

Survey & Assessment Report

April 2009

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Base 802722AI (CO0113) 12-00

Map of Guatemala (http://www.lib.utexas.edu/maps/americas/guatemala_pol00.jpg)

Obtaining a solid understanding of Samox San Lucas (Samox) was one of Health in Action's primary objectives throughout the time leading up to, and during, its international service trip. Because this volunteer site was new to us, however, we realized that much of this understanding would have to be gained during, rather than before, our time in Samox. The typical of home environment, economic lifestyle, health practices, and day-to-day challenges encountered were just a few of the unknown aspects of the community we deemed most important to become aware of. In order to ascertain such information, Health in Action (HIA) created the Survey Group: four individuals who would acquire useful demographic statistics, assist in determining what difficulties could be resolved with future projects, and be instrumental in creating a positive, trusting relationship with the people of Samox. The following report serves to discuss the preparatory stages of designing the survey, a day-by-day account of delivering the survey, and the challenges and successes that followed.

But the work involved in conducting this survey began long before we set foot in Samox. Beginning in late September we outlined the general categories under which we would be asking questions. We determined the appropriate design would include a section devoted to demographics, another to economic status, a third to health backgrounds, practices, and perspectives, and a final portion of questions pertaining to water and sanitation knowledge. The process of brainstorming the proper phrasing of each question was a collaborative effort that took place over the following two weeks. We wanted each question to lead towards a simple, but honest and meaningful, answer. We also did our best with word choices to make every question polite but direct. Subsequently, we sent what came to be a list of thirty questions to Alice Lee So Fong, **the founder and** the head of CasaSito, our NGO in Guatemala. Using her new, but reliable, relationship with the Samox community eliminated several fundamental questions. From that point we translated the twenty remaining questions into Spanish and practiced administering the survey to one another.

During the week we were actually in Samox San Lucas we experienced many challenges but even more successes. Our first day in the community was a brief visit on Saturday February 21st. We met as an entire HIA unit with the leaders of Samox to introduce ourselves as well as the Water Group's BioSand Filter project. The biggest, and most unexpected, hurdle we came across in this meeting was the second language barrier. Unlike what we had anticipated, only a small portion of the people in Samox spoke Spanish fluently. Originally the Survey Group saw this new obstacle as a severe hindrance to our productivity. But we were soon proved otherwise by the gracious hospitality and genuine enthusiasm demonstrated by the people of Samox.

Our first wave of surveys began the next day. Before splitting into two groups of two we met with Luis and Domingo, our translators for the day, to outline the types of questions we would be asking. They were both very helpful and incredibly patient, as we did begin to receive consistent answers after about the tenth of eighteen interviews that day. Our goal while conducting the survey was to make it less of an interrogation and more of a conversation, something that would allow us to obtain the information we needed while also making a positive first impression on the community.

Monday the 23rd, we modified our questions and continued to survey the middle region of Samox. Minor adjustments in the format/types of questions were made to account for new questions we had come up with. We also eliminated others that we knew would produce the same answers without fail. While we did meet more Spanish speaking men and women, we still relied heavily on our translators. Unfortunately Luis was unable to be there so two of us were paired with a different translator, who had little to no patience and consequently made the most of the day rather frustrating. At the conclusion of the second round of interviews we estimated only one more day was needed before we would have covered the entire community.

Tuesday morning a small group of us walked thirty minutes to the nearby market before moving on to our final surveys of the trip. In the market we bought the same pills that sick

community members would buy and planned to take them back to the US for comparison. In our remaining surveys we inserted a few new questions about nutritional habits and cooking needs. However, we quickly came to the conclusion that the answers to these questions were obvious and stopped asking them.

Wednesday was our last full day in the community. Much of our time was spent translating the survey recordings and compiling the answers into a general set of responses to each question. We also made sure to take note of each new question we came up with and which ones we eliminated/stopped asking. After that we walked through Samox once more in order to match family names with houses for the map.

From the results of the survey (See Appendix for complete results), we recognize that Samox San Lucas is a strikingly homogenized community. Of the 77 households surveyed, there is little diversity in the living situations of the community members, with the exception of certain outliers.

Their houses are almost totally identical, consisting of wood walls – without any windows – and tin roofs. Most households consist of between 6 and 12 family members, almost all of which are directly related. The dependent children range anywhere in age from newborns to 25 years old, and heads of households generally ranged from 22 years to 60 years, though we did encounter one 70-year-old woman.

The men work either in the community, where they work in one of several roadside shops or tend to their small cardamom crop, or work in larger plantations outside Samox San Lucas. Two households possessed their own cardamom drier for processing the spice. The community sells the few goods that they produce in larger markets, usually in Cobán. Though some women also contributed to the cardamom crops, the traditional role of women dealt primarily in keeping the house, cooking, and caring for the children.

Most community members suffer from the same kinds of illnesses, the most common of which were flu, fever, malaria, chills, and pains in the stomach, eyes, head, and body. Young children tended to be sick more often than other community members, along with pregnant women. In our attempt to examine if there existed a correlation between specific illnesses and the time of year, our results were inconclusive. The community members generally did not know the cause of their illnesses, though some suspected it was due to the water quality.

In the case of illness, most families merely buy medicine at pharmacies usually located in Cobán or the nearby market. These pharmacies are generally small establishments in which patrons give the symptoms of their illnesses, and the shopkeeper supplies the respective medications. Most visits cost between Q50 and Q200 per visit, and each family often makes about 10 visits each year. In extreme cases, the community members seek attention from medical professionals, in whom they bestow complete trust. Each visit costs approximately Q200. Although there is a free government clinic in Communique, just two or three miles from Samox San Lucas, it is only open once a month, and most members opt to seek attention in Cobán or Cubil. Approximately two hours by road, most community members reach Cobán by bus, which costs Q30 per person round trip. The women most often give birth within the community.

Virtually all of the community's water supply comes from the nearby river that winds through the (southern, western, etc.?) border of Samox San Lucas. Each family usually makes several trips to the river each day to collect water and stores the water in their homes in pots called "tinajas." Some families used rain water catchment using large barrels. The water is used primarily for cooking, while the community generally bathes and washes clothes directly in the river. Though many families responded that they do consistently boil their water, there is some question as to whether they boil it thoroughly enough. Other methods of purifying the water consisted of simply pouring the water through a cloth.

Almost every family boils the water that they use to cook. The men usually gather wood from nearby mountain forests every two weeks, and the women burn the wood inside their homes as a stove. One of the most striking things we encountered in Samox San Lucas was the lack of ventilation in homes, and the health effects that the smoke had on the community's women.

With respect to sanitation, most families dispose of their trash by burning it just outside their homes, raising significant concerns about the air quality. The vast majority of families claim to wash their hands with soap at least three times daily. Dental care, however, is far more erratic. Only about half of the community brush their teeth regularly, the majority of which are children. The market in Samox San Lucas does offer toothbrushes and toothpaste, demonstrating an availability of dental care supplies.

Through our interactions with the community, the Health in Action survey team has gained a solid understanding of the way of life in Samox San Lucas. These observations and findings will contribute substantially to establishing future projects there. Because Samox is so homogenous, these projects have the potential to benefit every family in the community. With our knowledge about the community, HIA will now assess the needs of the community and begin to develop further sustainable advancements in Samox San Lucas. From our survey, we can see that ventilation and sanitation stand out as two major concerns, and we hope to be able to offer solutions to these problems in the near future.