review and discussion of research findings which have implications for IEC activities.
2. These discussions should be shared with IEC directors and staff from USAID's partners throughout the country.
3. Agency IEC staff should, in turn, share pertinent information with field staff and volunteers.
4. Agency IEC directors should review research implications annually in conjunction with the preparation of IEC plans.
5. They should carryout local, small-scale research as needed to refine IEC plans.
6. Agencies that conduct local research should make sure that the staff they use to conduct focus groups or interviews have the necessary skills to do it properly.
7. Agencies should also do a better job of documenting experiences among their field workers which shed light on local IEC needs.
8. On a micro level, agencies need to develop the participatory education skills of their field staff and volunteers so they can determine, and respond to the needs of their community audiences as they interact with them.

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

INFORMATION, EDUCATION AND COMMUNICATION (IEC) RESEARCH SUMMARY

Anne Terborgh, Lori Buchsbaum, Bernardo Kleiner and Karen Roll

In response to a USAID question regarding IEC research, a Development Associates assessment team concluded in 1999 that "better use could be made of existing research to guide the efforts of USAID/G-CAP and its partners."¹ Considerable research activity related to IEC had taken place in the late 1980s and 1990's, but IEC specialists were not necessarily familiar with findings nor were they applying them in the development of their IEC strategies.

In a follow-up to the 1999 assessment, Development Associates conducted a workshop on research in April 2000 for IEC specialists from 18 Guatemalan and international organizations. In the course of the workshop it became clear that many participants had been involved in collecting research data (focus groups, interviews, etc.) but had not participated in the analysis or reporting of findings. Most participants had heard of ENSMI 1998-1999, Guatemala's most recent Demographic and Health Survey (DHS), for example, but few had actually seen the report.

Research findings and IEC staff

Research findings have many IEC applications. They may indicate that a different or modified message is needed or that the target audience needs to be better segmented. Findings might document empirical evidence on promising channels of communication or show that channels presumed to be effective have little reach in the target population. Following are examples related to different aspects of IEC:

Messages

In the absence of research information on the knowledge, attitudes and behaviors of the local population, IEC and technical staff tend to make decisions based on past practices rather than current needs. For example, because family planning has been controversial in Guatemala, educators continue year after year to promote the benefits of child spacing even though research has repeatedly indicated that this message has already been assimilated and is understood by virtually everyone. While there is nothing wrong with reiterating the benefits of spacing pregnancies, DHS data indicate that failure to understand the benefits of spacing is not the primary reason why people are not accepting family planning. By persisting in emphasizing an already assimilated message, educators have less time to devote to addressing the principal reasons couples are not using family planning. Predominant among these in Guatemala is a lack of information about contraceptive methods, followed by health concerns and in third place, religious opposition.

¹ Development Associates. Maternal-Child Health Information, Education and Communication (IEC) Assessment. May 1999.

Another example of the relevance of research to message development is the finding in the 1998-1999 ENSMI that Guatemala has the highest levels of chronic childhood malnutrition in Latin America. A BASICS research summary indicates that early supplementation with liquids which may be contaminated and inadequate weaning practices are major contributors to this problem. Yet IEC staff attending Development Associates workshop on IEC and research readily admitted that they were unaware of the severity of the problem in Guatemala. Had they known the findings from local research, they might have developed more integrated messages on infant diet rather than concentrating only on prolonged and exclusive breastfeeding. Again, this is not to disparage current practice. Breastfeeding promotion is important. However, in a country like Guatemala where the duration of breastfeeding is as high as it is anywhere in the LAC region, breastfeeding messages alone may make only a marginal difference in improving the nutritional status of young children.

Target Audience

Research can also help IEC staff segment the audience for reproductive and maternal child health messages. In rural Mayan regions, the importance of targeting men is stressed in a number of studies. MotherCare found that husbands are the final authority in deciding whether or not a woman with complications of pregnancy or delivery is taken to a facility which can provide professional health care. While the traditional birth attendant (TBA), other family members and the woman herself will all express their opinions, the husband is the one who decides. In Development Associates' assessment of translation issues, women in a Kaqchikel speaking area requested that educators talk to men about family planning because they are the family decision makers. In the firm's study on channels of communication, both men and women expressed interest in receiving information on child health and family planning. IEC staff familiar with these findings might devote more time and resources to reaching this key audience which may be easier to reach than women because they are more likely to be literate, to listen to the radio all day and to have been exposed to TV.

Communication Channels

Research findings can be important in helping IEC staff select the most appropriate channels for reaching their audiences. Where should they put their resources? Mass media? Print materials? Training of field workers for one-on-one and small group education? An example of the importance of looking at research data to help make these decisions can be seen in DHS data on adolescent pregnancy. If IEC staff in an agency with an adolescent program, for example, reviewed DHS findings, they would find that 41% of Guatemalan adolescents with no education are mothers by the time they are 19. By comparison, only 9% of adolescents in secondary school or college can be expected to be pregnant or have a child before age 20. Further, 75% of Guatemalan women never go beyond primary school and cannot be reached in typical adolescent outreach and sex education programs which target post-primary schools.

Reviewing and discussing this kind of data would stimulate IEC staff to consider alternative ways of reaching low literacy, out-of-school adolescents. They might decide, for example, to recommend to their agency that money currently invested in secondary school outreach be

shifted to activities targeting out-of-school teens such as as radio spots designed by peer counselors, radio soap opera (*radionovelas*) or teen community theater.

IEC strategy

Awareness of research results allows IEC staff to adjust strategies and messages, try new approaches and concentrate efforts where the need is greatest. In an exceedingly diverse country like Guatemala, an IEC strategy appropriate for urban populations may not be the most effective for rural areas. The message that is right for a Spanish-speaking Guatemalan, or *Ladino*, may not meet the needs of a rural Mayan person. And what is right for one Mayan linguistic group or community, may not be the best message for another.

In the promotion of prenatal care, for example, in a rural area you might want to stress the importance of prenatal care for detecting and treating complications of pregnancy and target messages to women, their husbands, other family members and the TBAs who attend them. In Guatemala city, where three-quarters of pregnant women receive prenatal care from a physician or nurse, it might be more important to stress early, first trimester pre-natal care. Similarly, in a national vaccination campaign, you might want to concentrate IEC efforts on the Guatemala City metropolitan area where coverage lags the nation as a whole. IEC messages might also be redesigned to target mothers in large families where higher birth order children(6+) are much less likely to be vaccinated than a first born child (50% vs. 66%).

Research findings raise these strategic issues which all agencies should consider in determining the best approach for changing behavior in their target populations. Research, in other words, provides food for thought that can help IEC staff reassess current approaches and be more effective.

The IEC Research Summary

The material presented in this report is not intended to be an exhaustive summary of available research that should be taken into consideration when IEC activities are planned. More thorough research reviews have been done by other entities such as BASICS and MotherCare in connection with their projects and there are excellent researchers in Guatemala in organizations such as the Population Council who can assist local organizations with identifying research documents pertinent to their needs. Rather the intent is to:

- Summarize selected findings from recent research that are pertinent to IEC;
- Illustrate what these findings imply in terms of the development of IEC strategies messages and activities; and,
- Encourage agency officials and international agencies to share and analyze research finding with staff charged with IEC.

Summary tables on the most recent DHS and on maternal, child and reproductive health present selected findings from recent research. In addition, Annex 2 lists recent research documents that were reviewed, noting in each case key points in the document that are of importance to IEC. Annex 1 is the Spanish-language version of the Executive Summary.

The brief discussion following each table provides some illustrations of how the findings cited could be applied to IEC. Finally, the section on conclusions highlights the IEC implications of selected research findings and the section on recommendations puts forth some suggestions for future action.

Sources of IEC research findings

For purposes of creating this summary report, a variety of research reports were collected and reviewed for relevance to IEC. A substantial amount of research specifically focused on IEC was carried out in Guatemala in the late 80's and early 90s. Although many of these documents were reviewed, and some fascinating findings were reported in this research, that information is now somewhat outdated. Guatemala has been changing rapidly since the early 90s. The percentage of Guatemalan women with no education dropped from 38% in 1987 to 25% in the latest DHS. Among indigenous women it dropped from 67% in 1987 to 51% in 1998-1999. Most health indicators have been showing slow but steady improvement. The signing of the Peace Accords has made Mayan communities more mobile and accessible. Although there is less recent research that focuses exclusively on IEC in this changing scene, there are IEC elements in many studies produced since 1995 and an important legacy of information from such projects as BASICS and MotherCare. Even the DHS surveys, which primarily track service utilization and changes in health status are rich sources of IEC-related findings.

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IEC and ENSMI

The periodic Demographic and Health Surveys, (ENSMI in Guatemala), offer a wealth of information of importance to those planning IEC activities. They provide quantitative data on knowledge, opinions and behaviors, show the location of underserved populations and describe their characteristics. They also set the parameters for further inquiries that may be needed to fine-tune IEC and behavioral change communications (BCC) activities. The following table provides examples, by topic, of the type of data available to IEC workers in these studies and indicates why this data should be of interest to them.

Table 1. ENSMI 1998-1999 AND IEC

TOPIC	DHS data available	Examples: ENSMI 98/99	Importance for IEC Staff
Overall MCH situation	key health indicators	Contraceptive prevalence has increased in each of the last three surveys, but there are still large differences between regions and between <i>Ladinos</i> and the indigenous population.	Understanding priority areas for IEC action
	trends in service utilization	Coverage with prenatal tetanus vaccination was unchanged between the 1995 and 1998/99 surveys. The level of chronic child malnutrition in Guatemala is the highest in Latin America and remained unchanged between 1995 and 1998/99.	Identifying under-utilized services that need to be promoted Understanding where progress is being made and where it is not
Underserved populations	Location of underserved populations	The northern and western regions of the country have the lowest health service coverage and utilization.	Where to target messages

TOPIC	DHS data available	Examples: ENSMI 98/99	Importance for IEC Staff
	characteristics of underserved populations	The worst health indicators are found among rural indigenous women with no education	Who needs to be reached
Communication Channel Access	mass media	<p>Television is a good channel for reaching urban, educated women. 83% of women in Guatemala city watch at least once a week and 93% of women with a high school or college education.</p> <p>Less than 1/3 of indigenous women watch TV at least once a week but 63% of indigenous women interviewed listened to the radio every day.</p> <p>34% of women with no education and 28% of indigenous women do not have access to any form of mass media.</p>	Understanding the types of channels most likely to reach the target audience
Message Penetration	Characteristics of TV viewers, radio listeners, readers	<p>71% of indigenous women interviewed had not heard a FP message on radio or TV in the past 12 months.</p> <p>Only 15% of indigenous women had received a print message about FP in the past year as opposed to more than half (55%) of Ladino</p>	<p>Who is receiving messages and who is not?</p> <p>How are messages reaching them?</p>

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TOPIC	DHS data available	Examples: ENSMI 98/99	Importance for IEC Staff
	Effectiveness of person-to-person outreach	women. Only 9% of non-users of FP, and only 6% of indigenous non-users had contact with a family planning worker or provider in the past year.	How could the reach of person-to-person communication be expanded?
Knowledge of Target Population	<p><u>Family Planning</u> Contraceptive methods</p> <p>fertile period</p> <p>contraceptive effect of breastfeeding</p>	<p>Knowledge of at least one FP method is high among educated women (99%), urban women (95%) Ladinos (95%) and residents of Guatemala City (94%). However, just over a third (37%) of indigenous women are unable to name a method and almost a quarter (24%) of non-users are not practicing FP because they don't know of any method.</p> <p>Only 40% of users of rhythm or calendar Natural Family Planning (NFP) could correctly identify the fertile period in a woman's menstrual cycle.</p> <p>Only 15% of women in union with at least one child were aware that breastfeeding can diminish fertility.</p>	<p>What do members of the target audience know? Not know?</p> <p>What are the characteristics of the most knowledgeable, least knowledgeable?</p>

Reference: Instituto Nacional de Estadística. *Guatemala Encuesta Nacional de Salud Materno Infantil 1998-1999*

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IEC staff who take the time to carefully review the DHS, either individually or in groups, will find that they can identify both failures and successes in getting their messages out. They will be able to fully appreciate that a focus on low literacy and Mayan populations is not just an obsession of donors, but rather a strategy based on overwhelming need. They can discuss better ways of organizing one-on-one or group outreach so that person to person communication touches more than a tiny percentage of the target audience, as well as consider alternative channels. Perhaps most important, they can see which messages are not sufficiently disseminated and give priority to these in their future IEC activities. Why are so many people not familiar with contraceptive methods after all the years of IEC activity in Guatemala? Why are women not getting the message that tetanus shots for pregnant women can save their baby's lives? Why do so many couples who claim to use NFP not know when a woman is likely to be fertile? Just knowing that an IEC issue exists and has been documented should be a stimulus to IEC workers to explore new creative solutions to their communication challenges.

Table 2. MATERNAL HEALTH

TOPIC	Knowledge	Attitudes	Behaviors
Adolescent Pregnancies	Husbands acknowledged that young women (under 19 years) have more problems with pregnancy than older women	<p>Subjects such as reproduction and pregnancy are not discussed with single women or married women without children. Each young man and women learns about these things from their own experience.</p> <p>There are significant variations in Mayan willingness to discuss sexual matters both within and between different populations.</p>	<p>37% of adolescents in the Petén already had a child or were pregnant and 26% of adolescents in the north and northwestern regions</p> <p>41% of adolescents with no education were mothers by the time they are 19 as compared to 9% of those who are in secondary school or college.</p>
Prenatal Care	The TBA will give advice to the pregnant woman about taking care of herself during pregnancy. This usually means advice about work and exertion and about diet.	<p>Husbands mentioned that they told their wives to visit the health post or center during pregnancy</p> <p>Women may not want to go to the health system where it is said that the tools they use to examine pregnant women cause abortion and where they are said to give bad pills to pregnant women.</p> <p>Women find Western medical exams embarrassing</p> <p>Both women and their husbands expressed interest in learning</p>	<p>There have been steady improvements in the percentage of women receiving professional prenatal care (MD or nurse), especially indigenous women: 35% in '95 and 46% in '98/99. Still 46% of women whose delivery was attended by a TBA received no prenatal care.</p> <p>Pregnant women served by TBAs who do receive prenatal visits may wait until the 8th month, but usually start prenatal attention with the TBA in the second trimester.</p>

TOPIC	Knowledge	Attitudes	Behaviors
		<p>more about pregnancy, delivery, post partum care and care of the newborn.</p>	
Tetanus Vaccination	<p>Many midwives...did not know that the injection their clients received was a tetanus vaccination, they only knew that it would "Help the baby."</p>	<p>Tetanus vaccinations can sterilize women</p>	<p>There was a slight drop in tetanus vaccination coverage between ENSMI 95 and ENSMI 98/99.</p> <p>Fewer than half (47%) of indigenous women surveyed had received a tetanus vaccination during pregnancy</p>
Complications of Pregnancy	<p>Collectively women know many signs of "problems" during pregnancy, but individually can name only one to three. Some do not know any signs of complications.</p> <p>Premature rupture of membranes or a previous Cesarean section were not recognized as danger signs</p> <p>Rural midwives lacked the ability to recognize common obstetric complications</p>	<p>Husbands recognized pregnancy as a time when special care was needed. Bad conduct on the part of the husband could have a damaging effect on the pregnancy.</p> <p>The importance of the husband in decision making related to complications of pregnancy was very evident.</p> <p>Complications... were often viewed in the context of traditional beliefs and practices. The cycles of the moon and weather conditions were believed to affect pregnancy; a lunar eclipse could have a disastrous</p>	<p>These rural Guatemalan midwives had very few skills to handle complications of pregnancy and birth.</p> <p>Women with multiple gestations and malpresentations were rarely referred to the hospital by the TBAs</p> <p>Even when a TBA recommends that the woman go to a health center, it is the husband who makes the final decision.</p>

TOPIC	Knowledge	Attitudes	Behaviors
<p>Delivery</p>	<p>Delivery complications mentioned most frequently by women were: hemorrhaging, severe pain, prolonged labor and retained placenta. Women did not always distinguish between mild and severe bleeding.</p>	<p>effect.</p> <p>Husbands expressed the opinion that it was important that they be present during delivery.</p> <p>Perceptions of poor quality health care are common and often negatively influence decisions to seek care outside the home.</p>	<p>84% of indigenous women deliver at home vs. 44% of <i>Ladinas</i>. Only 17% of indigenous deliveries are attended by an MD or nurse.</p> <p>Women with higher order, high risk births are less likely to be attended by an MD or nurse. Fifty-seven percent (57%) of first births receive professional care, but only 19% of those involving a sixth or higher birth order child.</p> <p>Although the woman, other family members and the TBA all discuss what to do when there is a complication, it is the husband who make the final decision.</p> <p>Relatives and TBAs try different home remedies to treat complications before considering taking the woman to the hospital.</p>

References:

Development Associates. *An Assessment of the Translation of Health Messages*. 2001

ENSMI 1998-1999

Hurtado, Elena, et.al. "*Desde la Comunidad...Percepción de las Complicaciones Maternas y Perinatales y Búsqueda de Atención*" MotherCare. Guatemala. November 1995.

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Lang, Jennifer B. and Elizabeth D. Elkin *A Study of the Beliefs and Birthing Practice of Traditional Midwives in Rural Guatemala.*
Journal of Nurse-Midwifery. Vol. 42, No. 1, January/February 1997

Findings such as those given in the table are clearly worthy of discussion by IEC staff. There are, for example, two clear messages concerning target audience. Out-of-school youth are at much greater risk of a pregnancy during adolescence than those who remain in school, and men must be brought into the dialogue if maternal care is to improve in Mayan populations during pregnancy, delivery and the puerperium.

There also is a clear need to better communicate what is done in a pre-natal visit, why Western medical exams are important, the purpose of tetanus immunization, etc. It may be time to try more focused messages in Mayan language radio spots such as explaining why pregnant women should get a tetanus shot, why they should get early pre-natal checks or what the dangers are of delaying treatment of complications of pregnancy or childbirth. Agencies working with TBAs might consider training them to educate the husband and family members about advance planning for delivery so that action could be taken if complications develop.

In addition to indicating target groups and messages that need more exposure, the table highlights the particularly daunting challenge of early pregnancy among rural adolescents. How do you reach rural, low literacy adolescents who, by tradition, are told nothing about sexuality or reproduction until after the birth of their first child? Do you try and reach them directly? How? Should you hold community meetings to talk about the elevated risks of adolescent pregnancy and first pregnancies? Dare you talk about postponing the first pregnancy? Would dramatizations of tragic teen pregnancy scenarios be a better choice? Or meetings for their mothers to talk about how they felt going through their first pregnancy without knowing anything about it? "Ask the Doctor" types of radio spots or shows? Train bi-lingual teachers as AGES once did? IEC specialists should be encouraged to discuss issues like these and search for appropriate and cost-effective solutions.

Otherwise, the tendency is to simply target women of reproductive age and repeat to them, over and over, internationally standardized messages on MCH topics. However, if you are concerned about a high risk group like low literacy adolescents, perhaps you start with a different target group and a different message. Maybe the first step is to sensitize the community, TBAs and parents to the risks involved. Perhaps you encourage them to talk to young pregnant nulliparas about pregnancy and make sure they are seen by a health professional early in the pregnancy. All of these possibilities and others will emerge when IEC specialists are encouraged to review research results and discuss their application. Health organizations interested in educating male decision makers can also explore alternative forms of outreach such as radio or print materials.

Table 3. CHILD HEALTH

TOPIC	Knowledge	Attitudes	Behaviors
Perinatal	Mothers have little knowledge of the importance of colostrum or of immediate breastfeeding	<p>Both mothers and TBAs may believe that colostrum causes diarrhea and stomach problems and that the first milk is weak and not nutritious</p> <p>Water or herbal preparations should be given before breastfeeding starts to "prepare the stomach" and prevent illness</p> <p>Only sugar water should be given for the first two to three days of life</p>	<p>Breastfeeding may be delayed up to three days post partum</p> <p>Other substances such as herbal teas (<i>agüitas</i>, <i>agua de anís</i>) may be given before breastfeeding starts</p>
Breastfeeding and Supplements	Mothers have limited knowledge of the nutritional value of different foods or of appropriate weaning foods	<p>Breastmilk is "food" and does not satisfy thirst.</p> <p>The quality and quantity of breastmilk is insufficient</p> <p>Maternal beliefs that:</p> <ul style="list-style-type: none"> · Solid food can make the child sick. · Too much food is bad for a child, especially at night. · The child will give signs when it wants food. There is no need to 	<p>Mothers supplement breastfeeding with herbal preparations or medicinal teas</p> <p>Spoons and bottles used to provide supplements may be contaminated</p> <p>Introduction of semi-solids and solid foods may be delayed until the child is 8 or 9 months old</p> <p>Gradual transition to the adult diet can continue up to age 3</p>

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TOPIC	Knowledge	Attitudes	Behaviors
		force, or encourage them, to eat.	<p>Children are given small amounts of whatever is on hand, not foods especially prepared for them</p> <p>Diets are generally deficient in protein, iron, and vitamin A. Even when beans or vegetables are consumed by the family, the young child may be given only water in which they are cooked and not the solid foods themselves.</p>
Immunizations	<p>Mothers are not well informed about vaccinations. There may be confusion as to why vaccines are given to healthy people whereas other injections are given to sick people</p>	<p>Mother's concerns about children's reactions to vaccinations is a principal reason for low vaccination levels</p> <p>Uncertainty regarding reactions (fever, malaise)</p> <p>The concept of vaccination does not fit into traditional health beliefs</p> <p>Some believe that vaccinations will sterilize children</p>	<p>By age 2, 51% of indigenous children were fully vaccinated compared to 65% of ladino children</p> <p>Vaccination opportunities are missed because many children are not taken to well child checkups.</p> <p>The lowest immunization rates (as demonstrated by presentation of the child's vaccination card) were in the Guatemala City metropolitan area, the Central region and the Petén</p> <p>Higher birth order children are less likely to be fully immunized than lower birth order children</p>

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TOPIC	Knowledge	Attitudes	Behaviors
Diarrheal Disease	<p>In the 98/99 DHS, 84% of indigenous women knew of oral rehydration packets</p> <p>Mothers were not well informed about recommended feeding practices during illness or the purpose of using ORT</p> <p>There was confusion over the difference between malnutrition and dehydration and the meaning of the Spanish terms for these conditions</p>	<p>Treatment of diarrhea depends on the cause. Some types of diarrhea (<i>Mal de Ojo or cuajo</i>) require treatment from a traditional healer or <i>Curandero</i></p> <p>Beliefs that certain liquids and foods are bad for a sick child and that the child who doesn't ask for food doesn't need it</p> <p>ORT is a "cold" remedy and should not be used with "cold" diarrheas</p> <p>Erroneous belief that ORT isn't working if the diarrhea doesn't stop</p>	<p>Around three quarters of indigenous children with diarrhea received some sort of home remedy, but only 31% received an oral rehydration solution</p> <p>Home remedies or pharmacy products are routinely tried before a child is taken to a health post or center for professional attention</p> <p>60% of indigenous mothers gave less solid food to a child with diarrhea and 30% reduced the quantity of liquid</p> <p>Mothers tend to be passive with a sick child and do not try and make the child eat</p> <p>Mothers generally don't seek medical attention until home remedies fail and the child gets worse</p>
ARI	<p>Limited recognition of ARI danger signs</p> <p>Mothers may recognize danger signs but not interpret them as</p>	<p>Western and Mayan health/illness models are different, leading to delays in seeking medical care</p> <p>Non-Western perspectives on the</p>	<p>Delays of 1-5 days in seeking treatment</p> <p>As with diarrhea, the first line of treatment is with home remedies</p>

TOPIC	Knowledge	Attitudes	Behaviors
	Western medicine would. Others may not be recognized.	<p>signs, symptoms, causes, and treatment of ARIs.</p> <p>Maternal beliefs that breastmilk can cause ARIs</p> <p>Some danger signs of ARIs are not considered important</p> <p>Perceived deficiencies in the public health services</p>	<p>or pharmaceuticals</p> <p>The prevalence of ARI is the same for indigenous and <i>Ladino</i> children. However, <i>Ladino</i> children are more likely to be taken to a health care provider for ARI.</p> <p>Danger signs such as rapid respiration may be ignored or the severity underestimated</p> <p>Private sector providers are chosen over public services. Most private providers have not been trained in standardized ARI case management</p>

References:

- Guatemala, *Encuesta Nacional de Salud Materno Infantil 1998/1999*.
- Sáenz de Tejada, E. y E.R. Calderón., *Atención de Salud Infantil--Prácticas de Madres Mayas en Guatemala*. BASICS, 1997.
- Development Associates. *A Communication Channels Survey in Mayan Communities in Guatemala*. 2001

Clearly research findings show that there is a great deal of BCC needed in the area of child health. It is also an area of great interest to both men and women according to Development Associates' Communication Channels Survey. Management of diarrhea was the topic of greatest interest to parents interviewed in that study, followed by other child health topics.

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Because child rearing practices often have deep cultural roots, traditional practices can be very difficult to change. For agencies with a particular focus on child health there could be some IEC research opportunities here. The aim would be to determine which practices are most susceptible to change so that initial IEC efforts could focus on messages most likely to resonate with the audience.

In addition to exploring how the target audience feels about current practices, it is evident that lack of knowledge is a significant problem. To better communicate healthy child care behaviors, IEC personnel might experiment with packaging their message in different ways and evaluating results. For example, rather than approaching child care by topic (colostrum, exclusive breastfeeding, vaccination, etc.) they might experiment with an age-related approach (care of the newborn, the first six months, 6 months to one year, etc. and compare the effectiveness of the two approaches. Agencies might also choose to refocus on child nutrition to some degree given the pervasive and persistent nature of the problem. Again, the question is how: radio, print material, or person to person communication. Person to person communication might be a good choice here, but only if conducted in such a way that there is a dialogue with mothers about what they do, why they do it and how they would feel about doing things differently.

Table 4. REPRODUCTIVE HEALTH

TOPIC	Knowledge	Attitudes	Behaviors
<p>Human sexuality and Reproductive Health</p>	<p>Most of the men (in Santiago) did not know what the menstrual cycle was. They were only aware of menses with regard to abdominal cramps experienced by women.</p> <p>The interviews (in Quetzaltenango) showed widespread ignorance of female anatomy among both sexes</p> <p>Men and women in a Mam speaking municipality in Quetzaltenango lacked knowledge about: anatomy and physiology of reproductive organs and a woman's fertility cycle. They related pregnancy risk to the frequency of sexual intercourse.</p>	<p>Both men and women in a Mam speaking municipality in Quetzaltenango talked freely about sexual matters regardless of their marital status and gender.</p> <p>Men in Santiago feel that couples should be more open with each other and know each other better with regard to sexuality. They also feel that parents should discuss sex and reproduction with their children, even though the subject is generally considered taboo among adults.</p>	<p>Sexual relations are frequent, but not fully satisfactory for either the man or the woman.</p> <p>The couple sleeps in a small bed together with one to three children under four years of age. Older children and other family members typically sleep in the same room.</p> <p>Both members of the couple may be fully dressed, particularly the woman, permitting very little body contact during intercourse.</p> <p>Both men and women see sexual relations as a natural part of life, a biological necessity closely linked to reproduction.</p>
<p>Birth Spacing</p>	<p>Most men in Santiago believe that most families do not choose to have closely spaced children, but they lack the knowledge about how to space pregnancies.</p> <p>Results (El Quiché) showed a widespread recognition of the benefits of birth spacing.</p>	<p>Generally, non-users of FP methods in Quetzaltenango agreed with the practice of birth spacing and recognized its health, economic, social and family benefits.</p> <p>Women in Santiago feel that the main cause of women's illnesses is having too many children,</p>	<p>About one-third of Guatemalan women (32%) space births less than 2 years apart and more than half (53%) of 15-19 year olds do.</p> <p>Total fertility rates (TFRs) vary widely in Guatemala. The highest TFRs (6.2-6.8) occur in the Petén and northwestern regions of the country among indigenous women (6.2) and</p>

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TOPIC	Knowledge	Attitudes	Behaviors
		<p>malnutrition, and physical weakness during pregnancy, birth and breastfeeding. To improve their health they feel they should learn about birth spacing. They think the ideal spacing between pregnancies is three years.</p> <p>When asked how far apart pregnancies should be spaced, most men in El Quiche said two years or more.</p> <p>Women in Santiago also recognize the economic and social differences between large and small families and are aware of birth spacing methods as a key way to achieve smaller families.</p>	<p>women with no education(6.8)</p>
<p>Contraceptive Methods</p>	<p>In the 1998/1999 ENSMI, over one-third (37%) of indigenous women could not name any contraceptive method. In the Northwest region, 43% could not name a method.</p> <p>By far the most common reason for not using a contraceptive (24% of non-users in union interviewed in ENSMI 98/99) was not knowing</p>	<p>Rumors and misinformation about family planning are common in Quetzaltenango and are the main barriers to the use of family planning methods. Non-users reported negative health consequences for women as a reason for not using FP methods.</p> <p>The prevailing belief among women in Santiago is that modern</p>	<p>Only 13% of indigenous women use a family planning method, and only 19% of women with no education. By contrast, 50% of Ladino women use a method and 57% of women living in Guatemala City.</p> <p>Couple years of protection increased by 60% following training of health center staff on integrated service delivery and use of an algorithm to</p>

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TOPIC	Knowledge	Attitudes	Behaviors
	<p>of any method.</p> <p>TBA knowledge of FP was found to be incomplete and often incorrect in Quetzaltenango. Most TBAs don't know where FP methods are distributed or sold, and they are not aware of the contraceptive benefits of exclusive breastfeeding.</p> <p>Although many men in El Quiche know about FP methods, there is a great deal of incorrect information.</p> <p>Reasons cited in Quetzaltenango for not using family planning included lack of information regarding method use, function and possible side effects.</p> <p>Reasons men in El Quiche give for not using FP methods are: lack of information, religious reasons, and wanting to have more children.</p> <p>Even though women in Santiago feel that periodic abstinence is the best FP method, they lack accurate knowledge regarding the menstrual cycle.</p>	<p>contraceptive methods cause health problems. They expressed fear of modern methods based on rumors of severe collateral and abortive effects.</p> <p>Men in El Quiche preferred natural FP methods. Rumors about modern FP methods suggest that they are harmful to a woman's health (especially the pill)</p> <p>The best FP method according to both men and women in Santiago is periodic abstinence.</p>	<p>assess patient's needs.</p> <p>Women who are least likely to know that breastfeeding can reduce the risk of pregnancy are in regions with the highest TFRs.</p> <p>Method discontinuation due to method failure is as high as 43-46% for vaginal and rhythm methods.</p> <p>Discontinuation rates for side effects range from 34 to 51 % for pills, IUDs and injections.</p> <p>Overall, 42% of women discontinued method use in the first year of use, primarily due to side effects.</p>

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TOPIC	Knowledge	Attitudes	Behaviors
	<p>Men in El Quiche know very little about women's fertile period, but they correctly believe that men are fertile at any time</p> <p>Nationally, only 15% of women know that breastfeeding can diminish the risk of pregnancy.</p>		

Even though it is more difficult to get information out about sensitive topics such as family planning methods and their effect on health, clearly that is what is now needed in Guatemala.

Here IEC staff are faced with a dilemma. Probably the best way to address rumors and fears related to contraceptive methods is through person to person communications. However, the reach of this type of communication has been very limited. According to the DHS, only 6% of indigenous non-users had contact with a family planning worker in the year prior to the survey.

Radio spots are a possibility but it probably would be difficult to get them on the type of religious station most listened to by targeted non-users. Print media would be an excellent choice except for the low literacy skills of the intended audience. All-method posters are a possibility for those who don't know of the methods. Perhaps an "Ask the Doctor" type radio show would help to dispel some of the misinformation. In any event, there is much for IEC staff to discuss in choosing a strategy that will truly meet audience needs.

Another audience with very specific needs is that of current acceptors. The high rates of method failure and dropouts due to side effects and health concerns are indicators of insufficient and incomplete counseling. This is both an IEC and a training issue, but may also be a policy matter. The historical reluctance in some programs in Guatemala to say anything which might be viewed as negative about methods undoubtedly has contributed to side effects getting short shrift in counseling sessions.

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Conclusions

Existing research findings, available in Guatemala, have many IEC implications which could change or modify IEC messages, target audiences, channels and strategies. Examples from the research summary include:

- A reliance on person-to person communication to promote family planning when the most recent DHS shows that only two percent of non-users were visited by a family planning worker in the year preceding the survey and seven percent discussed family planning on a visit to a health facility. Thus, 91% were not being reached by this channel.
- The common practice of devoting educational time to the promotion of birth spacing although research suggests that this message has already been widely assimilated by the target audience. The primary reason Guatemalan women give for not using contraceptive methods is not that they don't understand birth spacing. It is because they simply don't know any methods. Non-users who do know methods may fear the health consequences of using them.
- Lack of understanding among women and traditional birth attendants (TBAs) of the purpose of prenatal tetanus vaccinations and no increase in coverage between the '95 and '98-99 surveys.
- Little use of radio beyond promotional spots although 63% of indigenous women interviewed in the most recent DHS said they listened to the radio every day.
- Strong advances in increasing childhood immunization levels, but metropolitan Guatemala City lags behind the rest of the nation in coverage and is an obvious candidate for a vigorous promotional campaign.
- The highest level of chronic childhood malnutrition in Latin America, unchanged between 1995 and 1999. Yet IEC staff attending the Development Associates Research Workshop were not aware of the severity of the problem.
- Minimal targeting of men despite consistent evidence that men are key decision makers on matters of health care in Mayan communities and are interested in receiving more information on maternal, child and reproductive health.
- Dangerous delays in seeking professional health care for complications of pregnancy and childbirth because the urgency associated with signs of complications is not recognized and home remedies are often tried first.
- Adolescent sex education programs directed at secondary school students even though they are the young people least likely to experience an unplanned adolescent pregnancy. Almost two-thirds of Guatemalan women never make it beyond primary school and adolescent childbearing among young women with no education is four times higher than it is among adolescents in high school or beyond.

- High rates of method failure and of method discontinuation for side effects which suggest that users are not well informed about how to use methods correctly and common side effects.

Recommendations:

1. The Behavior Change Communications (BCC) Working Group should periodically devote meetings to the review and discussion of research findings which have implications for IEC activities.
2. These discussions should be shared with IEC directors and staff from USAID's partners throughout the country.
3. Agency IEC staff should, in turn, share pertinent information with field staff and volunteers.
4. Agency IEC directors should review research implications annually in conjunction with the preparation of IEC plans.
5. They should carryout local, small-scale research as needed to refine IEC plans.
6. Agencies that conduct local research should make sure that the staff they use to conduct focus groups or interviews have the necessary skills to do it properly.
7. Agencies should also do a better job of documenting experiences among their field workers which shed light on local IEC needs.
8. On a micro level, agencies need to develop the participatory education skills of their field staff and volunteers so they can determine, and respond to the needs of their community audiences as they interact with them.

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ANNEX 1

**UN RESUMEN DE HALLAZGOS DE INVESTIGACIONES
APLICABLES A ACTIVIDADES DE
INFORMACIÓN, EDUCACIÓN Y COMUNICACIÓN (IEC)**

Anne Terborgh, Lori Buchsbaum, Bernardo Kleiner and Karen Roll

RESUMEN EJECUTIVO:

En respuesta a una pregunta de USAID acerca de investigaciones sobre IEC, un equipo de evaluación de Development Associates concluyó en 1999 que "se podría hacer mejor uso de investigaciones existentes para guiar los esfuerzos de USAID/G-CAP y sus socios." Había un volumen considerable de investigaciones aplicables a IEC, realizadas en los últimos años de la década de los 80 y la década de los 90, pero muchos trabajadores de IEC desconocían los hallazgos y los que sí los conocían, no los aplicaban en el desarrollo de sus estrategias de IEC.

En una actividad de seguimiento a la evaluación de 1999, Development Associates realizó un taller sobre investigaciones en abril de 2000 para especialistas en IEC de 18 organizaciones guatemaltecas e internacionales. Durante el transcurso del taller, se aclaró que muchos de los participantes habían estado involucrados en la recolección de datos de investigaciones (grupos focales, entrevistas, etc.) pero no en el análisis o la presentación de los hallazgos. La mayoría había oído de ENSMI 1998-1999, la encuesta más reciente de demografía y salud en Guatemala, por ejemplo, pero pocos habían visto el informe.

Conclusiones

Hallazgos existentes de investigaciones, disponibles en Guatemala, tienen muchas implicaciones para IEC que podrían cambiar o modificar mensajes, la población blanco, canales de comunicación y estrategias de IEC. Ejemplos del resumen de hallazgos de investigaciones incluyen:

- La costumbre de las organizaciones de depender de la comunicación persona a persona para promover la planificación familiar cuando la encuesta ENSMI más reciente muestra que sólo el 2% de no usuarios fueron visitados por un trabajador de planificación familiar en el año anterior a la encuesta, y sólo el 7% discutieron este tema durante una visita a una instalación de salud. Es así que el 91% de los no usuarios no fueron alcanzados por medio de este canal.
- La práctica común de dedicar tiempo educativo a la promoción del espaciamiento de los embarazos, aunque las investigaciones indican que este mensaje ya ha sido ampliamente asimilado por la audiencia blanco. La razón primordial que las mujeres guatemaltecas dan para el no usar métodos anticonceptivos no es que no entienden el concepto de espaciamiento de embarazos. Es porque simplemente desconocen los métodos. Los no usuarios que concocen métodos pueden tener medio de las posibles consecuencias a su salud ocasionadas por el uso de los mismos.
- La poca comprensión entre mujeres y parteras del propósito de la vacuna antitetánica prenatal y la falta de aumento en cobertura entre las encuestas de 1995 y 1998-99.

- Poco uso de la radio fuera de cuñas de promoción a pesar del hecho de que, según la encuesta ENSMI, el 63% de las mujeres indígenas entrevistadas escucharon la radio todos los días.
- Adelantos notables en aumentar los niveles de cobertura de vacunas de los niños, salvo en la ciudad de Guatemala donde la cobertura es menos que en el resto del país.
- Los niveles más altos de la América Latina de desnutrición crónica de niños, niveles que no cambiaron entre 1995 y 1998-99. Sin embargo, los trabajadores de IEC asistentes al Taller de Development Associates sobre Investigaciones no estaban conscientes de la gravedad de la situación.
- Enfoque mínimo en los hombres, a pesar de la evidencia consistente de que los hombres son los que hacen las decisiones en cuanto al cuidado de la salud en comunidades mayas y tienen interés en recibir más información sobre la salud reproductiva y materno-infantil.
- Demoras peligrosas en buscar la atención de profesionales de salud para complicaciones del embarazo y parto porque la gente no reconoce las señales de complicaciones y prueban remedios caseros antes de buscar atención.
- Programas de educación sexual para adolescentes dirigidos a alumnos de escuelas secundarias aunque son ellos los jóvenes a menor riesgo del embarazo no planeado durante la adolescencia. Casi los dos tercios de mujeres guatemaltecas no avanzan más allá de la escuela primaria y la tasa de embarazo entre adolescentes sin educación es cuatro veces mayor que la tasa entre estudiantes de escuela secundaria o universidad.
- Tasas altas de falla de los métodos anticonceptivos, y de discontinuación de métodos por motivo de efectos secundarios, lo cual sugiere que los usuarios no están bien informados sobre el uso correcto de métodos y sobre el manejo de los efectos secundarios comunes.

Recomendaciones:

1. El Grupo de Trabajo de Comunicaciones para el Cambio de Comportamiento debería programar reuniones periódicas para revisar y discutir hallazgos de investigaciones que tienen implicaciones importantes para las actividades de IEC.
2. Dichas discusiones deberían ser compartidas con los directores y personal de IEC de los socios de USAID en todo el país.
3. El personal de IEC de las agencias debería a su vez compartir información de relevancia con el personal de campo y los voluntarios del programa.
4. Los directores de IEC en las organizaciones deberían revisar anualmente las implicaciones de investigaciones al elaborar sus planes de IEC para el año entrante.
5. Deberían realizar pequeñas investigaciones locales cuando sea necesario para refinar los planes de IEC.
6. Las agencias que realizan investigaciones locales deberían asegurar que el personal que asignan a dirigir grupos focales o hacer las entrevistas tenga las destrezas necesarias para hacerlo en forma debida.

7. Las agencias también deberían documentar mejor las experiencias de su personal de campo que iluminan las necesidades locales de IEC.
8. Al nivel micro, las agencias necesitan hacer más para desarrollar las destrezas en educación participativa de su personal de campo y voluntarios para que ellos puedan identificar y responder a las necesidades de sus audiencias en las comunidades mientras interactúan con ellos.

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ANNEX 2

RESEARCH SUMMARIES
(Some IEC findings from recent research reports)

1. AGES. **Reproductive Health Education in Indigenous Areas through Bilingual Teachers in Guatemala.** INOPAL III/ the Population Council. April, 1997.

Brief Description

This study described the use of teachers from the National Bilingual Education Programs (PRONEBI) to conduct reproductive health courses in indigenous communities in the Departments of Chimaltenango, Quetzaltenango and San Marcos. PRONEBI teachers had to meet pre-requisites in order to conduct courses and were paid U.S. \$22 for each 10 hour course they taught. Courses were taught in indigenous languages: K'iche', Mam and Kakchiquel.

Issues Raised with IEC Relevance

- training bilingual teachers to provide reproductive health education proved to be a cost-effective strategy, acceptable to Mayan communities
- the educational strategy resulted in increased couple communication and contraceptive prevalence
- the use of the indigenous language was identified as a very positive factor

2. AGES. **Access to Reproductive Health Services and Education in Indigenous Communities.** INOPLAL III/The Population Council. July, 1998.

Brief Description

This follow-up study was designed to replicate the outreach strategy of using bilingual teachers to conduct reproductive health classes in indigenous communities (AGES, 1997) and to strengthen the strategy's links to service delivery. Teachers were: 1) invited to become CBD distributors; 2) required to establish links with local service delivery; and 3) required to screen students regarding their needs for services and then make appropriate referrals.

Issues Raised with IEC Relevance

- linkages established with service providers lacked MOH Area and District involvement and were weak
- teachers were not adequately trained in referral
- the director of a radio station heard of the courses and invited AGES to present the birth spacing module in Spanish and K'iche'. Systematic outreach to radio stations might have produced additional opportunities.

3. Enge, Kjell. **Salud y Reproducción: Que Piensan, Sienten y Desean los Mayas.** INOPAL III/Population Council. Documentos de Trabajo Num. 20, 1998.

Brief Description

This article describes the results from a variety of diagnostic assessments and operations research studies regarding Mayan perceptions of sex, reproduction, family planning and reproductive health services in rural communities of Guatemala. It summarizes information from the Population Council's Diagnostic Study of Family Planning Services and Users/Non Users in the Mayan Highlands of Quetzaltenango, and the Centro de Poblacion de la Universidad del Valle de Guatemala's Study of Cognition and Speech Patterns of Urban and Rural Indigenous Community Residents About Reproductive Health in the Department of Quetzaltenango.

- a. The Population Council.

Brief Description

The study to assessed the knowledge, attitudes and practices of family planning users and non-users, traditional birth attendants (TBAs) and community leaders in the Department of Quetzaltenango. Results were used to design an operations research project to improve reproductive health services in Quetzaltenango.

Issues Raised with IEC Relevance

- users lacked information on potential side effects and on obtaining re-supplies
- among non-users, the main reasons given for not using family planning were negative health effects for women, and lack of information or mis-information about contraceptive methods
- most non-users agreed that birth spacing is important and understood the health, economic, social and family benefits
- among non-users, the most common sources of information about family planning were relatives, friends and neighbors. Secondary sources were the Ministry of Health, mass media and APROFAM
- TBAs were not well informed about family planning, where to obtain methods or the contraceptive effects of breastfeeding
- community leaders had low levels of knowledge of family planning methods and inaccurate and incomplete information regarding where methods can be obtained
- most TBAs and community leaders were willing to collaborate with family planning providers
- TBAs, non-users and community leaders were all interested in receiving more information about family planning.

b. Universidad del Valle

Brief Description

This study was conducted in a Mam speaking municipality in Quetzaltenango. Contrary to general belief, adult men and women talked freely about sexual matters irrespective of their marital status and gender.

Issues Raised with IEC Relevance

- both men and women lacked knowledge about anatomical and physiological aspects of sex
- very few men or women were able to identify a woman's fertile days
- both men and women had misconceptions about the sexuality of the other gender

4. **APROFAM. Encuesta Rapida de Conocimientos, Preguntas y Coberturas.** Guatemala. Julio, 1998.

Brief Description

This survey on knowledge, practices and coverage, was conducted by the Department of Planning and Statistics of APROFAM. The information gathered was to be used to understand and reform programs in development, communication and training in the field of sexual and reproductive health and maternal and infant health. The goals of the survey were to: 1) obtain information on the knowledge, practices and attitudes of mothers of children under 5 years old, 2) learn about the coverage of services and products related to maternal and infant health, STIs and AIDS, and 3) design strategies and plans of action for the delivery of products and services

Issues Raised with IEC Relevance

- lack of understanding of risks of contracting STIs and HIV and of methods of protection
- radio and television were the principal sources of information about AIDS
- women who have heard of pap smears generally know what they are for, but a large percentage have never had one
- 90% of women interviewed knew that they should get prenatal care when pregnant, but only 75% had received prenatal care during their last pregnancy
- women lacked knowledge concerning child nutrition, vaccinations, diarrheal diseases and respiratory diseases

5. **APROFAM. Estudio de Base de Percepciones y Actitudes Masculinas sobre Salud Reproductiva en Cuatro Municipios del Departamento de El Quiche.** Population Council, INOPAL II. 1995.

Brief Description

This baseline study was carried out in 1994 to determine the knowledge, attitudes and behaviors of men in four municipalities of El Quiche toward reproductive health. The four municipalities in which the study was carried out were: Chiche, Chinique, San Bartolome Jocotenango and San Antonio Ilotenango. Results from the study will help in the design of interventions promoting the use of family planning methods and birth spacing.

Issues Raised with IEC Relevance

- includes analysis of data and charts, concerning:
 - male views regarding the ideal age for marriage
 - their knowledge and attitudes about birth spacing
 - knowledge about fertility and family planning, and
 - interest in *charlas* about reproductive health
 - Although almost all the men recognized the benefits of birth spacing, many disapproved of modern family planning methods. Nonetheless, among non-users, the most common reason cited for not spacing births was lack of information. Most men wanted more information. Half suggested group talks, one quarter recommended movies and a small minority expressed interest in home visits. A few men requested that the activities be in the K'iche' language.
6. Development Associates, Inc. **A Communication Channels Survey in Mayan Communities in Guatemala.** December, 2000.

Brief Description

This report describes a survey conducted among 759 men and women of reproductive age in USAID's priority departments in rural Guatemala. Respondents were interviewed about exposure to mass media, admired public figures, local gathering places, sources of health information and interest in health topics.

Issues Raised with IEC Relevance

- radio was the most accessible form of mass media
 - religion plays a dominant role in the choice of reading material and music
 - both men and women expressed interest in receiving more information on a number of child health topics, followed by family planning
 - respondents wanted to receive information from a trained health worker
 - most individuals interviewed felt that either radio or TV were appropriate channels for family planning information.
7. Development Associates, Inc. **An Assessment of the Translation of Health Messages by Bilingual Promoters in Guatemala.** January 2001.

Brief Description

This field assessment explored the way in which bilingual promoters and educators translate health messages from Spanish to Mayan languages. The assessment included interviews with NGO staff, observation of educational activities conducted by bilingual promoters, educators and traditional birth attendants (TBAs), focus groups with promoters and educators and followup interviews with participants in the educational activities.

Issues Raised with IEC Relevance

- promoters have difficulty with some technical terms that are not easy to translate
 - apart from translation, messages delivered by promoters are often incomplete or incorrect
 - there was very little interaction between the promoter and the audience in most cases and thus no opportunity to adjust the educational activity to the needs or interests of the participants
 - promoters lacked visual aids and teaching materials which could have helped them deliver complete, correct messages
8. The Population Council. **Findings and Lessons Learned in Delivery of Reproductive Health Care to the Rural Mayan Population of Guatemala from Operations Research and Diagnostic Studies, 1994-1997.**
- a. Rxiin Tnamet/PCI. Increasing Knowledge and Skills of Reproductive Health Service Providers in Two Conservative Indigenous Communities on Lake Atitlan & Testing Reproductive Health Service Delivery Strategies in Two Indigenous Communities on Lake Atitlan, Guatemala. 1995-1996.

Brief Description

This operations research project carried out in 1995 and 1996 was designed to improve maternal health services and to develop and use technical protocols for reproductive health service delivery. The first part of the project was designed to improve the quality of and access to services provided. In particular, a greater variety of family planning methods were offered in the clinic and at the community level, including: LAM, fertility awareness based methods, injectables, condoms, spermicides, combined oral contraceptives and IUDs. The second phase of the project tested the impact of improved services and promotional strategies to improve awareness of the benefits of family planning and the availability of services.

Issues Raised with IEC Relevance

- some of the women said that family planning was beneficial, while others said it was a sin and that husbands do not accept family planning.
- women agreed that men know very little or nothing about family planning.
- local women welcomed home visits although privacy was a problem for discussing sensitive topics related to family planning

- men responded well to visits from male educators who trained couples in their homes on how to use NFP. Men liked to learn about family planning and reproductive health from other men.
- b. APROFAM. Injectable Contraceptive Service Delivery Provided by Volunteer Community Promoters. 1997.

Brief Description

The purpose of this study was to test two service delivery strategies to provide DMPA through APROFAM in four departments. The first strategy was to provide DMPA through the APROFAM clinic where the service was provided by doctors and nurses, and the second used trained community based distributors (CBDs). Data were collected to measure differences in demand, acceptance and continuation rates for the two strategies. The principal hypothesis tested was that high quality contraceptive services can be safely offered at the community level and will result in an increase in new contraceptive clients and not simply a change in method mix.

Issues Raised with IEC Relevance

- all CBDs visited demonstrated an accurate knowledge of DepoProvera and were aware of the importance of counseling clients, but they had received no formal training in community outreach activities to inform women about DMPA
 - educators supervising CBDs lacked time and interest in actively educating the community about injectable contraceptive services
 - 40% of discontinuers said they had doubts or uncertainty about side effects, reliability and advantages and disadvantages of the method
 - the problem most frequently mentioned by the educators who supervise the CBDs was making sure the CBDs have correct knowledge about side effects
 - the 40 CBDs interviewed showed very little knowledge related to IEC activities. In none of their courses were they taught how to give promotional talks, make home visits or organize group meetings.
- c. APROFAM. Reengineering the Community-Based Distribution Program of APROFAM. 1997.

Brief Description

The general objectives of this operations research project were to determine the effectiveness of APROFAM's Program of Community Distribution, to analyze its successes and failures and to design and test new strategies, both operational and administrative, in order to significantly enlarge the number of users, especially in the indigenous and rural areas of Guatemala.

Issues Raised with IEC Relevance

- development of a profile for the ideal volunteer health promoter, from the point of view of indigenous women in the highlands

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- almost half of promoters interviewed would like to do family planning promotion and give talks
 - home visits and promotional talks by the educator had a significant effect on sales
- d. APROFAM. Designing and Testing Appropriate Health Education Strategies for Men in Four Health Districts in the Department of El Quiche. 1995.

Brief Description

The general objective of this operations research project was to design, implement and evaluate strategies to educate and counsel men in rural areas of the department of El Quiche on their own reproductive health and that of their families. Audio materials in K'iche' and posters on reproductive health were produced to address the expressed interest of men and to promote a different attitude towards reproductive health and the spacing of births through the use of family planning methods.

Issues Raised with IEC Relevance

- getting men to participate was difficult, even with the support and coordination of local leaders
 - informal recreational activities generated greater interest among men and attendance increased considerably
 - one of the best ways to get people to participate was to use a portable loudspeaker to announce the recreational activities and to specifically mention that reproductive health was an integral part of the activities. Portable loudspeakers placed in markets proved particularly effective
 - many individuals requested that additional themes and activities be developed for their communities
 - participating APROFAM community educators need to continually look for new and different ways to actively involve men in discussing the benefits of family planning
- e. The Population Council and IGSS. Integrated Obstetric, Family Planning and STD Training for Traditional Birth Attendants (TBAs). 1997.

Brief Description

The objectives of this research were to design, test and evaluate an integrated training strategy that includes family planning and STDs for training TBAs; determine if training a group of TBAs in family planning and STDs is an effective strategy to expand referrals for these services; and institutionalize the availability of quality family planning services in IGSS outpatient facilities. A total of 30 trainers and 254 TBAs were trained and systematically supervised using a standardized tool.

Issues Raised with IEC Relevance

- in general, the TBA's knowledge retention was acceptable for obstetrics and family planning
 - TBA's retention of knowledge was lowest for STDs
- f. ATI. Testing the Collaboration Between Two NGOs, ATI and APROFAM, in the Delivery of Family Planning Services. 1996.

Brief Description

The Asociación Toto-Integrado (ATI) believes that the Mayan view concerning family planning should be studied using an approach and methodology that considers the sociocultural characteristics of the K'iche' speakers in Totonicapan. The hypothesis of this operations research was that through an understanding of women's perceptions and the kinds of family planning services they would like to receive, ATI would be able to recruit women to participate in the design of services and train local APROFAM personnel in delivering services that would be acceptable to the local population. The hypothesis was tested in three phases: collection of information, design and implementation of a service delivery system and monitoring of the delivery of services.

Issues Raised with IEC Relevance

- women developed a detailed description of the characteristics they preferred in an APROFAM promoter
 - CBDs are currently primarily viewed as contraceptive salespersons and have a negative image in the study communities
 - women are reluctant to visit CBDs and feel that these individuals do not meet their criteria for FP service providers
 - despite negative opinions expressed, women said they wanted to know about APROFAM's services
- g. The Population Council and MOH. Systematic Reproductive Health and Family Planning Services in Quetzaltenango and San Marcos and a Cost Analysis of Integrated MCH Services. 1998

Brief Description

This operations research was designed to test the effects of training health personnel at the MOH health centers and posts in the systematic provision of reproductive health and family planning services using an algorithm. The algorithm consisted of a series of questions to be asked of all women of fertile age who came to a health center or post for whatever reason. In addition to the algorithm, a manual was developed based on current MOH norms that gave step by step instructions on how to provide each service. When initial results were disappointing, the Population Council and the MOH conducted a second round of training on integrated service delivery and the use of the algorithm. Six months after the new training, an evaluation showed that providers were using the algorithm and the number of services offered had increased.

Issues Raised with IEC Relevance

- once nurses had been trained to use the algorithm, identification of services needed increased
 - the quality of information given increased dramatically, especially for mothers in how to prevent and treat acute diarrheas and respiratory infections.
9. The Population Council. **Baseline Information of Four NGO Projects in the Guatemalan Altiplano**, September, 1998.

Brief Description

The objectives of the baseline studies were to obtain systematic quantitative information regarding their target populations, especially in terms of reproductive health and birth spacing. The studies indicated notable differences between the populations served by the NGOs. The general results of the study demonstrate the disadvantages experienced by Mayan women in areas such as education, access to health services, prevalence of domestic violence and alcoholism, and limited knowledge of women's reproductive life and of birth spacing methods.

Issues Raised with IEC Relevance

- the level of education of Mayan women interviewed appears to be related to their knowledge of health issues
- the level of knowledge in reproductive health was consistently low among women at all levels of education
- negative attitudes persisted among Mayan women interviewed towards all modern birth spacing methods
- the person mentioned most often by the mothers as the person from whom they would like to receive reproductive information was the TBA.
- NGOs need to identify the traditional means of communicating used in the community, such as fairs and community meetings, in order to combine key messages with entertaining activities directed toward men and youth as well as women.

10. The Population Council. **NGO Training Plan and Request for Additional Funds Required to Complete It**. 1997.

Brief Description

This document outlines the needs and plans for training Guatemalan NGOs interested in establishing, expanding or improving their services in reproductive and maternal-infant health, primarily in rural, indigenous populations. The objectives for this training plan were to strengthen the capacity of the NGOs to train, supervise and evaluate providers of reproductive and maternal-infant health and to produce appropriate IEC materials directed at the communities in which they work.

Issues Raised with IEC Relevance

- There was found to be a virtual absence of IEC materials for the community. The proposed plan, therefore, included strategies to increase the dissemination and demand for information based on IEC materials that respond directly to the identified needs of the users according to their level of education.
11. **Guatemala. Encuesta Nacional de Salud Materno Infantil (ENSMI), 1998-1999.** Instituto Nacional de Estadística (INE), Ministerio de Salud Pública y Asistencia Social (MSPYAS), Agencia Para el Desarrollo Internacional (USAID), Fondo de las Naciones Unidas para la Infancia (UNICEF) y Encuestas de Demografía y Salud (DHS), Marco International, Inc.

Brief Description

The ENSMI-98/99 forms part of the third round of global Demographic and Health Surveys (DHS) and is the most recent national survey of reproductive and maternal-child health in Guatemala. The ENSMI-98/99 had the specific objective of gathering information on the topics of population and women's and infant health in order to facilitate the elaboration of plans for economic and social development in Guatemala and to make sure that the health and family planning organizations direct their actions towards the most unprotected groups of the Guatemalan population.

Issues Raised with IEC Relevance

- See Table 1. in IEC Research Summary (page 7)
12. **Hurtado, Elena, et. al. Desde la Comunidad...Percepción de las Complicaciones Maternas y Perinatales y Búsqueda de Atención.** MotherCare. Guatemala. Noviembre, 1995.

Brief Description

The MotherCare II/Guatemala Project sought to increase the number of women with obstetric or perinatal complications who make use of the health services of the Ministry of Public Health and Social Assistance in the municipalities of Totonicapán, Sololá, San Marcos and Quetzaltenango. To provide base information for the improved design and development of the specific areas of action of the project, this qualitative analysis was performed on the topic of maternal and perinatal healthcare.

Issues Raised with IEC Relevance

- describes knowledge and behaviors of women of reproductive age, their partners, traditional birth attendants and health service personnel of the Ministry of Health (MSPAS) related to maternal prenatal, delivery and post partum care
- describes the principle factors which affect the utilization of the MSPAS health services in the case of obstetric and perinatal emergencies.

- identifies the principle channels of communication available and used for these populations.
- establishes the need for training, especially in interpersonal communication, of the maternal health care providers.

See Table 2. in IEC Research Summary (page 11)

13. Hurtado, Elena. The MotherCare/Guatemala Project: Overview of IEC Strategies and Lessons Learned. Guatemala. 1998.

Brief Description

Discussion of the process followed by MotherCare in designing, implementing and monitoring an IEC intervention in Guatemala, which included: formative research; analysis; strategic design; materials draft, pretest and production; implementation and monitoring; evaluation; and sustainability.

Issues Raised with IEC Relevance

- lays out a blueprint of an IEC strategy that aims to both promote improved behavior and modify the factors that influence it.
14. Project Concern International and Rxiin Tnamet. **Testing Reproductive Health Service Delivery Strategies in Two Indigenous Communities on Lake Atitlan, Guatemala.** Population Council, Inopal II. 1996.

Brief Description

An operations research project carried out in 1995 and 1996 to reduce opportunities and design and use technical protocols for reproductive health service delivery. The first part of the project was designed to improve quality of and access to services provided. In particular, a greater variety of family planning methods were offered in the clinic and at the community level, including: LAM, fertility awareness based methods, injectables, condoms, spermicide, combined oral contraceptives and IUD. The second phase of the project tested the impact of improved services and promotional strategies to improve awareness of the benefits of family planning and the availability of services.

Issues Raised with IEC Relevance

- procedural flowchart indicating procedure for patient treatment in the clinic was barely used
- reported and observed use of the home visit guide for supervisors was very high
- number of visits made by the male educators to couples and individuals was very high
- knowledge shown by some of the users of clinic services about the availability of FP at the clinic and from community volunteers appeared to be quite high
- the level of satisfaction with clinic services was quite high

- effective communication between provider and client would be greatly improved if the providers use the pictures and diagrams in protocols

15. BASICS. Atención de Salud Infantil--Prácticas de Madres Mayas en Guatemala. 1997.

Brief Description

An extensive compendium and analysis of qualitative research on child health in Guatemala. The report covers infant and child nutrition, the conceptualization of health and disease, home health care behaviors and health care seeking behaviors related to diarrhea and acute respiratory infections, immunizations, practices of health personnel and channels of communication. Extensive tables describe the nature of the problem, the reasons for current practices and barriers to change and provide recommendations for action.

Issues Raised with IEC Relevance

- The entire report is relevant. See Table 3. in IEC Research Summary (page 15)

16. Lang, Jennifer B. and Elizabeth D. Elkin. A Study of the Beliefs and Birthing Practices of Traditional Midwives in Rural Guatemala. Journal of Nurse-Midwifery. Vol. 42, No. 1, January/February, 1997.

Brief Description

This is a descriptive study of the beliefs and practices of traditional midwives in a rural Guatemalan village. Describes TBA knowledge, skills and practices and an innovative, effective training program conducted by a local NGO.

Issues Raised with IEC Relevance

- traditional midwives in the community lacked basic knowledge of safe obstetric practices although many had attended MOH training and monthly midwifery meetings
- Traditional midwives need programs designed for uneducated, illiterate, and elderly learners, with classes taught in their primary language.
- the program must use teaching methods that are culturally appropriate. Western ideas, such as the concept of risk, may not be readily understood or accepted.

APPENDIX 2

Field Testing Report

**REPORT ON PROCEDURES FOR FIELD TESTING
IEC MATERIALS**

**INFORME SOBRE PROCEDIMIENTOS DE VALIDACIÓN
DE MATERIALES DE IEC**

Report

Submitted to:

**The United States Agency for International Development (USAID)
Guatemala-Central American Programs (G-CAP)**

Submitted by

DEVELOPMENT ASSOCIATES, INC.
1730 North Lynn Street
Arlington, VA 22209-0432

July, 2000

Task Order No. 801
IQC No. HRN-I-00-98-00030-0 - TASC

REPORT ON PROCEDURES FOR FIELD TESTING IEC MATERIALS

**(Practices of USAID partners and technical assistance provided
by Development Associates)**

**Maria Elena Casanova, Elena Hurtado,
Anne Terborgh and Annie Portela**

I. BACKGROUND

In March of 1999, Development Associates conducted an overall assessment of Information, Education and Communication (IEC) activities in Reproductive and Maternal-Child Health for USAID/G-CAP under the TASC IQC. One aspect of IEC that was included in the assessment was the pre-testing of IEC materials, images and messages. Although direct observations of pre-testing activities were not possible during the assessment, preliminary findings, based on discussions with officials from USAID's partner institutions, suggested the need for improvements in a number of pre-testing practices.

At the time, all agencies reported that they pre-test IEC materials. However, further questioning suggested that the process applied was not always complete and certain practices, noted below, also raised questions concerning validity. Issues identified included:

- Failing to develop a pre-test protocol with objectives and a methodology.
- Pre-testing materials intended for the community with trained health promoters or TBAs rather than with the target audience.
- Presenting audiences with a sample material and asking for suggestions regarding changes rather than identifying audience preferences by testing alternative images, formats and messages.
- Relying almost exclusively on group activities for pre-testing rather than conducting individual interviews or, where appropriate, working with key informants.
- "Leading" the audience through the pre-test by initially explaining the intent of a text or illustration and then asking for comments.
- Failing to document the pre-test process, pre-test results or the nature of modifications that were made as a consequence of the pre-test.
- Failing to re-test material following the modification of text or illustrations.

II. PRE-TESTING ACTIVITIES (NOVEMBER, 1999-MAY, 2000)

In a follow-on TASC order awarded after the March 1999 assessment, Development Associates was asked to address a number of the problems identified in the assessment, including pre-testing.

Subsequently, a four-part activity was developed to strengthen the pre-testing skills of IEC staff in USAID's partner organizations. First, participants attended a workshop where they developed IEC materials for a rural, illiterate or semi-literate Mayan audience and reviewed basic pre-testing principles. Next, they pre-tested their materials in the field under the supervision of two IEC Specialists from Development Associates. Third, they participated in a workshop on pre-testing, and finally, they re-tested modified materials in a second round of pre-testing and presented the results in a subsequent workshop.

The first activity was carried out in November and early December 1999. The firm partnered with APROFAM on a one-week workshop for USAID partners on the development of IEC materials for illiterate and semi-literate populations. During the workshop, participants were organized in work groups to produce materials for this target audience. The groups also received guidance on the process they would follow in the later pre-testing of these materials. For all but one group this would be in-depth individual interviews, a pre-testing technique most had never used. One team chose to pre-test a flipchart using five focus group sessions.

In January 2000, Development Associates' IEC Specialists, Maria Elena Casanova and Elena Hurtado, spent two weeks traveling to pre-testing sites in the interior to work with the teams of participants as they tested their materials. Pre-tests were conducted in communities where the agencies normally carry out their health education activities. Both men and women were interviewed, most of them in the local Mayan language, and each team was charged with completing 40 interviews. The IEC Specialists were able to supervise an average of six pre-test interviews per team, coaching participants in proper pre-testing procedures as they went through the process.

Most of the participating agencies had never pre-tested materials through individual interviews. During the field supervision of the pre-testing process, the specialists observed that some of the teams were "helping" the interviewees give the desired answer by giving them the correct answer as part of the question. For example, instead of asking "What do you see here?" the question would be "Do you think this woman is sick?" Other teams were marking answers as incorrect because they expected the interviewee to give a complete explanation of the meaning of the material rather than just describing what they saw in the illustration (a woman in bed, a family eating, etc.).

Team members who conducted focus groups tested one material on reproductive health and another on self-esteem. Development Associates' specialists observed two of these groups. The facilitators testing reproductive health materials did not visit their target communities in advance to request the attendance of a pre-determined group of people. Thus, the criteria for participation in a focus group became availability at the time set for the meeting rather than demographic or social characteristics expected among potential users of the materials. This team also had not prepared a written focus group discussion guide nor made arrangements to record the discussion for later analysis, either with a tape recorder or with a note taker. Further, the facilitators were not familiar with the language or culture of their target audience and informed the specialists that they had observed focus group discussions previously, but had never actually facilitated a group themselves. The facilitator who was testing material on self-esteem first tested the images with the text. This made it easier for the participants who could read and write to figure out what the pictures were about than for those who didn't. Also the moderator expected participants not only to explain what they saw, but to actually say that the pictures had to do with women's self esteem, a concept not necessarily understood, or understood in the same way, in Mayan culture. Although this facilitator

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corrected his approach in subsequent focus groups, the specialist who had observed him recommended that the institution conduct a rapid qualitative study to explore how the concept of self-esteem is expressed or described in a Mayan population and how it might be best represented in images.

The problems noted with focus groups were not exclusive to the team that chose to employ them for the field work in January. In the follow-up workshop in February it was evident from the discussion that IEC staff could benefit from a review workshop on focus group methodology. Such a workshop would help prepare them to apply appropriate methodology throughout the process: advance preparation to recruit the intended audience, development of discussion guides, use of group facilitation techniques, arrangements for recording the discussion and subsequent analysis of focus group results and preparation of a report on findings.

Despite the inexperience of the participants in the area of pre-testing, overall results were very positive. All teams of participants tested images that generally were well understood by the target audience. In most cases, relatively few changes were needed for a second version of the material.

Immediately following the field work, participants attended a followup workshop where they:

- reviewed the pre-testing process,
- analyzed problems encountered during their pre-testing experience in the field,
- reported on the results of their pre-tests,
- modified their materials in conformance with suggestions received from their target audience, and
- developed a plan for re-testing the modified materials.

APROFAM again served as a partner on the workshop, which was primarily conducted by Development Associates' IEC Specialists.

At the end of the workshop, the participant teams developed plans to re-test their modified materials and agreed to present information on the results in a future workshop. These reports were presented in the final workshop in the series, the workshop on educational activities for illiterate and low-literacy populations conducted in May 2000.

Although participant groups varied in the depth of the pre-testing they did on their modified materials, one group went far beyond the original pre-testing exercise to focus on formats and colors as well as images. Working with focus groups, the team asked each discussion group to suggest colors for the four illustrations they were testing. The final colors used for the illustrations were those recommended by the majority of the focus group members. This same multi-institutional team also pre-tested three different formats for their material: a folded pamphlet, a booklet and a one-page flyer. The booklet was the choice of 75% of their focus group participants. The testing was carried out in Totonicapán, San Marcos and Alta Verpáz.

All groups that participated in the pre-testing process expressed interest in producing their materials in final format for use in their field activities. Actual production of materials was not included in Development Associates' Task Order and remains pending for follow-up.

III. THE PRE-TESTING PROCESS

The experience and sophistication of the agencies participating in the initial assessment and subsequent activities covered a very broad range. Some of the very small Mayan NGOs operating in rural areas had no prior experience with systematic pre-testing. Larger agencies had done pre-testing in the past, but not always with the right audience or with a fully developed pre-testing strategy and plan. A complete strategy would include:

- Objectives,
- A defined target population and pre-testing sample,
- An appropriate testing methodology,
- Data collection instruments,
- Provision for training interviewers, facilitators and recorders in their use,
- A data recording and analysis plan, and
- A report on findings.

As a result of the activities conducted, and observations made in the final workshop, it is evident that participants now have a much clearer understanding of how pre-testing should be done and a much greater appreciation of its value. However, most could benefit from continued attention to this aspect of materials development. In addition, there are some activities that could be carried out jointly that would benefit all agencies.

IV. RECOMMENDATIONS

The following recommendations are offered as suggestions for follow-up after Development Associates completes the current round of IEC activities.

A. Pre-testing skills

Although participants were able to practice pre-testing under the supervision of experts, it is highly likely that additional training and supervision would be beneficial. One area where further support is needed is that of the design of pre-testing activities. Key steps in the process, such as the development of a pre-testing plan, were only done once over the course of Development Associates' project. That probably is not sufficient if participants are to carry out high quality pre-tests in the future. Most would benefit from assistance and supervision in such areas as:

- Choosing a sample for pre-testing (For example, what do you do when people don't turn up for focus groups, or you have the wrong mix of people in terms of age, sex, etc.)
- Designing pre-testing instruments such as interview questionnaires and focus group guides, and
- Developing and executing an analysis plan.

In addition, Development Associates' IEC Specialists have noted the need for further skill development in data collection activities. This includes both the facilitation of focus groups and the management of individual interviews.

In regard to focus groups, attention should be given to improving facilitation skills and the interpretation of results. As in any group activity, group dynamics can affect the outcome. In a group situation, certain individuals may dominate the discussion while others barely participate. This may be especially true when the group includes both literate and illiterate members. Participants with little or no schooling may defer to better-educated members or be reluctant to express contrary opinions. Language can be an issue in a group with mixed fluency in Spanish. Facilitators may have to rely on translators, who may or may not be accurately transmitting the facilitator's message. All in all, facilitators need to be aware of the potential hazards of focus group facilitation and be equipped with techniques for handling unforeseen problems.

In the same way that group dynamics can influence the outcome of group discussions, they can also bias results. Thus, individuals who act as recorders during focus group discussions also need to be trained to collect data that is accurate and useful. This type of training could easily be offered for all interested agencies by an institution with experience in focus group research such as the Population Council.

In general, the individual interviews conducted to pre-test images went well. However, some participants still need to master neutrality and learn how to probe without guiding the interviewee toward the "right" answer. Interviewees are often very adept at guessing the answer that will please the interviewer. If that individual shows any hint of preference, interview results may be misleading.

Finally, if there is continuing inter-agency collaboration in IEC, it might be useful for the agencies to pool information on pre-testing and develop some type of guide appropriate for Guatemala and adapted for pre-testing activities with illiterate or semi-literate audiences. Such a guide might contain samples of interview guides and of recording and analysis forms as well as tips on some key skill areas. By and large it could be put together from existing sources, with possible modifications for the specific characteristics of the target audience.

B. Studies

In addition to further skill development, there are a couple of aspects of IEC materials pre-testing, which may merit further exploration. For example, images developed in the November/December workshop and tested in January were all unshaded line drawings. This is the type of drawing that appears in most materials developed in Guatemala and was the one that was easiest to use in a materials development workshop. However, it might be desirable to test other types of images, especially photographs, to determine which type has the greatest appeal for a Mayan audience.

By the same token, it might be useful to more fully explore Mayan preferences for colors and determine whether or not there are regional variations in color preferences. Ethnographic research can be checked, if necessary, to determine what meanings are associated with different colors in Mayan culture. Colors with the most universal appeal could then be chosen for IEC materials designed for use at the community level.

Apart from the possible need for additional information on audience preferences, preliminary findings from the assessment of message translations suggests that there is ample room for further exploration in the area of inter-personal communications. Since this is the most important channel available for reaching low literacy audiences, it would be worthwhile to take a closer and more in-

depth look at the type of information that is transmitted to Mayan communities by outreach and education personnel.

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INFORME SOBRE PROCEDIMIENTOS DE VALIDACIÓN DE MATERIALES DE IEC

(Prácticas de los socios de USAID y asistencia técnica brindada por Development Associates)

María Elena Casanova, Elena Hurtado,
Anne Terborgh y Annie Portela

I. ANTECEDENTES

En marzo de 1999, Development Associates llevó a cabo una evaluación global de actividades de Información, Educación y Comunicaciones (IEC) en salud reproductiva y materno-infantil para la USAID/G-CAP bajo la TASC IQC. Un aspecto de IEC que se incluyó en la evaluación fue la validación de materiales de IEC, imágenes y mensajes. Aunque no fue posible hacer observaciones directas de las actividades de validación durante la evaluación, los hallazgos preliminares, basados en las pláticas con los directivos de las organizaciones socias de USAID, sugirieron la necesidad de mejoras en un número de prácticas de validación.

En el momento de la evaluación, todas las organizaciones reportaron que validan sus materiales de IEC. Sin embargo, las indagaciones sugirieron que el procedimiento aplicado no era siempre completo y ciertas prácticas, anotadas abajo, resultaban dudosas en cuanto a su validez. Los puntos identificados incluyeron:

- No desarrollar un protocolo de validación con objetivos y metodología.
- Validar materiales dirigidos a la comunidad entre promotores de salud capacitados o comadronas, en vez de validarlos con la población objetivo.
- Presentar el prototipo del material a la audiencia y pedirle sugerencias sobre cambios, en vez de identificar las preferencias de la audiencia probando imágenes, formatos y mensajes alternativos.
- Organizar casi exclusivamente actividades de grupo para validación, en vez de realizar entrevistas individuales o, en los casos pertinentes, trabajar con los informantes claves.
- “Guiar” a la audiencia durante la validación explicándole inicialmente la intención de un texto o ilustración y pidiéndole después comentarios.
- No documentar el proceso de validación, los resultados o el tipo de modificaciones que se hicieron como resultado de la validación.
- No volver a validar el material después de realizar las modificaciones en el texto o las ilustraciones.

II. ACTIVIDADES DE VALIDACIÓN (NOVIEMBRE, 1999 – MAYO, 2000)

En una "TASC Order" de seguimiento otorgada después de la evaluación de marzo de 1999, se le solicitó a Development Associates avocarse a algunos de los problemas identificados en la evaluación, incluyendo la validación. Subsecuentemente, se desarrolló una actividad de cuatro partes para fortalecer las habilidades de validación del personal de IEC de las organizaciones socias de la USAID. Primeramente, los participantes asistieron a un taller durante el cual desarrollaron materiales de IEC para una población maya rural, analfabeta o semi-analfabeta y revisaron los principios básicos de la validación. Luego, validaron sus materiales en el campo bajo la supervisión de dos especialistas en IEC de Development Associates. Después, participaron en un taller sobre validación durante el cual incorporaron los cambios necesarios a su material y, finalmente, volvieron a validar sus materiales modificados en una segunda ronda de validaciones y volvieron a presentar los resultados en un taller subsecuente.

La primera actividad se llevó a cabo en noviembre y la primera semana de diciembre de 1999. La agencia se asoció con APROFAM en un taller de una semana para los socios de la USAID sobre el desarrollo de materiales de IEC para poblaciones analfabetas y semi-analfabetas. Durante el taller, se organizó a los participantes en grupos de trabajo para producir materiales para esa población objetivo. Los grupos recibieron también orientación sobre el proceso que seguirían en la validación posterior de dichos materiales. Para todos los grupos, excepto uno, éste sería con entrevistas individuales a profundidad, una técnica de validación que la mayoría nunca había utilizado. Un grupo decidió validar un rotafolio mediante cinco sesiones de grupo focal. En enero de 2000, las especialistas en IEC de Development Associates, María Elena Casanova y Elena Hurtado, pasaron dos semanas viajando a las localidades del interior del país donde se realizaron las validaciones para trabajar con los equipos de participantes mientras validaban sus materiales. Las validaciones se efectuaron en las comunidades donde las agencias llevan a cabo normalmente sus actividades de educación en salud. Se entrevistaron hombres y mujeres, la mayoría en el idioma maya local, y cada equipo debía realizar 40 entrevistas. Las especialistas en IEC pudieron supervisar un promedio de seis entrevistas de validación por equipo, asesorando a los participantes en los procedimientos correctos de validación a través de todo el proceso.

La mayoría de las agencias participantes nunca habían validado materiales mediante entrevistas individuales. Durante la supervisión de campo de la validación, las especialistas observaron que algunos equipos "ayudaban" a la (el) entrevistada(o) a dar la respuesta deseada, dándoles la respuesta correcta como parte de la pregunta. Por ejemplo, en lugar de preguntar "¿Qué ve usted aquí?", la pregunta era "¿Cree usted que esta mujer está enferma?". Otros equipos estaban marcando las respuestas como incorrectas porque esperaban que el(la) entrevistado(a) diera la explicación completa del mensaje, en vez de sólo describir lo que veían en la ilustración (una mujer en la cama, una familia comiendo, etc.).

Los equipos que realizaron sesiones de grupos focales validaron un material de salud reproductiva y otro de autoestima. Las especialistas de Development Associates observaron dos de estos grupos. Los facilitadores que validaron el material sobre salud reproductiva no visitaron sus comunidades objetivo anticipadamente para solicitar la asistencia de un grupo predeterminado de personas. Por lo tanto, el criterio para la participación en los grupos fue la disponibilidad al momento de realizar la reunión, no las características demográficas o sociales que tendrán los usuarios potenciales del material. Este equipo tampoco había preparado una guía

de discusión por escrito ni había hecho arreglos para grabar la sesión para su análisis posterior, ya sea con una grabadora o con un anotador. Además, los facilitadores no estaban familiarizados con el idioma y la cultura de su población objetivo e informaron a las especialistas que ellos habían observado sesiones de grupo focal, pero nunca habían conducido un grupo ellos mismos.

El facilitador que estaba validando el material sobre autoestima validó primero las imágenes con el texto. De esta forma fue más fácil para los participantes que sabían leer y escribir descifrar lo que las imágenes querían decir que para aquellos que eran analfabetas. El moderador esperaba también que los participantes no sólo explicaran lo que veían, sino también que dijeran que los dibujos tenían que ver con la autoestima de la mujer, lo cual es un concepto no necesariamente entendido de la misma manera dentro de la cultura maya. Aunque este facilitador corrigió su enfoque con los grupos siguientes, la especialista que lo observó sugirió que la institución realizara una breve investigación cualitativa para explorar cómo se expresa o se describe el concepto de autoestima en la población maya y cómo podría ilustrarse mejor con imágenes.

Los problemas observados con las sesiones de grupos focales no fueron exclusivos del equipo que decidió utilizarlos para el trabajo de campo en enero. Durante el taller de seguimiento en febrero, fue evidente en las pláticas que el personal de IEC podría beneficiarse de un taller de repaso sobre la metodología de las sesiones de grupos focales. Dicho taller ayudaría a prepararlos para aplicar la metodología apropiada a través del proceso, o sea, preparación anticipada para reclutar a los participantes, desarrollo de guías de discusión, uso de técnicas de manejo de grupos, arreglos para grabar la sesión y realizar el análisis correspondiente de los resultados de la sesión de grupo y la elaboración del informe de los hallazgos.

A pesar de la falta de experiencia de los participantes en el área de validaciones, los resultados generales fueron muy positivos. Todos los equipos de participantes validaron imágenes que, por lo general, fueron bien entendidas por la población objetivo. En la mayoría de los casos se necesitaron hacer pocos cambios para la segunda versión del material. Inmediatamente después del trabajo de campo, los participantes asistieron a un taller de seguimiento donde:

- revisaron el proceso de validación,
- analizaron los problemas que surgieron durante su experiencia de validación en el campo,
- informaron sobre los resultados de sus validaciones,
- modificaron sus materiales de acuerdo con las sugerencias que recibieron de su población objetivo, y
- desarrollaron un plan para volver a validar los materiales modificados.

APROFAM, de nuevo, fungió como socia en el taller que fue conducido principalmente por las especialistas en IEC de Development Associates. Al final del taller, los equipos participantes desarrollaron planes para volver a validar sus materiales modificados y acordaron que presentarían los resultados en un próximo taller. Estos informes fueron presentados en el taller final de la serie, sobre actividades educativas para poblaciones analfabetas y semi-analfabetas, realizado en mayo de 2000.

Aunque los grupos participantes variaban en cuanto a la profundidad de las validaciones que realizaron de sus materiales modificados, un grupo fue mucho más allá del ejercicio original de validación y, además de las imágenes, validó formatos y colores. En el trabajo de sesiones de grupos focales, el equipo pidió a cada grupo que sugiriera colores para las cuatro ilustraciones

que estaban validando. Los colores finales que se usaron para las ilustraciones fueron aquellos sugeridos por la mayoría de los participantes en las sesiones de grupo. Este mismo equipo interinstitucional validó también tres formatos diferentes para su material; un folleto doblado, un panfleto y un volante de una hoja. La validación se llevó a cabo en Totonicapán, San Marcos y Alta Verapaz.

Todos los grupos que participaron en el proceso de validación expresaron su interés en producir sus materiales en formato final para usarlos en sus actividades de campo. La producción de los materiales no estaba incluida en la "Task Order" de Development Associates, por lo que queda pendiente para darle seguimiento.

III. EL PROCESO DE VALIDACIÓN

El nivel de experiencia y de sofisticación de las agencias participantes en la evaluación inicial y actividades siguientes cubría un rango muy amplio. Algunas de las ONGs muy pequeñas que operan en áreas rurales no tenían ninguna experiencia previa con la validación sistematizada. Algunas agencias más grandes habían hecho validaciones en el pasado, pero no siempre con la audiencia adecuada ni con una estrategia de validación bien desarrollada. Una estrategia completa incluiría:

- Objetivos,
- Una población objetivo y muestra de validación definidas,
- Una metodología de validación apropiada,
- Instrumentos de recopilación de datos,
- Capacitación de entrevistadores, facilitadores y anotadores en el uso de dichos instrumentos,
- Un plan de registro de datos y análisis, y
- Un informe de los hallazgos.

Como resultado de las actividades realizadas y las observaciones hechas en el taller final, es evidente que los participantes tienen ahora un entendimiento mucho más claro de cómo debe hacerse la validación y una apreciación mucho mayor de su valor. Sin embargo, a la mayoría le haría bien una atención continua sobre este aspecto del desarrollo de los materiales. Además, hay algunas actividades que podrían realizarse en conjunto y que podrían beneficiar a todas las agencias.

IV. RECOMENDACIONES

Las siguientes recomendaciones se ofrecen como sugerencias para el seguimiento después de que Development Associates termine este conjunto de actividades de IEC.

A. Habilidades de validación

Aunque los participantes pudieron practicar la validación bajo la supervisión de expertas, es muy probable que la capacitación y supervisión adicional podría resultar muy benéfica. Un área donde se requiere más apoyo es la del diseño de actividades de validación. Los pasos claves del proceso, tales como el desarrollo de un plan de validación, se realizaron sólo una vez durante el curso del proyecto de Development Associates. Esto probablemente no es suficiente si se espera

que los participantes realicen validaciones de alta calidad en el futuro. La mayoría de ellos se beneficiaría de asistencia y supervisión en áreas tales como:

- Selección de la muestra para validación (por ejemplo, qué hacer cuando las personas no se presentan para una sesión de grupo focal, o cuando llega una mezcla inadecuada de personas, en términos de edad, género, etc.)
- Diseño de instrumentos de validación tales como cuestionarios de entrevista y guías de sesiones de grupo, y
- Desarrollo y ejecución de un plan de análisis.

Además, las especialistas en IEC de Development Associates notaron la necesidad del desarrollo de mayores habilidades en actividades de registro de datos. Esto incluye tanto la conducción de grupos focales, como el manejo de entrevistas individuales.

Con respecto a los grupos focales, debe prestarse mayor atención al mejoramiento de habilidades de conducción de los grupos y a la interpretación de resultados. Como en cualquier actividad de grupo, la dinámica del grupo puede afectar el resultado. En una situación de grupo, ciertas personas pueden dominar la discusión mientras otras casi no participan. Esto puede ser muy real cuando el grupo incluye miembros alfabetizados y analfabetas. Los participantes de baja escolaridad o ninguna pueden cederles la palabra a aquellos más educados, o pueden ser renuentes a expresar opiniones contrarias. El idioma puede ser un problema en un grupo con diferente fluidez en español. El facilitador podría tener que confiar en traductores que pueden o no estar transmitiendo correctamente el mensaje del facilitador. De manera general, los facilitadores necesitan estar al tanto de los posibles problemas en la conducción de las sesiones de grupo focal y estar equipados con técnicas para poder manejar problemas imprevistos.

De la misma manera que la dinámica de grupo puede influenciar el desarrollo de las sesiones de grupo, ésta también puede afectar los resultados de las mismas. Por lo tanto, las personas que participan como anotadores durante las sesiones de grupos focales deben también estar debidamente capacitadas para recopilar información que sea útil y precisa. Este tipo de capacitación podría ser proporcionada, para todas las agencias interesadas, por una organización con experiencia en investigación cualitativa, como el Population Council.

En general, las entrevistas individuales realizadas para validar imágenes estuvieron bien hechas. Sin embargo, algunos participantes necesitan aún dominar la neutralidad y aprender a indagar, sin llevar al(la) entrevistado(a) a la respuesta correcta. Las personas entrevistadas son con frecuencia muy adeptas a adivinar las respuestas que agradarán al(la) entrevistador(a); si éste(a) muestra cualquier indicio de preferencia, los resultados de la entrevista podrían ser imprecisos.

Por último, si continúa la colaboración entre agencias en IEC, podría ser útil que todas ellas ofrecieran información sobre validación de materiales y que se desarrollara una especie de guía adecuada para Guatemala y adaptada para actividades de validación con poblaciones analfabetas y semi-analfabetas. Dicha guía podría contener ejemplos de guías de entrevistas y de formularios de análisis y recopilación de datos, así como "tips" sobre algunas habilidades esenciales. Podría integrarse la guía mediante fuentes de información existentes, con posibles modificaciones para las características específicas de la población objetivo.

B. Estudios

Además del desarrollo de mayores habilidades, hay algunos aspectos de la validación de materiales de IEC que merecen ser explorados más a fondo. Por ejemplo, las imágenes desarrolladas durante el taller de noviembre/diciembre y validadas en enero eran todas dibujos lineales, sin sombreados. Este es el tipo de dibujos que aparece en la mayoría de los materiales desarrollados en Guatemala y fue el más fácil de usar en un taller de desarrollo de materiales. Sin embargo, podría ser útil validar otros tipos de imágenes, especialmente fotografías, para determinar cuál le resulta más atractivo a una audiencia maya.

Bajo el mismo punto de vista, podría ser productivo explorar mayormente las preferencias mayas sobre los colores y determinar si existen diferencias regionales en cuanto a preferencias en colores. Pueden revisarse las investigaciones etnográficas, si es necesario, para determinar qué significados tienen los diferentes colores en la cultura maya. Podrían seleccionarse los colores que más gustan a la mayoría de la población para los materiales de IEC diseñados para usarse a nivel comunitario.

Además de la posible necesidad de información adicional sobre preferencias de la audiencia, los hallazgos preliminares de la evaluación de las traducciones de mensajes sugieren la necesidad de una exploración más a fondo en el área de las comunicaciones interpersonales. Ya que ésta es la vía disponible más importante para llegar a las audiencias de baja escolaridad, valdría la pena analizar cuidadosamente el tipo de información que transmite el personal de educación en el campo a las comunidades mayas.

APPENDIX 3

Translation Assessment

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

Report

Submitted to:

**The United States Agency for International Development (USAID)
Guatemala-Central American Programs (G-CAP)**

Submitted by:

DEVELOPMENT ASSOCIATES, INC.
1730 North Lynn Street
Arlington, Virginia 22209-2023

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

Elena Hurtado, Reina López, Anne Terborgh,
Dr. Marta Julia Ruíz and María Elena Sucuquí

EXECUTIVE SUMMARY

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

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

The assessment focused on five questions:

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

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

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

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

Recommendations:

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

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

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

Elena Hurtado, Reina López, Anne Terborgh,
Dr. Marta Julia Ruíz and María Elena Sucuquí

INTRODUCTION

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

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

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

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

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

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

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

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

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

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

OBJECTIVES

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

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

METHODOLOGY

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

NGO Sample

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

The NGOs participating in the study were:

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

Techniques

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

- Self-Administered Questionnaire

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

- Semi-structured observations

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

- Focus Groups

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

- Semi-structured interview guide

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

Sample of individuals/events

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

Study Personnel

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

Schedule

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

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

Analysis

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

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

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

RESULTS

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

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

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

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

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

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

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

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

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

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

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

SOME DIFFICULT OR NON-TRANSLATABLE TECHNICAL WORDS

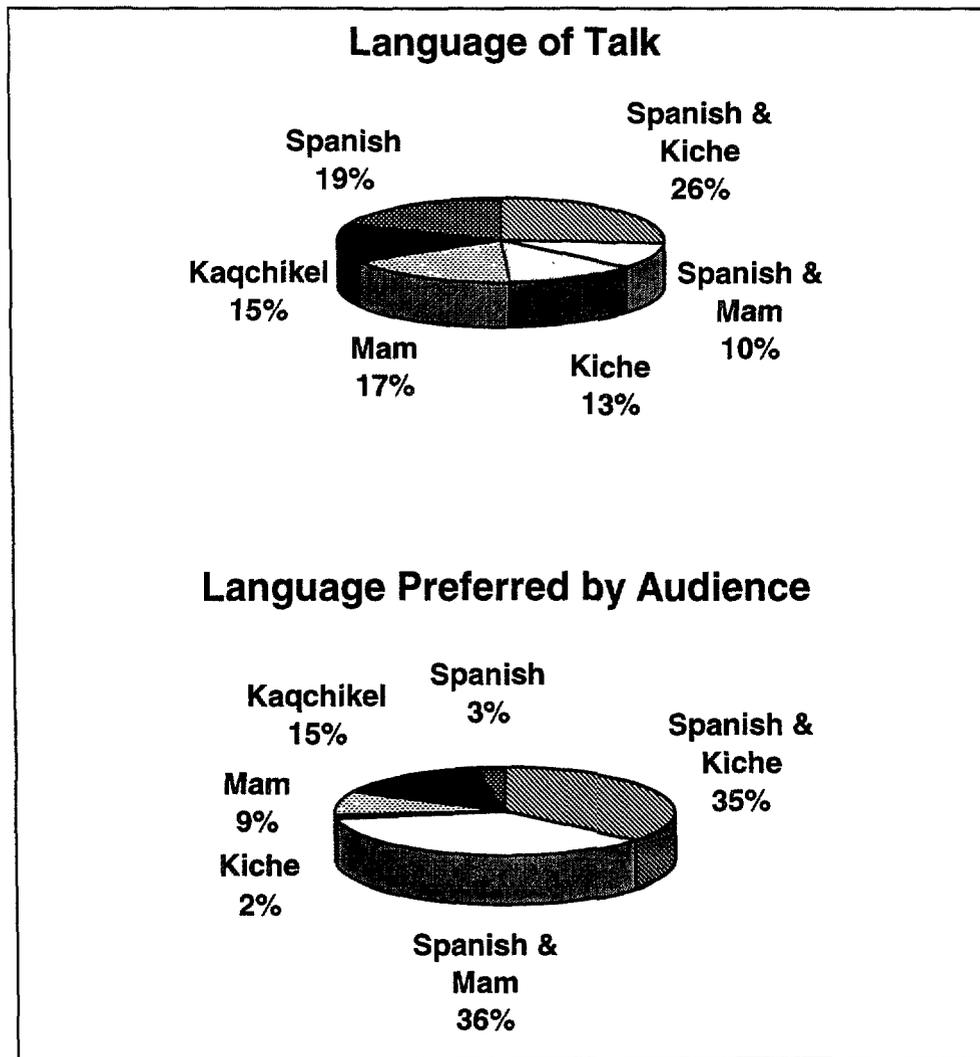
- acute respiratory infections	- dehydration	- objective
- amoebas	- diabetes	- prenatal care
- bacteria	- gastritis	- reproductive risk
- blood clots	- hepatitis	- subcostal
- bronchitis	- infection	- transverse
- colostrum	- lethargic	- vaccination
- convulsions	- malnutrition	- virus
	- microbe	

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

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

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

Exhibit 1.



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

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

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

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

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

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

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

Incomplete and Incorrect Messages

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

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TABLE 1. INCOMPLETE MESSAGES

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

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

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

TABLE 2. EXAMPLES OF INCORRECT MESSAGES

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

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

Educational Methodology

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

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

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

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

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

Instructional Materials/Visual aids

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

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

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

Audience response

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

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

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

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

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

- Hygiene, and
- Nutrition and home gardens

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

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

Promoter opinions

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

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

TABLE 3. COMMUNITY HEALTH PRACTICES AND ATTITUDES TOWARD PROMOTER RECOMMENDATIONS

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

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Recommendations:

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

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ANNEX 1

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

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RESUMEN EJECUTIVO

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

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

El estudio diagnóstico se enfocó en las siguientes preguntas:

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

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

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

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

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

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

Recomendaciones:

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

ANNEX 2

OBSERVATION OF A FORTY-MINUTE EDUCATIONAL TALK

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

C. Translation

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

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

D. List of Spanish words used during the talk:

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

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

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

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



APPENDIX 4

Communications Channels Study

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**A COMMUNICATION CHANNELS SURVEY
IN MAYAN COMMUNITIES IN GUATEMALA**

Report

Submitted to:

**The United States Agency for International Development (USAID)
Guatemala-Central American Programs (G-CAP)**

Submitted by:

DEVELOPMENT ASSOCIATES, INC.
1730 North Lynn Street
Arlington, Virginia 22209-2023

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Task Order No. 801
IQC No. HRN-I-00-98-00030-0 - TASC

A COMMUNICATION CHANNELS SURVEY IN MAYAN COMMUNITIES IN GUATEMALA

Elena Hurtado, Dr. Marta Julia Ruíz, Reina López, Annie Portela,
Bernardo Kleiner and Odilia Perén

EXECUTIVE SUMMARY

To assist Guatemalan NGOs in better understanding appropriate channels of communication for reaching their rural Mayan target audience with reproductive and maternal child health messages, Development Associates organized a communications channels survey in the fall of 1999 with the assistance of the Population Council (PC) and collaboration of Project Concern International (PCI). The survey was developed as a participatory research experience for APROFAM and the NGOs associated with the PC and PCI. It was conducted among 759 men and women of reproductive age in USAID's priority departments in rural Guatemala.

The survey was designed to assess the following communications elements:

- 1) Exposure to mass media and audience preferences
- 2) Types of admired figures (music, sports, and politics) who could potentially be featured in mass media ads, on posters, etc.
- 3) Audience mobility including local gathering places and places visited outside the community
- 4) Sources of health care information and interest in health topics.

Although the survey targeted rural Mayan communities, when compared to data from the 1998-1999 DHS for Guatemala, data gathered from the Channels Survey on education level and the percentages of homes with electricity and sanitation systems showed the study population to be generally more characteristic of urban than of rural communities. Male literacy was also comparable to that of urban populations in the DHS study. This could have been a result of NGOs surveying the more accessible populations in their coverage area rather than harder to reach communities which might have been more typical of the rural area.

Highlights of the Channels Survey were the findings that:

- Radio was the most accessible form of mass media. Most people had one in their home and listened to it daily. There were some differences in listening times between men and women, which potentially allows for targeting different educational messages at different times of the day to reach men, women or couples.
- Religion plays a dominant role in the choice of reading material, music and admired figures. Just over half the study population was Catholic and about a third were evangelical Protestants.
- Pubic gathering places for information dissemination included the church, the corn grinding mill and the local store. Close to 90% of women reported visiting the corn mill every day while men frequently visited the local store. In addition, the population interviewed was

quite mobile with 72% of the study population reporting that they had left their own community within the past week.

Other findings specific to the dissemination of health messages concerned interest in health information on the part of interviewees. Both men and women expressed interest in receiving information on several child health topics, followed by family planning. A large majority (78%) expressed a preference for receiving health information through group instruction, followed by radio and then individual instruction. Men were a little more likely to want to receive health information from a physician than women were, but virtually all wanted health information from a trained health worker. Also, 86% of the survey population felt that radio was an appropriate channel for family planning information and 65% felt that the television was also appropriate.

Apart from the information gathered on communication channels, the participatory research experience was appreciated by the local NGO partners. Although most had participated in different aspects of research activities in the past, none had completed the research process from questionnaire design to the presentation of findings. All felt the experience was beneficial in providing them training and practical experience in conducting such research so they could do it on their own in the future.

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

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INTRODUCTION

To assist Guatemalan NGOs in better understanding appropriate channels of communication for reaching their rural Mayan target audience with reproductive and maternal child health messages, Development Associates organized a communications channels survey in the fall of 1999 with the assistance of the Population Council (PC) and collaboration of Project Concern International (PCI). The survey was developed as a participatory research experience for APROFAM and the NGOs associated with the PC and PCI. It was conducted among 759 men and women of reproductive age in USAID's priority departments in rural Guatemala.

Development Associates considered two possible approaches to conducting an inventory of mass and popular communication channels: hire a local firm with research capability; or work with USAID partners and their associated NGOs to carry out this inventory in the departments and communities where the NGOs work. The first approach would save time, and perhaps result in better quality data, but there would be no skill transfer and skill transfer was a high priority for this activity. Therefore, the communications channels survey was carried out by partner educators and supervisors with guidance and technical assistance from the coalition of agencies collaborating on this research. Implementation took longer, but helped the NGOs develop skills they can use in the future as they move into new areas, modify target groups or simply need to update existing information.

The general objective of the Communication Channels Survey was to identify appropriate channels and media for the diffusion of health messages to men and women of reproductive age in the rural communities where the participating NGOs worked. The NGOs involved were Renacimiento, Belejeb Batz, IDEI, ATI, SHARE, and APROFAM.

Specific objectives of this activity were to:

- determine the **prevalence** of various channels and media in communities served by the NGOs, and
- identify **preferences** of the target audience by channel including preferred channels for the communication of health information.

METHODOLOGY

The survey was conducted with a sample population of men and women with children under five years of age living in the catchment areas of the NGOs in the seven priority departments where USAID/G-CAP partners have health programs targeting the Mayan population. APROFAM, which has programs in all of the priority departments, chose a different approach. Ten

APROFAM educators administered 16 interviews in two like-sized communities, conducting 8 interviews in each community.

The questionnaire for the survey was organized around four study areas:

- *Mass Media* – examining exposure and preferences to determine which channels should be most effective in reaching the desired audiences;
- *Admired Public Figures* – exploring which popular, influential individuals or groups might be used to promote health messages;
- *Participation / Mobility* – identifying group settings and places visited that could be used for message dissemination;
- *Health Themes* – determining the type of health information of interest to the communities and how they would like to receive that information.

Questionnaires for the survey were pre-tested with two NGOs that did not participate in the full survey. One pre-test was conducted in Xenimaquin, Comalapa with help from the NGO Kaslen. Twelve individuals participated in the pre-test, including four men. Another pre-test was conducted in Quiacasiaguán, Nahualá with help from the NGO CEDEPEM. Thirteen individuals participated, including three men. Instruction manuals were then developed for each questionnaire. (The questionnaire and instruction manual can be found in Annex #2)

The agency interviewers were trained in a three and a half-day workshop from October 25-28, 1999. Data collection was carried out in November under the field supervision of Elena Hurtado of Development Associates, Dr. Marta Julia Ruíz of the Population Council and Reina López of PCI. Data entry and processing took place in December and in January of 2000.

A workshop on the application of research to Information, Education and Communication (IEC) activities was conducted from April 12-14, 2000. One day of the workshop was devoted to the analysis of the channels study, with each NGO receiving print-outs, with frequencies and cross-tabs, of the data they had collected. Each NGO reviewed and discussed the interpretation of the data they had collected and prepared graphic presentations of one or more of their key findings.

Characteristics of the Sample

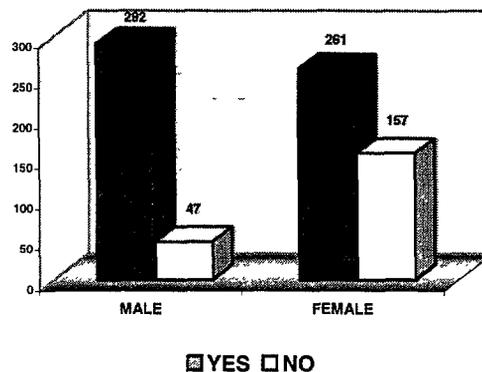
The survey included basic information about the individuals interviewed, their families and living conditions. Questions were also asked about the possession of media channels in the home such as radio, television, tape-recorders, and video. The target population for the survey was men and women of reproductive age (15-45) with children under 5 years old.

A total of 759 individuals were interviewed, ranging in ages from 16 to 45 years old with an average age of 30.5 years. Forty-five percent of the interviewees were men and 55% were women. Ninety-two percent were married or in union and the remainder were single parents.

All of the interviewees had at least one child under five years old. The number of living children ranged from 1 to 12 per interviewee, with 72% having five or fewer. Two was the most common number of children.

Seventeen percent of the men and 36% of the women surveyed had never attended school. For unknown reasons, the 17% figure for men is comparable to the 1998-1999 DHS figure of 15% for urban males. In rural areas, the DHS found that 27% of rural males had never attended school. This survey's result for women, however, is identical to the DHS figure of 36% of rural women never attending school. Figure 1 shows the disparity in male and female literacy rates with 86% of the men reporting that they could read compared to only 62% of the women.

Figure 1. Reading



Four out of five individuals surveyed said they spoke Spanish. Among those reporting use of a Mayan language, K'iché (36%) was most prevalent, followed by Mam, Kaqchikel, and Tz'utujil.

Catholicism was the religion practiced by just over half (53%) of the sample population. Thirty-one percent reported that they were Evangelical and 15% gave no religion.

As in the case of male literacy, there was a disparity in the data regarding access to electricity and sanitation. Eighty-five percent of those surveyed had electric light in their home and 92% had a sanitation system. This compares to 1998-1999 DHS figures for rural residents of 54% and 79% respectively. Again, the reason for this difference is not known, but may reflect NGO decisions to conduct interviews in the more accessible and urbanized communities in their catchment area.

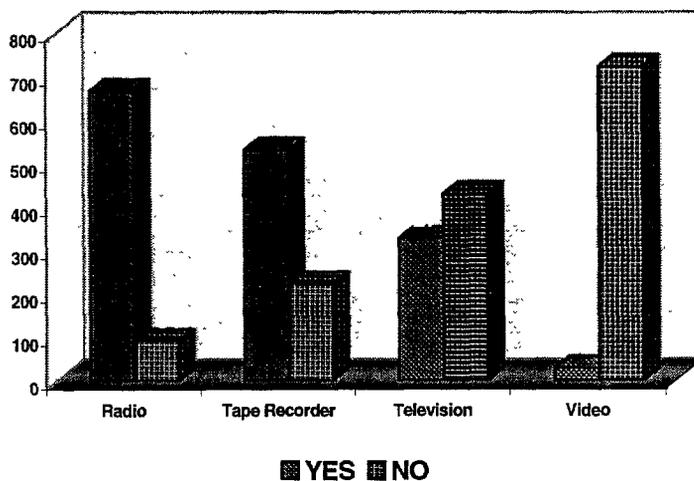
Findings

Findings from the four study areas of the Communication Channels Survey are presented below.

Mass Media

A portion of the survey was devoted to questions about access to different forms of mass media frequency and timing of viewing or listening, favorite programs and access to reading material and reading habits. Figure 2 shows that

Figure 2. Communication Channels in the Home



radio remains the most available form of mass media with 88% of those surveyed reporting that they owned radios. In addition, 70% had tape-recorders in their homes. Less than half (43%) of the survey population owned a television and video (4%) was very uncommon.

Radio

Along with the large number of people who had radios in their homes, 93% of the sample reported having listened to radio, whether or not they currently owned one. The difference between men and women was not statistically significant. Also, of those who did listen to radio, a great majority of them (86%) reported listening on a daily basis.

Twenty-nine percent of women and 34% of men said that they listen to the radio all day long. The two most popular time slots among male listeners were between the hours of 6 and 8 a.m. and between 6 and 8 p.m. Both time slots drew about 25% of the men interviewed as listeners. The rest of the day varied in male listenership, however, no other time slot drew more than 14% of men as listeners. Women were more likely to listen in the morning, with 18-20% reporting that they listened between 6 and 12 a.m. Again, no more than 14% of females reported listening to the radio during any other particular time of day.

Religious programs drew the highest numbers of listeners accounting for 50% of listenership. Women (57%) were more likely to prefer religious programs than men (42%). Musical programs were preferred by close to a third (31%) of the respondents, with little difference between genders. News was fairly popular with men (21%) but much less so among women (8%).

Television

Just over half (53%) of the sample reported ever watching television with a notable gender difference (62% of men versus 46% of women). Of those who did report watching television, a large number of them (60%) watched on a daily basis. Evening was the preferred viewing time with 48% of male viewers saying they watched between the hours of 6 and 8 p.m. and 42% reporting that they watched after 8 p.m. No other time of day had more than 13% of males watching television. Women reported roughly the same television schedule with 54% watching between 6 and 8 p.m., 37% watching after 8 p.m., and no other time having more than 14%.

Movies, news and soap operas were the preferred television shows among both men and women. Men, however, showed a greater preference than the women did for movies (36% vs. 22%) and the news (32% vs. 26%). Women showed a greater preference for soap operas (38% vs. 13%). Two channels, 3 and 7, were by far the most watched with 40% and 39% reported viewership respectively. There was little difference between men and women with respect to channel preference.

Reading

There was a substantial difference between men and women when it came to reading. This is undoubtedly related to the differences in school attendance and literacy rates. Roughly three quarters (74%) of men reported reading on a regular basis. Thirteen percent said they could not

read and another 13% just did not read. Fewer than half (45%) of the women interviewed reported reading regularly. Thirty-six percent said they could not read and another 20% did not.

Of those surveyed who did read, the majority preferred books, with the Bible being by far the most popular. Just over half (55%) of the men also reported reading the newspaper on a regular basis. Only a third (32%) of women cited the newspaper as preferred reading material.

Movies or Video

Movies and videos were not common forms of entertainment. Only 39% of respondents had ever seen a movie or video, with a substantial difference by gender (50% of men vs. 29% of women). Of those with access, a quarter reported seeing movies or video more than once a month. Men were divided between seeing the movie/video in the community or outside of the community, with a slightly higher number reporting seeing the video or movie in their own community (53%) than in another place (43%). By contrast, almost three-quarters (71%) of women who had seen a movie or video had done so in their own community.

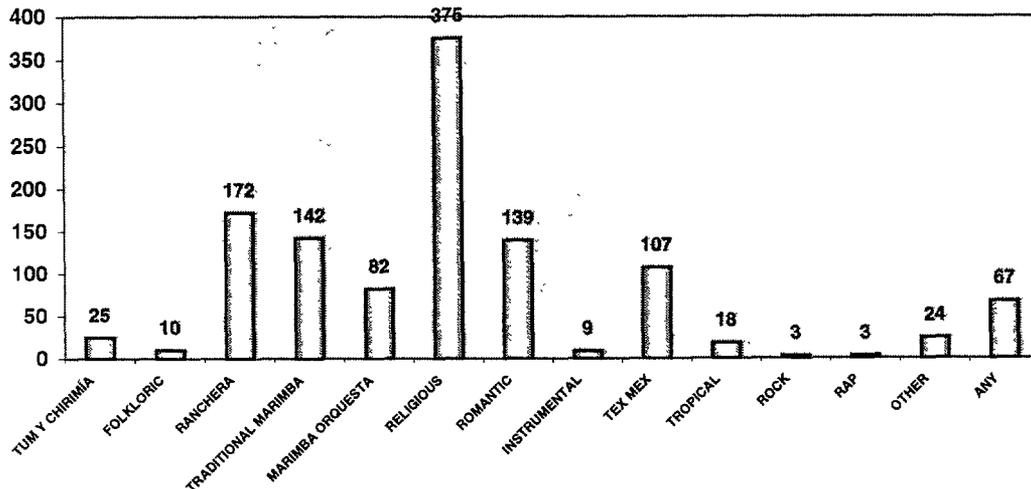
Admired Public Figures

An attempt was made to assess the types of music and music groups, sports teams and athletes, and public Guatemalan figures who were most admired. Such popular figures can be used to attract attention to a public health message, or spots can sometimes be played in time slots occupied by popular groups.

Music

Religious music (Figure 3) was the overwhelming first choice of individuals interviewed. This was followed by ranchera, romantic, traditional marimba, and Tex-Mex. The type of band/musician that was preferred was also religious (26%), however a large portion (41%) said that they did not have a particular favorite band or musician. Of those that did, 60% preferred national artists rather than international.

Figure 3. Favorite Type of Music



Sports

Forty-one percent of surveyed men had a favorite athlete or sports team compared to only 14% of women. For both groups, soccer was by far the most popular sport and the favorite team/athlete was more often national than international.

Public Figures

Forty seven percent of men and 57% of women reported having no particular Guatemalan figure whom they admired. Of those who did, they were pretty evenly spread among a president, mayor, religious figure or relative, but no one individual had a response rate greater than 9%.

Participation / Mobility

Another portion of this study explored the participation of those interviewed in organized groups, the types of groups involved and the frequency of attendance. This part of the survey also looked at the mobility of the population, establishing places which are frequently visited within and outside of the community.

Group Participation

Half (51%) of the individuals interviewed reported that they participated in organized groups with participation rates slightly higher for men (54%) than for women (48%). Religious groups were the type of group named most frequently by both men and women. For men, the next most common groups were development committees and for women, the next most common were NGO groups.

Places visited inside the community

The corn mill was the community site most frequented by women with 87% of them saying they visited it on a daily basis. Thirty-four percent of men also said they visited it on a daily basis. Three quarters (76%) of the sample population reported attending church at least once a week, with almost a quarter (22%) saying that they go to church on a daily basis. There was little difference between men and women on church attendance. A local store was visited daily by 59% of those surveyed, again with no significant differences between men and women. Less frequently visited spots include the public market, (visited weekly by 27% of those surveyed) and pharmacies (visited monthly by 40%).

Although they reportedly have them in the community, a large majority (70%) said that they never go to bars or taverns. Public water pumps were also less important than expected as meeting places. About a quarter of those interviewed said they had no public pump in their community and 38% said they never went to the pump even though there was one in their community.

Respondents were also asked about visits to the local health promoter. Although almost all communities had health promoters, just over half of those interviewed (52%) said that they never visited the promoter.

Places visited outside the community

Slightly more than half (54%) of the interviewees said that they leave their community once a week or more. Men (62%) were more likely to leave the community each week than women (48%), and twelve percent of women said they never leave their community. This compares to only 4% of men who reported that they never leave their community.

Among those who do regularly leave the community, 72% of women and 46% of men reportedly did so to go shop at a public market. Another 32% of men said they leave for work while only 9% of women leave for that purpose. Only 3% of those who said they leave the community do so to go to a health service.

Almost three-quarters (72.3%) of interviewees had left their community within the previous week. Around a third (35%) stayed within their own municipality while 20% went to another municipality within the same department. Another 20% went to the departmental capital and 19% went to another department.

Health Themes

The final survey area concerned sources of health care and of health information. Questions revolved around the type of attention those surveyed seek when a family member is sick, health subjects of interest to them, and preferred channels and languages for the receipt of health information.

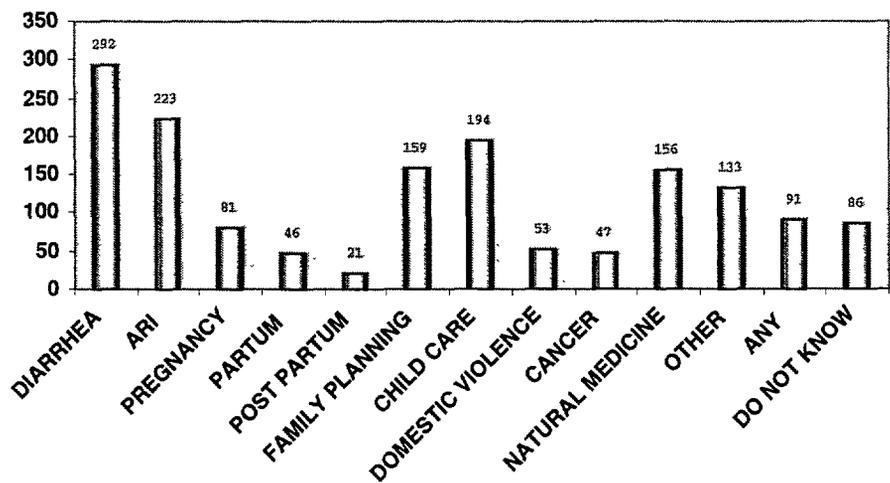
Sources of health care

When asked to report all the places they would visit when a member of the family was ill, 56% said that they would visit the health post or health center, 40% said that they would visit a private doctor, 24% mentioned the pharmacy and 19% said the health promoter. Only 7% reported that they would not go anywhere and would try to cure the illness at home and fewer than 10% mentioned a traditional healer or birth attendant. There was little difference here between men and women.

Health topics

Figure #4 shows the response regarding health topics of interest to those surveyed. The three most frequently chosen topics (diarrhea, respiratory infections and child care) all relate to the health of the respondent's children. Interestingly enough, family planning came

Figure 4. Health Topics of Interest



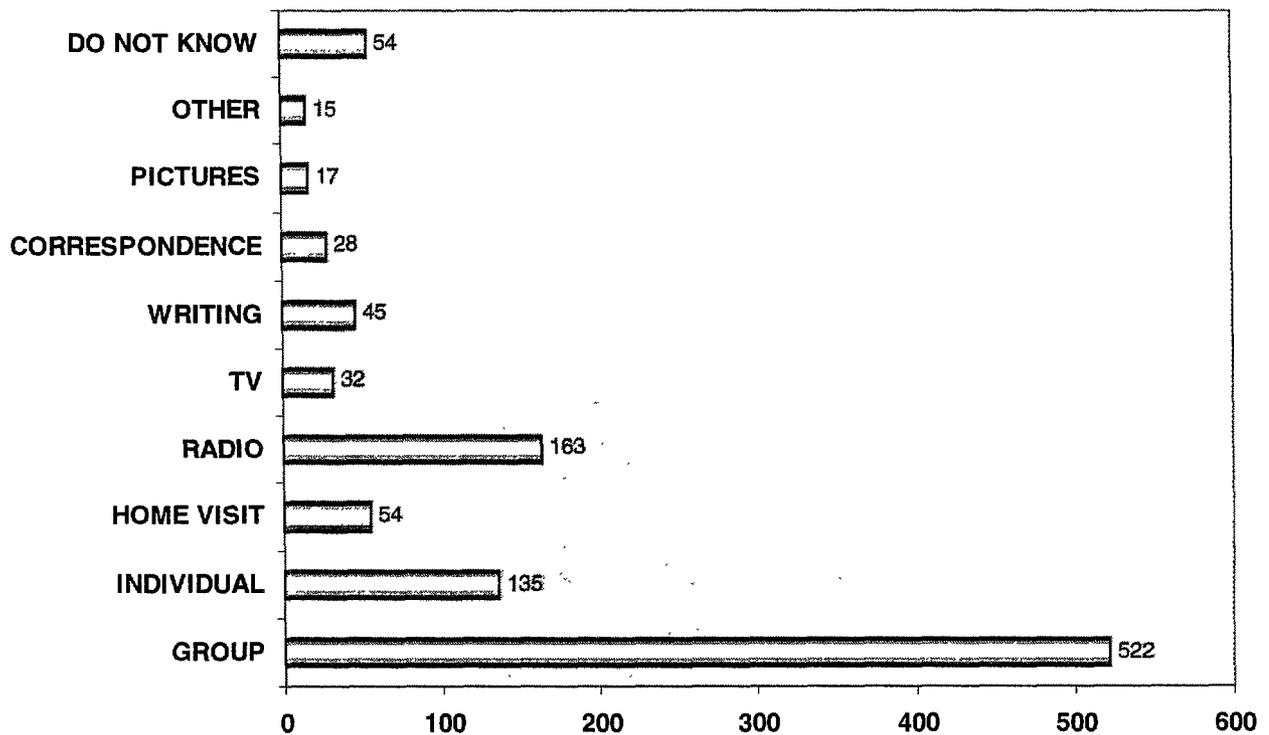
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in fourth place after the child health issues and was well ahead of other maternal health topics such as pregnancy, delivery and post-partum care. Also interesting to note is the fact that there was very little difference between men and women regarding the health topics of greatest interest.

Information delivery preference

Also worthy of note (Figure 5) was the overwhelming preference (78%) among those surveyed for receiving health information in a group setting. Twenty-four percent said they would prefer radio as a source of information and 20% preferred to receive information individually.

Figure 5. Ways to Receive Information



Source of health information

When asked who should provide health information, there was some difference between men and women. Forty-four percent of men preferred to receive information from a physician compared to 36% of women. Women (29%) were somewhat more receptive to receiving information from a nurse than men (24%), although both had roughly the same preference for any trained person (36%) or a health promoter (27%).

When asked which language or languages they would prefer for the receipt of health information, almost three quarters (71%) indicated that Spanish was acceptable. However, respondents also indicated preferences among the Mayan languages. Of those interviewed, 30% preferred Kiché, 23% Mam, 16% Kaqchikel, and 4% Tz'utujil.

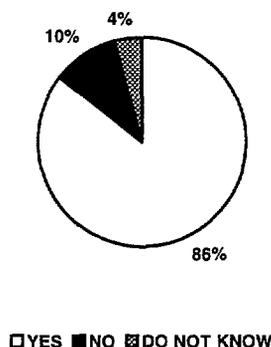
Respondents were also asked to indicate the sources they currently rely upon for health information. Sources most frequently named were health promoters (19%) and NGO groups (19%). An additional 14% reported that they obtained health information from the health post or health center. Forty-four percent said that they were not currently receiving any health information at all. Interestingly, although radio was not frequently named as a source of health information, when respondents were later asked to identify the source of a specific message (family planning), the most cited source was radio.

When interviewees were asked about health messages they had received in the past 15 days, 70% said they had not received any health messages during this period. Of the 30% who had received a message or messages, radio was named by 42% as the source of the message. Men (53%) were more likely to identify radio as the source than women (33%) were. By contrast, women were more likely to have received health messages from an NGO (38%) than were men (23%). Fewer than one in four (22%) had received messages from a health post or health center and 16% reported receiving messages from a health promoter.

One surprising finding in the survey was that practically all respondents who had received a health message in the past 15 days (30% of the sample) had received a message about family planning (28% of the sample). About half of those receiving a message (49%) had heard a family planning message on the radio. Others had received their message from an NGO group (22%), a health post/center (17%) or a health promoter (16%). Not only was family planning the health message most commonly recalled, it was considered acceptable as a mass media message.

Figure 6. Acceptability of Radio for FP information

Figure 6, shows the overwhelming acceptance of the radio as an appropriate channel for information about family planning, with no difference between men and women. Sixty-five percent also indicated that television would also be an appropriate channel for family planning information.



CONCLUSIONS

Highlights of the Channels Survey were the findings that:

- Radio was the most accessible form of mass media. Most people had one in their home and listened to it daily. There were some differences in listening times between men and

women, which potentially allows for targeting different educational messages at different times of the day to reach men, women or couples.

- Religion plays a dominant role in the choice of reading material, music and admired figures. Just over half the study population was Catholic and about a third were evangelical Protestants.
- Public gathering places for information dissemination included the church, the corn grinding mill and the local store. Close to 90% of women reported visiting the corn mill every day while men frequently visited the local store. In addition, the population interviewed was quite mobile with 72% of the study population reporting that they had left their own community within the past week.

Other findings specific to the dissemination of health messages concerned interest in health information on the part of interviewees. Both men and women expressed interest in receiving information on several child health topics, followed by family planning. A large majority (78%) expressed a preference for receiving health information through group instruction, followed by radio and then individual instruction.

Men were a little more likely to want to receive health information from a physician than women were, but virtually all wanted health information from a trained health worker. Also, 86% of the survey population felt that radio was an appropriate channel for family planning information and 65% felt that the television was also appropriate.

Apart from the information gathered on communication channels, the participatory research experience was appreciated by the local NGO partners. Although most had participated in different aspects of research activities in the past, none had completed the research process from questionnaire design to presentation of findings. All felt the experience was beneficial in providing them training and practical experience in conducting such research so they could do it on their own in the future.

Annex 1

UNA ENCUESTA DE CANALES DE COMUNICACIÓN EN COMUNIDADES MAYAS DE GUATEMALA

Elena Hurtado, Dr. Marta Julia Ruíz, Reina López, Annie Portela,
Bernardo Kleiner y Odilia Perén

RESUMEN EJECUTIVO

Para ayudar a los ONGs de Guatemala a comprender mejor los canales de comunicación apropiados para comunicar mensajes de salud reproductiva y materno-infantil a su audiencia blanco de comunidades rurales mayas, Development Associates organizó una encuesta de canales de comunicación en el otoño de 1999 con el apoyo del Consejo de Población (CP) y la colaboración de Project Concern International (PCI). La encuesta fue desarrollada como una experiencia de investigación participativa para APROFAM y las ONGs asociadas con el CP y PCI. Se llevó a cabo en los departamentos de prioridad para USAID en el área rural de Guatemala, entrevistando a 759 hombres y mujeres de edad reproductiva.

La encuesta se diseñó para evaluar los siguientes elementos de comunicación:

1. Acceso a medios de comunicación masiva y preferencias de la audiencia
2. Personajes admirados (en música, deportes o la política) quienes potencialmente podrían aparecer en anuncios por los medios masivos o carteles, etc.
3. Movilidad de la audiencia, incluyendo lugares locales donde se juntan y lugares visitados fuera de la comunidad.
4. Fuentes de información sobre temas de salud e interés de la audiencia en estos temas.

A pesar de que la encuesta tuvo como población blanco comunidades mayas rurales, cuando se comparan los datos sobre características de la muestra con los de la ENSMI de 1998-1999, se encuentra que la población encuestada semeja más a una población urbana que rural en cuanto a sus niveles educativos, acceso a electricidad y a servicios sanitarios en el hogar. El nivel de educación de los hombres fue comparable con aquel de la población urbana en la ENSMI. Posiblemente las ONGs realizaron sus entrevistas en las comunidades más accesibles de su área de cobertura, o sea las más urbanizadas, y no las de menor acceso que habrían sido más típicas del área rural.

Los hallazgos más sobresalientes de la Encuesta de Canales eran que:

- La radio es el medio de comunicación masiva más accesible a la población. La mayoría de las personas tenían una radio en su casa y la escuchaban diariamente. Existían algunas diferencias entre hombres y mujeres en cuanto a las horas preferidas para escuchar, lo que permitiría la difusión de diferentes mensajes a diferentes horas del día para llegar a hombres, a mujeres o a parejas.
- La religión juega un rol dominante en la selección de material de lectura, música y personajes admirados. Un poco más de la mitad de la población encuestada se declaró Católica y otro tercio evangélica.

- Los lugares públicos donde se juntan miembros de la comunidad incluyen la iglesia, el molino de nixtamal y la tienda local. Casi el 90% de las mujeres informan que visitan el molino a diario, mientras los hombres frecuentan más la tienda. Además, la población entrevistada fue bastante móvil, con 72% informando que salieron de sus comunidades durante la semana anterior a la encuesta.

Otros hallazgos relacionados con la divulgación de mensajes de salud detallan el interés de los encuestados en informarse sobre temas de salud. Tanto hombres como mujeres expresaron su interés en recibir información sobre varios temas de salud infantil, seguido por interés en planificación familiar. Una gran mayoría (78%) indicó que prefieren recibir información sobre salud en grupos, o si no, por radio o instrucción individual. Los hombres eran un poco más propensos a querer recibir información de parte de un médico que las mujeres, pero casi todos querían que una trabajadora de salud capacitada les diera la información. El 86% de la población encuestada indicó que la radio es un canal apropiado para mensajes sobre planificación familiar y el 65% opinó que la televisión es apropiada también.

Aparte de la información recolectada sobre canales de comunicación, la experiencia de investigación participativa agradó a las ONGs socios locales. Aunque la mayoría había participado anteriormente en diferentes aspectos de investigaciones, ninguno había completado el proceso investigativo desde el diseño del cuestionario hasta la presentación de los hallazgos. Todos manifestaron que la experiencia les sirvió en darles capacitación y experiencia práctica en el campo de investigación para poder repetirlo en el futuro.

Annex 2

ENCUESTA USO DE MEDIOS DE COMUNICACION

1. NO. DE ENTREVISTA / IDENTIFICACIÓN..... [___ / ___ / ___]

Nombre del entrevistado(a): _____	
DEPARTAMENTO: _____	MUNICIPIO: _____
ALDEA/CASERÍO/CANTÓN/PARAJE/FINCA: _____	ONG: _____

2. FECHA DE LA ENTREVISTA:[___ / ___ / ___]

3. ENCUESTADOR(A) : _____ CÓDIGO ENCUESTADOR(A): [___]

4. SUPERVISOR(A): _____ CÓDIGO SUPERVISOR(A): [___]

I. DATOS SOCIO-DEMOGRAFICOS

5. SEXO:[___]

- 1. MASCULINO
- 2. FEMENINO

6. ¿Cuántos años **cumplidos** tiene usted? [___]
→ SI MENOR DE 15 O MAYOR DE 45 TERMINE LA ENTREVISTA

7. ¿Está usted casada, unida o es soltera?[___]

- 1. SOLTERO(A), SEPARADO(A), VIUDO(A)
- 2. CASADO(A), UNIDO(A)

8. ¿Tiene hijos menores de cinco años?[___]

- 1. SÍ
- 2. NO → TERMINE LA ENTREVISTA

9. ¿Cuántos hijos/hijas **vivos** tiene usted?[___]

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10. ¿Sabe leer?..... [___]
1. SÍ
2. NO
11. ¿Sabe escribir?..... [___]
1. SÍ
2. NO
- 12.Cuál fue el último grado que **ganó** en la escuela?..... [___]
1. NINGUNO
2. ALFABETIZACIÓN
3. 1, 2, 3 PRIMARIA
4. 4, 5, 6 PRIMARIA
5. BASICO (1, 2, 3 CURSO)
6. DIVERSIFICADO (4, 5 BACH, PERITO, SECRE./ 4, 5, 6 MAGISTERIO)
7. UNIVERSIDAD
13. ¿Qué idiomas habla usted? (MARCAR CON UN "1" TODOS LOS MENCIONADOS)
a. ESPAÑOL a [___]
b. K'ICHE' b [___]
c. KAQCHIKEL c [___]
d. MAM..... d [___]
e. TZ'UTUJIL..... e [___]
f. OTRO (ESPECIFIQUE): _____ f [___]
14. ¿Qué religión profesa usted?..... [___]
1. NINGUNA
2. CATÓLICA
3. EVANGÉLICA
4. OTRA (ESPECIFIQUE): _____
15. ¿Tiene en su casa ... (CODIFICAR CON 1. SÍ Y 2. NO)
a. luz eléctrica?.....a [___]
b. agua entubada o chorro?b [___]
c. su fuego o estufa en alto?c [___]
(1. SÍ, 2. NO, COCINA EN EL SUELO)
d. servicio sanitario o letrina?d [___]
16. ¿Tiene en su casa ... (CODIFICAR CON "1" SÍ Y "2" NO)
a. radio? [___]
b. grabadora ?..... [___]
c. televisión? [___]
d. video? [___]

II. MEDIOS MASIVOS

12/16

17. ¿Escucha usted la **radio** alguna vez?..... [___]
 1. SÍ
 2. NO → PASAR A PREGUNTA 21

18. ¿Cada cuánto escucha usted radio?..... [___]
 1. TODOS LOS DÍAS
 2. 2-3 VECES POR SEMANAS
 3. UNA VEZ POR SEMANA → Qué día? _____ 18A [___]
 4. CADA 15 DÍAS
 5. UNA VEZ AL MES
 6. MENOS FRECUENTEMENTE
 7. OTRO (ESPECIFIQUE): _____

19. ¿Normalmente, durante qué horas escucha usted la radio? (MARCAR CON "1" TODAS LAS QUE APLICAN)

- a. ANTES DE LAS 6 AMa [___]
- b. DE 6 A 8 AMb [___]
- c. DE 8 A 10 AMc [___]
- d. DE 10 A 12 AM.....d [___]
- e. DE 12 A 2 PM.....e [___]
- f. DE 2 A 4 PMf [___]
- g. DE 4 A 6 PMg [___]
- h. DE 6 A 8 PMh [___]
- i. DESPUÉS DE LAS 8PMi [___]
- j. TODO EL DÍA.....j [___]
- k. NO TIENE HORA FIJA.....k [___]

20. ¿Cuáles son sus programas de radio **preferidos**?

<i>Programa</i>	<i>Emisora</i>	<i>Horario</i>	<i>Idioma</i>
1. RELIGIOSO 2. NOTICIAS 3. DEPORTES 4. MÚSICA 5. EDUCATIVO 6. CULTURAL 7. OTRO			1.ESPAÑOL 2.K'ICHE' 3.KAQCHIK. 4.MAM 5.TZUTUJIL 6.OTRO
[___]		DE [___ / ___] A [___ / ___]	[___]
[___]		DE [___ / ___] A [___ / ___]	[___]
[___]		DE [___ / ___] A [___ / ___]	[___]

21. ¿Ve usted **televisión** alguna vez?..... [___]
 1. SÍ
 2. NO → PASAR A PREGUNTA 25

22. ¿Cada cuánto ve usted televisión?..... [___]
1. TODOS LOS DÍAS
 2. 2-3 VECES POR SEMANAS
 3. UNA VEZ POR SEMANA → Qué día? _____ 22A [___]
 4. CADA 15 DÍAS
 5. UNA VEZ AL MES
 6. MENOS FRECUENTEMENTE
 7. OTRO (ESPECIFIQUE): _____

23. ¿Normalmente durante qué horas ve televisión? (MARCAR CON "1" TODAS LAS QUE APLICAN)

- a. ANTES DE LAS 6 AMa[___]
- b. DE 6 A 8 AMb[___]
- c. DE 8 A 10 AMc[___]
- d. DE 10 A 12 AM.....d [___]
- e. DE 12 A 2 PM.....e [___]
- f. DE 2 A 4 PMf [___]
- g. DE 4 A 6 PMg [___]
- h. DE 6 A 8 PMh [___]
- i. DESPUÉS DE LAS 8PMi [___]
- j. TODO EL DÍA.....j [___]
- k. NO TIENE HORA FIJA.....k[___]

24. ¿Cuáles son sus programas favoritos?

<i>Programa</i>	<i>Canal</i>	<i>Horario</i>	<i>Idioma</i>
1. RELIGIOSO			1.ESPAÑOL
2. NOTICIAS			2.K'ICHE'
3. DEPORTES			3.KAQCHIK.
4. MÚSICA			4.MAM
5. EDUCATIVO			5.TZ'UTUJIL
6. CULTURAL			6.OTRO
7. PELÍCULA/ ENTRETENIMIENTO			
8. TELENOVELA			
9. CARICATURA			
10. OTRO			
[___]	[___]	DE [___ / ___] A [___ / ___]	[___]
[___]	[___]	DE [___ / ___] A [___ / ___]	[___]
[___]	[___]	DE [___ / ___] A [___ / ___]	[___]

25. ¿Normalmente lee usted algo?..... [___]
1. SÍ
 2. NO SABE LEER → PASAR A PREGUNTA 27
 3. NO → PASAR A LA PREGUNTA 27

26. ¿Qué lee usualmente? SONDEAR: ¿Lee algo más?

Tipo (MARCAR CON "1" TODOS LOS QUE APLIQUEN)	Nombre	Frecuencia 1.TODOS LOS DÍAS 2.2-3 VECES POR SEMANA O MÁS 3.UNA VEZ POR SEMANA 4.UNA VEZ CADA 15 DÍAS 5.UNA VEZ AL MES 6.MENOS FRECUENTEMENTE 7.OTRO	Idioma 1.ESPAÑOL 2.K'ICHE' 3.KAQCHIK. 4.MAM 5.TZ'UTUJIL 6.OTRO
a. Periódicos [___]		[___]	[___]
b. Revistas [___]		[___]	[___]
c. Libro [___]		[___]	[___]
e. Boletín/ Folleto [___]		[___]	[___]
e. Otros [___]		[___]	[___]

27. ¿Alguna vez usted ha visto **video o cine**? [___]

1. SÍ
2. NO → PASAR A LA PREGUNTA 30

28. ¿Lo ha visto en la comunidad o fuera de la comunidad?..... [___]

1. EN LA COMUNIDAD
2. FUERA DE LA COMUNIDAD
3. EN LA COMUNIDAD Y FUERA DE LA COMUNIDAD

29. ¿Cada cuánto tiempo ve usted video o cine?..... [___]

1. TODOS LOS DÍAS
2. 2-3 VECES POR SEMANA O MÁS
3. UNA VEZ POR SEMANA
4. UNA VEZ CADA 15 DÍAS
5. UNA VEZ AL MES
6. MENOS FRECUENTEMENTE
7. OTRO (ESPECIFIQUE): _____

III. PREFERENCIAS / FIGURAS PUBLICAS

30. ¿Qué tipo de música le gusta escuchar? SONDEAR: ¿Alguna otra? (MARCAR CON "1"
TODAS LAS QUE APLICAN)

1. TUN Y CHIRIMIA (AUTÓCTONA)1. [___]
2. FOLKLÓRICA2. [___]
3. RANCHERA3. [___]
4. MARIMBA PURA.....4. [___]

- 5. MARIMBA ORQUESTA5. [___]
- 6 RELIGIOSA6. [___]
- 7. ROMÁNTICA7 [___]
- 8. INSTRUMENTAL.....8. [___]
- 9. NORTEÑA O TEX MEX.....9. [___]
- 10. TROPICAL.....10. [___]
- 11. ROCK11. [___]
- 12. RAP O POP.....12. [___]
- 13. OTRA (ESPECIFIQUE): _____13. [___]
- 14. CUALQUIERA.....14. [___]

31. ¿Cuál es su solista o conjunto de música preferido? (USAR CÓDIGOS DE TIPO DE MÚSICA ARRIBA PARA CODIFICAR SOLISTA O CONJUNTO)

_____ [___]

32. CODIFICAR: [___]
- 1. NACIONAL
 - 2. INTERNACIONAL
 - 8. NO TIENE

33. ¿Quién es su deportista o equipo deportivo favorito? (CODIFICAR TIPO DE DEPORTE SEGÚN INSTRUCTIVO)

_____ [___]

34. CODIFICAR: [___]
- 1. NACIONAL
 - 2. INTERNACIONAL
 - 8. NO TIENE

35. ¿A qué personaje guatemalteco que está vivo admira/respeto más usted? (CODIFICAR TIPO DE PERSONAJE SEGÚN INSTRUCTIVO)

_____ [___]

IV. PARTICIPACIÓN/ MOVILIDAD

36. ¿Participa usted en algún **grupo organizado** de la comunidad? [___]

- 1. SÍ
- 2. NO → PASAR A LA PREGUNTA 39

37. ¿En cuál grupo participa? SONDEAR: ¿Participa en algún otro grupo?

38. ¿Cada cuánto **asiste** al grupo?

37. Grupo	38. Frecuencia asiste
1. RELIGIOSO	1. TODOS LOS DÍAS
2. COMITÉ DE DESARROLLO/PRO-MEJORAMIENTO	2. 2-3 VECES POR SEMANA O MÁS
3. OTRO COMITÉ	3. UNA VEZ POR SEMANA
4. COOPERATIVA	4. UNA VEZ CADA 15 DÍAS
5. CRÉDITO O BANCO COMUNAL	5. UNA VEZ AL MES
6. GRUPO EDUCATIVO/ DISTRIBUCIÓN DE ALIMENTOS	6. MENOS FRECUENTEMENTE
7. DEPORTIVO	7. OTRO
8. OTRO GRUPO (ESPECIFIQUE)	
[____]	[____]
[____]	[____]
[____]	[____]
[____]	[____]
[____]	[____]

39. ¿ Dentro de su comunidad, cada cuanto va o visita usted ... (USAR CÓDIGOS DE FRECUENCIA PARA RESPUESTA, "8" PARA NUNCA, "9" NO APLICA)

- a. La pila pública, lavadero, tanque o río?a. [____]
- b. Llenacántaros o chorro público?.....b. [____]
- c. El molino de nixtamal?c. [____]
- d. La tienda ?d. [____]
- e. El mercado ?e. [____]
- f. La cantina ?f. [____]
- g. La farmacia ?.....g. [____]
- h. La iglesia o culto ?.....h. [____]
- i. La Municipalidad o auxiliatura?i. [____]
- j. El Puesto o Centro de salud?.....j. [____]
- k. La escuela?k. [____]
- l. El promotor de salud?l. [____]

40. ¿Cada cuánto sale usted de su comunidad?..... [____]

- 1. A DIARIO
- 2. 2-3 VECES A LA SEMANA
- 3. UNA VEZ A LA SEMANA
- 4. CADA 15 DÍAS
- 5. UNA VEZ AL MES
- 6. MENOS FRECUENTEMENTE
- 7. HACE MÁS DE UN AÑO → PASE A PREGUNTA 44
- 8. NUNCA → PASE A PREGUNTA 44

41. ¿Normalmente a qué sale o salió?

- a. TRABAJARa. [____]
- b. AL MERCADO A COMPRAR.....b. [____]
- c. A VENDERc. [____]
- d. A UN SERVICIO DE SALUDd. [____]
- e. A LA IGLESIAe. [____]
- f. OTRA (ESPECIFIQUE): _____ f. [____]

42. ¿Hace cuánto salió la última vez? [___]
1. HOY/ AYER
 2. ANTIER
 3. EN LA ÚLTIMA SEMANA
 4. EN LOS ÚLTIMOS 15 DÍAS
 5. EN EL ÚLTIMO MES
 6. HACE MÁS DE UN MES, PERO MENOS DE UN AÑO
 8. NO SABE O NO RECUERDA

43. ¿ A dónde fue la última vez que salió? _____ [___]
1. MISMO MUNICIPIO
 2. OTRO MUNICIPIO, MISMO DEPARTAMENTO
 3. CABECERA DEPARTAMENTAL
 4. OTRO DEPARTAMENTO
 5. OTRO PAÍS

V. TEMAS DE SALUD

44. A quién o dónde van cuándo se enferma algún miembro de su familia? ¿Van a algún otro lugar? (MARCAR CON "1" TODOS LOS MENCIONADOS)
- a. NINGÚN LUGAR/ CURA EN CASAa. [___]
 - b. CURANDERO TRADICIONALb. [___]
 - c. COMADRONAc. [___]
 - d. PROMOTOR DE SALUDd. [___]
 - e. PUESTO O CENTRO DE SALUDe. [___]
 - f. JORNADA MÉDICAf. [___]
 - g. SIASg. [___]
 - h. CLÍNICA RELIGIOSA U ONGh. [___]
 - i. FARMACIAi. [___]
 - j. MÉDICO PARTICULARj. [___]
 - k. HOSPITALk. [___]
 - l. OTRO (ESPECIFIQUE) : _____ l. [___]

45. ¿Sobre qué temas de salud le gustaría recibir más información? ¿Sobre algún otro tema? (ESCRIBIR TEMA ESPECÍFICO Y MARCAR CON "1" TODOS LOS MENCIONADOS)
- a. DIARREA: _____ a [___]
 - b. INFECCIONES RESPIRATORIAS: _____ b [___]
 - c. EMBARAZO: _____ c [___]
 - d. PARTO: _____ d [___]
 - e. POSTPARTO: _____ e [___]
 - f. PLANIFICACIÓN FAMILIAR: _____ f [___]
 - g. CUIDADO DE LOS NIÑOS: _____ g [___]
 - h. VIOLENCIA FAMILIAR: _____ h [___]
 - i. CANCER: _____ i [___]

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- j. MEDICINA NATURAL: _____ j [___]
- k. OTRO: _____ k [___]
- l. CUALQUIER TEMA l [___]
- m. NO SABE → PASE A PREGUNTA 48.....m [___]

46. ¿En qué forma le gustaría recibir información sobre estos temas? ¿Alguna otra?

- a. GRUPAL: _____ a [___]
- b. INDIVIDUAL: _____ b [___]
- c. VISITA DOMICILIARIA: _____ c [___]
- d. RADIO: _____ d [___]
- e. TELEVISIÓN _____ e [___]
- f. ESCRITA: _____ f [___]
- g. POR CORRESPONDENCIA: _____ g [___]
- h. POR DIBUJOS: _____ h [___]
- i. OTRA: _____ i [___]
- j. NO SABEj [___]

47. ¿De quién le gustaría recibir información sobre estos temas? ¿Alguien más?

- a. DOCTOR(A): _____ a [___]
- b. ENFERMERA: _____ b [___]
- c. COMADRONA: _____ c [___]
- d. PROMOTOR(A): _____ d [___]
- e. LÍDER COMUNITARIO: _____ e [___]
- f. PERSONA QUE SEPA: _____ f [___]
- g. CUALQUIER PERSONA: _____ g [___]
- h. OTRO: _____ h [___]
- i. NO SABE:i [___]

48. ¿ En qué idioma prefiere recibir información sobre temas de salud? (MARCAR CON "1"
TODOS LOS MENCIONADOS)

- a. ESPAÑOLa [___]
- b. K'ICHE'b [___]
- c. KAQCHIKELc [___]
- d. MAMd [___]
- e. TZ'UTUJILe [___]
- f. OTRO (ESPECIFIQUE): _____ f [___]

49. ¿Actualmente, quién le da a usted información sobre temas de salud? ¿Alguien más?
(MARCAR CON "1" TODOS LOS MENCIONADOS)

- a. NADIEa [___]
- b. VECINA/ Ob [___]
- c. COMADRONAc [___]
- d. PROMOTOR DE SALUD d [___]
- e. PUESTO O CENTRO DE SALUDe [___]
- f. GRUPO ONG f [___]
- g. GRUPO COMUNITARIOg [___]

- h. RADIOh [___]
- i. TELEVISIÓNi [___]
- j. INFORMACIÓN ESCRITAj [___]
- k. OTRO: _____ k [___]

50. ¿En los **últimos 15 días**, ha oído o visto algún mensaje sobre salud?..... [___]

- 1. SÍ
- 2. NO → PASE A PREGUNTA 52

51. ¿Dónde ha oído o visto esa información? (MARQUE CON "1" TODOS LOS MENCIONADOS)

- a. VECINA/ Oa [___]
- b. COMADRONAb [___]
- c. PROMOTOR DE SALUDc [___]
- d. PUESTO O CENTRO DE SALUDd [___]
- e. GRUPO ONGe [___]
- f. GRUPO COMUNITARIOf [___]
- g. RADIOg [___]
- h. TELEVISIÓNh [___]
- i. INFORMACIÓN ESCRITAi [___]
- j. DIBUJO O FOTO.....j [___]
- k. OTRO (ESPECIFIQUE):_____ k [___]

52. ¿En los **últimos 15 días**, ha oído o visto algún mensaje sobre el espaciamiento de los embarazos?..... [___]

- 1. SÍ
- 2. NO → PASE A PREGUNTA 54

53. ¿Dónde ha oído o visto esa información? (MARQUE CON "1" TODOS LOS MENCIONADOS)

- a. VECINA/ Oa [___]
- b. COMADRONAb [___]
- c. PROMOTOR DE SALUDc [___]
- d. PUESTO O CENTRO DE SALUDd [___]
- e. GRUPO ONGe [___]
- f. GRUPO COMUNITARIOf [___]
- g. RADIOg [___]
- h. TELEVISIÓNh [___]
- i. INFORMACIÓN ESCRITAi [___]
- j. DIBUJO O FOTO.....j [___]
- k. OTRO (ESPECIFIQUE):_____ k [___]

54. ¿Cree usted que es apropiado dar información sobre espaciamiento de embarazos por... (CODIFICAR 1. SÍ Y 2. NO, 8. NO SABE/ NO CONTESTA)

- a. la radio? [___]
- b. la televisión? [___]

Dev. Ass. 10/99

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ENCUESTA DE USO DE MEDIOS DE COMUNICACION

A. Objetivos de la encuesta

La Encuesta de Uso de Medios de Comunicación tiene como objetivo general identificar los canales y medios más apropiados para la difusión de mensajes educativos en salud a hombres y mujeres en edad reproductiva en comunidades rurales de Guatemala donde trabajan varias instituciones/ programas (APROFAM, CONSEJO DE POBLACIÓN y programas socios y PCI y programas socios).

Los objetivos específicos son los siguientes:

1. Determinar la **prevalencia** en el uso de canales y medios de comunicación en las comunidades.
2. Identificar la **preferencia** en cuanto a canales, figuras y medios de comunicación masivos y populares.

B. Muestra

Cada institución (APROFAM, CONSEJO DE POBLACIÓN y PCI) completará **160** entrevistas de encuesta en las comunidades donde trabaja. Estas 160 entrevistas serán proporcionales al tamaño de las comunidades. La muestra no será representativa por comunidad sino por el total de comunidades en las que trabaja el programa socio. En instructivo aparte se indica los procedimientos de muestreo.

C. El formulario de Encuesta de Uso de Medios de Comunicación

Existen dos formularios que se utilizarán durante la encuesta: uno a nivel individual (Encuesta de Uso de Medios de Comunicación) y otro a nivel comunitario. Este es el instructivo para el primero de los dos formularios que recolecta información individual sobre los siguientes temas:

I. Datos Socio-demográficos: Preguntas 5 a 16

Esta sección contiene datos acerca del sexo, la edad, el estado civil, hijos menores de 5 años, hijos vivos, la escolaridad, el idioma, religión y algunos datos socioeconómicos tales como disponibilidad de luz eléctrica, agua entubada, fuego en alto y letrina. Además se pregunta acerca de la posesión de medios de comunicación (radio, televisión, grabadora, video).

II. Medios Masivos: Preguntas 17 a 29

Incluye preguntas acerca de frecuencias, horarios y programas favoritos de radio, TV, video y cine, así como lecturas usuales de los entrevistados.

III. Preferencias/Figuras Públicas: Preguntas 30 a 35

Incluye preguntas sobre tipos de música, conjuntos musicales preferidos, deportistas, figuras publicas guatemaltecas que mas admiran.

IV. Participación/ Movilidad: Preguntas 36 a 43

Explora la participación de los entrevistados en grupos organizados, tipos de grupo y frecuencia con que asisten a dichos grupos. Asimismo establece los lugares que la persona visita dentro y fuera de la comunidad.

V. Temas de Salud: Preguntas 44 a 54

Incluyen preguntas acerca del tipo de atención que buscan cuando algún miembro de su familia enferma; también sus intereses en cuanto a recibir información sobre temas de salud, el medio por el cual desea recibirla (en radio, individual, en grupo, etc.), la persona de quien quiere recibirla (comadrona, promotor, medico) y el idioma en que le gustaría recibir dicha información. Las preguntas 49,50 y 51 se refieren a si actualmente están recibiendo algún mensaje de salud, en caso afirmativo quién le esta proporcionando (comadrona, servicio de salud, etc.). Las preguntas 52, 53 y 54 son acerca del acceso a mensajes sobre espaciamiento de embarazos y preferencias en cuanto a la difusión de los mismos por la radio y televisión.

D. Organización de la Encuesta

La Encuesta sobre Uso de Medios de Comunicación está siendo dirigida por Development Associates como apoyo a las actividades de información, educación y comunicación (IEC) en salud que llevan a cabo las instituciones socias de la AID. Development Associates conjuntamente con el Consejo de Población proveen apoyo técnico para el diseño de la encuesta y capacitación en la misma. El apoyo financiero proviene de Development Associates y cada una de las instituciones socias participantes.

Cada institución deberá nombrar un(a) supervisor(a) de la encuesta y varios encuestadores para participar en la capacitación y llevar a cabo la misma. Las consultoras de Development Associates proporcionarán el apoyo técnico a estos equipos. Sin embargo, la institución será la responsable de conducir y llevar a cabo la encuesta.

E. El Papel de la Entrevistadora

La entrevistadora ocupa una posición clave en una encuesta, ya que ella es quien recoge la información. Por eso el éxito de la encuesta depende de la calidad del trabajo de cada una de las entrevistadoras. Las responsabilidades de la encuestadora incluyen:

- Localizar las viviendas para encuestar en cada comunidad siguiendo los procedimientos definidos.
- Identificar en cada vivienda a la persona elegible para ser entrevistada: una mujer u hombre entre 15 y 45 años de edad con hijo(s) menor(es) de 5 años.
- Hacer la entrevista en forma apropiada asegurándose de hacer las preguntas y registrar las respuestas cuidadosamente y de manera legible.
- Revisar las entrevistas finalizadas asegurándose de que haya sido íntegramente contestada y todas las respuestas fielmente registradas.
- Regresar al hogar para entrevistar a mujeres u hombres que no pudieron ser contactados durante las visitas iniciales.

Toda entrevistadora debe haber participado en la capacitación que se llevó a cabo del 25 al 28 de octubre de 1999 en Quetzaltenango o, de lo contrario, participar en una capacitación semejante. Ninguna encuestadora - por mucha experiencia que tenga - debe realizar la encuesta sin capacitación previa. Su capacitación debe consistir en una combinación de clase y experiencia práctica. El presente instructivo puede servir de base para su capacitación.

La capacitación de la entrevistador no termina cuando el período formal de capacitación finaliza. Cada vez que un supervisor se reúne con usted para discutir sobre su trabajo en el campo, constituye una continuación de su capacitación.

F. La Supervisión de la Encuesta

El proceso de capacitación es un proceso continuo. Las observaciones y la supervisión hechas a través del trabajo de campo son parte de la capacitación y del proceso de control de calidad de los datos. La supervisora jugará un papel de gran importancia y sus responsabilidades incluyen:

- Observar algunas de las entrevistas de cada encuestadora para asegurarse de que las está haciendo correctamente.
- Verificar en terreno algunas de las viviendas seleccionadas para entrevista para asegurarse que la encuestadora identificó la vivienda y a la/el informante correctamente.
- Verificar en terreno algunas de las viviendas seleccionadas para entrevista para asegurarse que la entrevistadora hizo la entrevista.
- Revisar cada formulario para asegurarse de que esté completa y que no tenga problemas de inconsistencia.
- Reunirse diariamente con cada encuestadora para comentar sobre su desempeño y para dar asignaciones de futuro trabajo.
- Ayudar a las encuestadoras a resolver cualquier problema y ser el enlace con las consultoras de Development Associates.

- Motivar a las encuestadoras a hacer un buen trabajo y a trabajar en equipo.

G. Procedimientos generales para hacer la entrevista

Cada entrevista es una nueva fuente de información, de manera que debe hacerla interesante y placentera. El primer contacto con la vivienda a encuestar es muy importante. Algunas recomendaciones son:

- Cause una buena primera impresión
- Mantenga siempre una actitud positiva
- Cuando sea necesario, asegúrele a la persona que las respuestas son confidenciales
- Conteste con franqueza cualquier pregunta que haga la persona entrevistada sobre los propósitos de la encuesta o los beneficios que obtendrá
- Trate de entrevistar a la persona (especialmente a las mujeres) cuando esté sola

Además, no olvide las siguientes reglas para hacer una buena entrevista:

- Sea neutral durante la entrevista no influyendo en las respuestas con preguntas sesgadas, comentario o gestos.
- Nunca le sugiera la respuesta a la entrevistada.
- No cambie la construcción o secuencia de las preguntas.
- No suponga las respuestas con base en la apariencia de la persona entrevistada o en sus respuestas anteriores.
- No apresure la entrevista, dele tiempo a la entrevistada de pensar antes de contestar.
- Estandarícese con su equipo en la forma de hacer cada pregunta en el idioma local.

Las siguientes son tareas específicas de cada encuestador(a):

1. Al identificar la vivienda, asegúrese que en la misma hay es una persona elegible para ser entrevistada preguntando por un hombre o mujer, de 15-45 años de edad y con algún hijo menor de 5 años.
2. Una vez identificado el informante, preséntese, explíquelo a qué institución pertenece, el motivo de la visita y el contenido de la encuesta. Asimismo, pídale su consentimiento para participar y pregúntele en que idioma prefiere que se realice la entrevista: en castellano o un idioma maya.
3. En cada una de las secciones del formulario dé una breve introducción al tema (una fase de transición de un tema a otro, por ejemplo: "*Ahora quiero hacerle unas preguntas sobre salud*"). Esto sirve para indicarle a la persona que está respondiendo bien y que la entrevista está avanzando.

H. Procedimientos generales para llenar el formulario

1. Llene el formulario a lápiz y con números claros.

2. Lo que aparece en **MAYÚSCULA** no se lee, son categorías de respuesta para codificar o instrucciones para el entrevistador. En preguntas con categorías de respuesta en **MAYÚSCULA** se espera que la persona responda espontáneamente.
3. La encuesta tiene códigos (números) para cada respuesta. La entrevistadora debe escuchar la respuesta, decidir qué código aplica, circular el código y anotarlo en los espacios correspondientes al margen derecho de la pregunta.
4. Las palabras escritas en **negrilla** le recuerda a la encuestadora el sentido de la pregunta que está haciendo.
5. **SONDEAR** se refiere a hacer una o más preguntas adicionales para obtener todas las posibles respuestas. En el formulario se indican las preguntas que se pueden utilizar para sondear. El sondeo debe ser siempre neutro, es decir, **NO** sugerirle a la persona la respuesta.
6. En general, tratamos de utilizar el código "8" u "88" para **NO SABE** o **NO RESPONDE**. El código "9" generalmente lo utilizamos para **NO APLICA**, es decir cuando la pregunta no debe hacerse.

I. Procedimientos específicos para llenar el formulario

Datos Socio-demográficos

1. No de entrevista/identificación:

Es la identificación única de cada formulario. Se le han asignado 2 espacios para identificar a cada ONG socia dentro de cada institución y 3 dígitos para el número de encuesta de 001 a 160.

A continuación llene los espacios del cuadro con los datos que se le piden: el nombre de la persona entrevistada, el departamento donde se está haciendo la encuesta, el municipio, el nombre de la aldea, caserío, cantón o paraje y el nombre de la ONG. Si la persona no quiere proporcionar su nombre completo, no es un dato indispensable.

2. Fecha de la entrevista:

Llene los espacios asignados con dos dígitos o números para el día, dos para el mes (donde 01 es enero y 12 es diciembre y dos dígitos para el año.

Ejemplo: Si hoy es dos de noviembre de 1999, la fecha se escribirá [02/ 11 / 99]

3. Encuestador(a)

Cada encuestador debe anotar las iniciales de su nombre y apellido y el código o número que le fue asignado.

4. Supervisor(a)

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Asimismo, cada supervisor debe anotar sus iniciales y el código que se le ha asignado.

5. SEXO

Observe y anote en el espacio correspondiente, según sea los códigos.

6. Cuántos años cumplidos tiene usted?

Note que se pregunta por **años cumplidos**. Si la persona no recuerda puede solicitar que le muestre su cédula o partida de nacimiento, pero no es necesario contar con un dato muy exacto. Si la persona es **menor de 15 o mayor de 45 años termine la entrevista**.

7. Está usted casada, unida o es soltera?

Anote el código según el estado civil de la persona.

8. Tiene hijos menores de 5 años?

Coloque el código de la respuesta en la casilla de la derecha. Si la respuesta es **NO termine la entrevista**.

9. Cuántos hijos(as) vivos tiene usted?

Note que la pregunta es sobre los **hijos vivos**. Anotar en la casilla el número de hijos vivos correspondiente.

10. Sabe leer?

Llene la casilla según sea la respuesta. Si la persona dice que lee un poquito anote que sabe leer.

11. Sabe escribir?

Anote el código de la respuesta. Si la persona dice que "solo firma" codifique "2" de **NO** sabe escribir.

12.Cuál fue el último grado que gano en la escuela?

Notar que se esta preguntando por el ultimo grado ganado. Anote el código correspondiente. Si encuentra alguien con estudios universitarios anote 7 en la casilla correspondiente.

13. Qué idiomas habla usted?

Marque con "1" todos los idiomas mencionados y el resto de los espacios déjelos en blanco.

14. Qué religión profesa usted?

Utilice los códigos para registrar la respuesta. Si responde que es de la religión Mormona, por ejemplo, circule el "4" de OTRA, escriba mormona en la línea y codifique "4" en la casilla a la derecha de la pregunta.

15. Tiene en su casa...?

Pregúntele al entrevistado si en su casa hay luz eléctrica, agua entubada o chorro, fuego en alto o estufa y servicio sanitario o letrina. En cada caso codificar con "1" SI y con "2" NO. El código se anota en la casilla derecha correspondiente. Codifique "1" SI aunque el servicio

no sea propio, por ejemplo, si usa el chorro de agua pero la suegra mandó instalar o paga el servicio.

16. Tiene en su casa ...?

Preguntar si en la casa hay radio, grabadora, televisión y video. Codificar "1" SI hay en la casa y funciona y "2" NO si no hay en la casa. Se codifica SI aunque el aparato no sea propiedad del entrevistado. Es decir, si tienen en la casa cualquiera de los aparatos mencionados y funciona se codifica "1" SI.

Medios Masivos

17. Escucha usted la radio alguna vez?

Esta pregunta se hace a todos los entrevistados independientemente de que tengan radio en la casa o no. Notar que se trata de radioemisora NO de CASSETTES que escuche en grabadora.

Si la respuesta es NO pase a la pregunta 21. Si la respuesta es SI continúe.

18. Cada cuánto escucha usted radio?

Anote el código correspondiente a la frecuencia mencionada en la casilla a la derecha de la pregunta. Si la respuesta fuera UNA VEZ POR SEMANA, circule el "3" y anótelos en la casilla, además haga la pregunta 18A ¿Qué día? Anote el día y registre el código asignado a los días de la semana. **Si no dice que día específicamente anote "8"**.

19. Normalmente durante qué horas escucha usted la radio?

Marque con "1" todas las respuestas y el resto de casillas déjelas en blanco. Anote un "1" en las horas que más se acerquen al horario indicado. Por ejemplo, si la persona dice que escucha radio "de 7 a 8 de la mañana" anote "1" en la b. DE 6 A 8 AM. Estas categorías de horas serán utilizadas siempre en este formulario.

20. Cuáles son sus programas de radio preferidos?

Notar que se refiere a los programas de preferidos y NO a todos los que escucha. Además de esta pregunta, PARA CADA PROGRAMA preferido que indique se pregunta:

- En qué radio emisora lo escucha?
- A qué horas lo escucha?
- En qué idioma es el programa?

Con las respuestas proporcionadas a estas preguntas se completa el cuadro que consta de las siguientes columnas.

Programa: Se escribe el nombre del programa y se coloca el código de tipo de programa en la casilla a la derecha. Hay espacio hasta para tres programas preferidos. Si la persona tiene más de tres programas preferidos hay que preguntarle por los tres primeros lugares en su preferencia.

Emisora: Para cada programa, anote el nombre de la emisora. Esto se codificará posteriormente.

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Horario: Para cada programa anote la hora de inicio y fin del programa con 2 dígitos para la hora y 2 para los minutos. A las horas de la tarde se les pone 13 (1pm), 14(2pm), 15(3pm), 16(4pm), 17(5pm), 18(6pm), 19(7pm), 20(8pm), 21(9pm), 22(10pm), 23(11pm) y 24(media noche). Por ejemplo, si el programa lo escucha de 9 de la mañana hasta el medio día, el horario a codificar es:

DE [09 / 00]

A [12 / 00]

Idioma: Para cada programa, pregunte y anote el idioma según los códigos que aparecen en esta columna y que son los mismos que se utilizan en todo el formulario.

21. Ve usted televisión alguna vez?

Esta pregunta debe hacerse independientemente de que la persona tengan o no televisión. Marque el código correspondiente. Si la respuesta es **NO** pase a la pregunta 25. Si la respuesta es SI continúe.

22. Cada cuánto ve usted televisión?

Utilice códigos de frecuencia para codificar la respuesta. Si la respuesta es UNA VEZ A LA SEMANA circule el código "3" y pregunte qué día ve televisión (22A). Anote el día y utilice los códigos de día de la semana para codificar la respuesta en la casilla a la derecha. Si la persona no tiene un día específico para ver televisión utilice el código "8" NO SABE.

23. Normalmente durante que horas ve televisión?

Marque con "1" todas las horas mencionadas y el resto déjelas en blanco. Si la respuesta no encaja exactamente en alguna de las opciones anote la más cercana. Note que las categorías de horas son las mismas que en la pregunta sobre radio y la forma de codificar la respuestas es la misma.

24. Cuales son sus programas favoritos?

Al igual que para los programas de radio, se pregunta por el programa favorito y PARA CADA PROGRAMA FAVORITO se pregunta:

- En qué canal lo transmiten?
- A qué hora es el programa?
- En qué idioma es el programa?

Programa: Se escribe el nombre del programa y se coloca el código de tipo de programa en la casilla a la derecha. Hay espacio hasta para tres programas de televisión preferidos. Si la persona tiene más de tres programas preferidos hay que preguntarle por los tres primeros lugares en su preferencia.

Canal: Para cada programa, anota el número del canal de televisión en que lo pasan. Los canales nacionales son 03,07,11 y 13. Se anota "14" si se trata de un canal extranjero (señal captada sin necesidad de satélite, solo por cercanía a otros países como México y El Salvador), "15" si es cable local, "16" si es algún servicio de cable internacional.

Horario: Para cada programa anote la hora de inicio y fin del programa con 2 dígitos para la hora y 2 para los minutos. A las horas de la tarde se les pone 13 (1pm), 14(2pm), 15(3pm), 16(4pm), 17(5pm), 18(6pm), 19(7pm), 20(8pm), 21(9pm), 22(10pm), 23(11pm) y 24(media noche). Por ejemplo, si el programa lo escucha de 9 de la mañana hasta el medio día, el horario a codificar es:

DE [09 / 00]

A [12 / 00]

Idioma: Para cada programa, pregunte y anote el idioma según los códigos que aparecen en esta columna y que son los mismos que se utilizan en todo el formulario.

25. Normalmente lee usted algo?

Esta pregunta debe hacerse a todas las personas. Si la entrevistada lee de vez en cuando anotar que "1" SI. Cuando la respuesta es "3" NO (es decir, sabe leer pero responde que no lee ningún material) o la persona "2" NO SABE LEER pase a la pregunta 27. De lo contrario, continúe con la pregunta 26.

26. Qué lee usualmente?

LEA las opciones preguntando: ¿lee usted algún periódico?, ¿una revista?, ¿libros?, ¿algún boletín o folleto?, ¿alguna otra cosa?. Para cada lectura mencionada se preguntará:

- Cómo se llama?
- Con qué frecuencia la lee?
- En qué idioma está?

Con las respuestas a estas preguntas completará el cuadro que tiene las siguientes columnas:

Tipo: Codificar con "1" todas los tipos de lectura mencionados y dejar en blanco los no mencionados. La Biblia se anota como libro, al igual que novelas.

Nombre: Escriba el nombre de cada medio en el espacio correspondiente. Por ejemplo en Periódicos *Prensa Libre*.

Frecuencia: Anote el código de frecuencia de acuerdo a la respuesta.

Idioma: Anote el código de idioma. Si le responde que lee la Biblia anótelos en la opción libro.

27. Alguna vez ha visto vídeo o cine?

Se refiere a alguna vez en la vida del entrevistado. Anote el código correspondiente a la respuesta. Si la respuesta es "2" NO pase a la pregunta 30. Si la respuesta es "1" SI continúe con la siguiente pregunta.

28. Lo ha visto en la comunidad o fuera de ella?

Anote el código correspondiente a la respuesta.

29. Cada cuanto ve usted vídeo o cine?

Utilice los códigos de frecuencia para codificar la respuesta.

PREFERENCIA/ FIGURAS PÚBLICAS

30. Que tipo de música le gusta escuchar?

Marque con "1" todos los tipos de música que mencione. Los demás déjelos en blanco.

31. Cual es su solista o conjunto de música preferido?

Anote en el espacio en blanco el nombre del solista o conjunto que el entrevistado prefiera. Anote el código de tipo de música que aparece en las respuestas de la pregunta anterior (pregunta NO. 30) en la casilla correspondiente a la derecha. Note que solicitamos una sola respuesta por lo cual si la persona tiene varios cantantes o conjuntos preferidos solicítele que escoja el que más le gusta.

32. CODIFICAR:

Se refiere a lo anotado en la pregunta número 31. Marque en la casilla si el cantante o conjunto es "1" NACIONAL, "2" INTERNACIONAL U "8" NO TIENE un cantante o conjunto preferido. En caso usted no sepa si es nacional o internacional déjelo en blanco para discutir con su supervisor(a).

33. Quién es su deportista o equipo deportivo favorito?

Escriba en el espacio en blanco el nombre del deportista o equipo deportivo preferido y en la casilla a la derecha codifique el código del deporte así:

1. FÚTBOL
2. BASKETBALL
3. CICLISMO
4. CARRERA
5. NATACIÓN
6. OTRO

Si la persona no tiene un deportista o equipo preferido "8".

34. CODIFICAR

Se refiere a lo anotado en la pregunta número 32. Marque en la casilla si el deportista o equipo deportivo preferido es "1" NACIONAL, "2" INTERNACIONAL U "8" NO TIENE. En caso usted no sepa si es nacional o internacional déjelo en blanco para discutir con su supervisor(a).

35. A que personaje guatemalteco que esta vivo admira/respeto más usted?

Escriba en el espacio en blanco el nombre del personaje que mas admire y en la casilla de la derecha anote el código del personaje así:

01. PRESIDENTE
02. EX-PRESIDENTE
03. ALCALDE
04. ACTIVISTA DE DERECHOS HUMANOS
05. OTRO POLÍTICO
06. RELIGIOSO CATÓLICO
07. RELIGIOSO EVANGÉLICO
08. ARTISTA (ACTOR, CANTANTE)

- 09. ARTES PLÁSTICAS (PINTOR, ESCULTOR)
- 10. DEPORTISTA FAVORITO
- 11. LÍDER COMUNITARIO
- 12. UN FAMILIAR
- 13. OTRA PERSONA
- 88. NO TIENE

PARTICIPACIÓN/ MOVILIDAD

36. Participa usted en algún grupo de la comunidad?

Sondee bien si esta afiliado, asociado o pertenece a algún grupo organizado. Anote el código correspondiente a la respuesta en la casilla a la derecha. Si la respuesta es NO, circule el "2", anótelos en la casilla y pase a la pregunta 39. Si la respuesta es "1" SI continúe.

37. En cuál grupo participa?

38. Cada cuánto asiste? SONCEAR: Participa en algún otro grupo?

Con las respuestas a estas preguntas llene el cuadro. Note que la segunda pregunta es de sondeo para asegurarse que la persona le ha dicho el nombre de TODOS los grupos a que pertenece.

Grupo: Anote el nombre del grupo a que pertenece la persona y en la casilla de la derecha escriba el código de tipo de grupo.

Frecuencia asiste: Para cada grupo al que asiste, pregunte y anote el código de la frecuencia con que la persona entrevistada **asiste** a las sesiones o reuniones del grupo al que pertenece, no la frecuencia con que se reúne el grupo. Codifique según los códigos de frecuencia.

39. Dentro de su comunidad cada cuanto va o visita?

Note que se refiere a lugares dentro de la comunidad (del municipio o aldea en la que vive la persona) de la persona entrevistada. Lea cada una de las opciones y utilice los códigos de frecuencia para codificar las respuestas. (Vea los códigos de frecuencias en el cuadro de las preguntas anteriores.) Anote "8" para NUNCA (nunca va al lugar) y "9" para NO APLICA (no hay un lugar de esos en la comunidad).

Explore si lava en casa o va al lavadero público o río a lavar, lo cual a veces hacen aún teniendo agua en la casa.

40. Cada cuánto sale usted de su comunidad?

Notar que es "fuera" de la comunidad (del municipio o aldea en la que vive la persona). Circule y registre el código de frecuencia correspondiente. Si la respuesta es "7" hace más de un año o "8" nunca, pase a la pregunta 44.

41. Normalmente a qué sale o salió?

Marque con un "1" todas las razones para salir que mencione la persona entrevistada. El resto de casillas déjelas en blanco.

42. Hace cuanto salió la última vez?

Anotar en la casilla de la derecha el código correspondiente. Si la respuesta es hoy codifíquelo con "1".

43. A dónde fue la última vez que salió?

En la línea escriba el nombre del lugar al cual salió el entrevistado la última vez. Según la respuesta codifique si este lugar queda en el mismo municipio, en otro municipio del mismo departamento, es la cabecera del departamento, queda en otro departamento o en otro país. Si no sabe donde está localizado el lugar consúltelo con el supervisor. Si la persona visitó más de un lugar codifique el más grande o más importante.

TEMAS DE SALUD

44. A quién o dónde van cuando se enferma algún miembro de su familia?

Marque con "1" todos las personas o lugares mencionados. Aquí se refiere a todo tipo de enfermedades moderadas y graves. Si le contesta que van a la iglesia a orar, escríbalo en l. OTRO y codifique un "1" en la casilla correspondiente. Las demás casillas quedan en blanco. Note que hay una pregunta de sondeo para asegurarse que la persona ha mencionado todos los lugares a los que va ella o algún miembro de su familia cuando enferma.

45. Sobre que temas de salud le gustaría recibir mas información?

Marcar con "1" todos los temas de salud mencionado mencionados. Escriba el nombre del temas específico en la línea. Si la respuesta es NO SABE o NO LE INTERESA ALGÚN TEMA DE SALUD codifique con un "1" en la casilla m y pase a la pregunta 48.

46. En qué forma le gustaría recibir información sobre estos temas?

Espere que la persona conteste espontáneamente. Si la persona no entendiera la pregunta, dé un ejemplos así: "*por ejemplo, en grupo, a usted sola, por radio?*". Dé siempre estos mismos ejemplos. Escuche la respuesta y luego sondee *¿de alguna otra forma?* Marque con "1" todos los mencionados. Si la respuesta es otra especifique escribiendo la respuesta en la línea y codificando un "1" en la i.

47. De quién le gustaría recibir información sobre estos temas?

Espere que conteste espontáneamente. Marque con "1" todas las respuestas que mencione.

48. En que idioma prefiere recibir información sobre temas de salud?

Espere que conteste espontáneamente. Marque con "1" todos los idiomas mencionados.

49. Actualmente quién le da información sobre temas de salud?

Espere que conteste espontáneamente. Marque con "1" todos los mencionados. Indague si está recibiendo información de alguien más. Si la respuesta es otra escríbala en la línea y codifique un "1" en la k.

50. En los últimos 15 días ha oído o visto algún mensaje sobre salud?

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Se refiere a las 15 días anteriores al día de la encuesta. Indague si ha **escuchado** o **visto** algún mensaje sin importar el medio. Si la respuesta es NO codifique "2" pase a la pregunta 52.

51. Dónde ha oído o visto esa información?

Espera que responda espontáneamente. Marque con "1" todas las respuestas mencionadas. Las que no sean mencionadas quedan en blanco. Siempre sondee si en algún otro lugar.

52. En los últimos 15 días ha oído o visto algún mensaje sobre el espaciamiento de los embarazos?

Se refiere a los 15 días anteriores a la encuesta. No importa el medio por el cual ha visto u oído. Anote el código respectivo. Si la respuesta es NO codifique "2" y pase a la pregunta 54.

53. Dónde ha oído o visto esa información?

Espera que conteste espontáneamente. Marque con "1" todos los mencionados, el resto déjelo en blanco. Siempre sondee sin en algún otro lugar.

54. Cree usted que es apropiado dar información sobre espaciamiento de embarazos por la radio? por la televisión?

Son dos preguntas a y b y para cada una la respuesta se codifica con "1" SI, "2" NO, "8" si la persona NO SABE o NO CONTESTA.

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CODIGOS

PREG.

1. CÓDIGOS DE ONG

- 01 APROFAM
- 02 APROSAMI
- 03 ATI
- 04 B'ELEJEB B'ATZ
- 05 CDRO
- 06 CMM
- 07 IDEI
- 08 PIES
- 09 RENACIMIENTO
- 10 RXIIN TNAMET
- 11-19 TODAS LAS IC'S DE SHARE (SHARE ASIGNARÁ CÓDIGOS DE 11 A 19 O MÁS)

LOS CÓDIGOS DE CADA ENCUESTADORA Y SUPERVISORA SERÁN ASIGNADOS POR CADA INSTITUCIÓN.

18/22. CÓDIGOS PARA DÍAS DE LA SEMANA

- 1. LUNES
- 2. MARTES
- 3. MIÉRCOLES
- 4. JUEVES
- 5. VIERNES
- 6. SABADO
- 7. DOMINGO
- 8. CUALQUIER DÍA/ NO TIENE DÍA FIJO/ NO SABE O NO RECUERDA

33. CODIGOS DE DEPORTISTA O EQUIPO DEPORTIVO

- 1. FÚTBOL
- 2. BASKETBALL
- 3. CICLISMO
- 4. CARRERA
- 5. NATACIÓN
- 6. OTRO

35. CODIGOS PARA PERSONAJE GUATEMALTECO ADMIRADO

- 01. PRESIDENTE
- 02. EX-PRESIDENTE
- 03. ALCALDE
- 04. ACTIVISTA DE DERECHOS HUMANOS
- 05. OTRO POLÍTICO
- 06. RELIGIOSO CATÓLICO
- 07. RELIGIOSO EVANGÉLICO
- 08. ARTISTA (ACTOR, CANTANTE)
- 09. ARTES PLÁSTICAS (PINTOR, ESCULTOR)
- 10. DEPORTISTA (CUALQUIER DEPORTE)
- 11. LÍDER COMUNITARIO (MENOS EL ALCALDE CÓDIGO "3")
- 12. UN FAMILIAR
- 13. OTRO (POR EJEMPLO, UN COMPAÑERO DE TRABAJO)
- 88. NO TIENE

PREG.

39. CODIGOS PARA FRECUENCIA

1. TODOS LOS DÍAS
2. 2-3 VECES POR SEMANA
3. UNA VEZ POR SEMANA
4. UNA VEZ CADA 15 DÍAS
5. UNA VEZ AL MES
6. MENOS FRECUENTEMENTE
7. OTRA

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