

# Results from Using a Belief Prioritization Tool in Bolivia

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## Introduction

According to the Health Belief model<sup>1</sup> and other models of behavior change, one's beliefs can have a significant influence on one's behavior. Some of the beliefs that have been more rigorously tested are those such as one's perception of the severity of a disease and one's perception of his/her susceptibility to a disease. These concepts are well understood in FH, and it has been postulated that beliefs that are more spiritual in nature and overall worldview also influence behavior. While there is anecdotal evidence to support the influence of spiritual beliefs and worldview on behavior, there has been less systematic study of how spiritual beliefs (and other beliefs beyond those studied in the Health Belief Model and other behavior change models) affect behavior in the communities in which FH works.

In this study, several hypotheses were tested:

- Certain spiritual and gender beliefs are associated with whether or not a mother in the Global South adopts a set of practices that help prevent and treat illness.
- Certain maternal spiritual and gender beliefs are associated with nutritional status in children.
- Certain maternal spiritual and beliefs about gender roles are associated with maternal depression.
- There are social support-seeking behaviors and certain beliefs about generalized self-efficacy (one's ability to deal with unexpected barriers/shocks) that are associated with maternal child care practices and child's nutritional status.

The beliefs about gender roles that were measured in this study are either those which are consistent with Scripture (or conversely, contradictory to Scripture). These gender role beliefs are considered to be a subset of the spiritual beliefs.

It is important to note that the findings from this Belief Prioritization Study are largely "hypothesis generating" rather than "hypothesis confirming" since we cannot establish causality in this type of cross-sectional survey. For example, it may be that having a malnourished child contributes to one having a particular belief, or it may be that having a particular belief contributes to having a malnourished child. In other words, having a particular belief may either be the result or cause of practicing certain health behaviors.

## Methodology

The methodology for this Belief Prioritization Study paralleled that of the Local Determinants of Malnutrition (LDM) Study<sup>2</sup> which looks for associations between specific maternal child-care practices and nutritional status of the child. The difference in the methodology used in this Belief Prioritization Study is that we looked for (1) associations between overall maternal child care practices (based on a score) and certain maternal beliefs; and (2) associations between

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<sup>1</sup> See [http://www.utwente.nl/cw/theorieenoverzicht/Theory%20Clusters/Health%20Communication/Health\\_Belief\\_Model.doc/](http://www.utwente.nl/cw/theorieenoverzicht/Theory%20Clusters/Health%20Communication/Health_Belief_Model.doc/)

<sup>2</sup> See [http://caregroupinfo.org/docs/LDM\\_Study\\_Report.pdf](http://caregroupinfo.org/docs/LDM_Study_Report.pdf)

certain maternal beliefs and child nutritional status. We also looked for relationships between maternal beliefs and maternal depression, which is not part of the LDM Study protocol.

In order to test these hypotheses, mothers of 94 children 12-59m of age from the provinces of Chayanta, Oropeza, Tapacari, Charcas, and Mizque were interviewed by FH/Bolivia staff in August 2012. The sample size was determined using a sample size calculator for case-control type studies with a p0 value of 0.25, a Relative Risk of 3.0, an alpha error of 5%, and a power of 80%. The interviews were carried out by FH/Bolivia staff in either Spanish or Quechua, depending on the mother tongue of the respondent. Interviewers had been trained in interviewing prior to previous project evaluation surveys.

The questionnaire used during these interviews (see Annex A, in Spanish, or Annex B, in English) was designed in such a way as to allow staff to assign a score for each mother. Interviews were conducted in Spanish. The score rated her based on completion of the following behaviors:

- exclusive breastfeeding of the child for the first six months of life,
- higher feeding frequency (point assigned for having higher than average frequency),
- vitamin A dosing of the child,
- deworming of the child,
- feeding the child same or more during illness,
- giving the child more fluids during illness,
- iron supplementation by the mother during pregnancy (3+ months)
- maternal hand washing with soap/ash at appropriate times,
- immunization of the child (DPT3 or OPV3),
- proper disposal of the child's feces,
- drinking water purification,
- weighing of the child in two of the last three months, and
- the mother's use of modern family planning methods.

The highest possible "UltraDoer Score" was 13, and actual scores ranged from 3 to 11. Using this score, we then grouped mothers into "UltraDoers" (those who had a score higher than the median score of 7.5) and "Ultra-NonDoers" (those who had a score lower than the median). UltraDoers are those mothers who are more likely to be doing many of the behaviors in the list above. In addition to these practices, the questionnaire also measures depression (using a modified version of the Hopkins Symptom Checklist Depression Scale<sup>3</sup>), generalized self-efficacy, social support seeking, and child's nutritional status.

We first looked for associations between being an "UltraDoer" and each of the 22 beliefs measured in the questionnaire. In the questionnaire, we used a four-point scale to assess agreement (Agree a lot, agree a little, disagree a little, disagree a lot). For analysis, we created new variables, combine the "Strongly Agree" and "Agree" responses, and the "Strongly Disagree" and "Disagree" responses in order to have a binomial that could be used to generate tables (e.g., TABLES N27BAgree UltraDoer). We then assessed the degree of association between the variables (using Odds Ratios) and assessed if the association was statistically

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<sup>3</sup> Derogatis LR, Lipman RS, Rickels K, Uhlenhuth EH, Covi L. The Hopkins Symptom Checklist (HSCL): a self-report symptom inventory. *Behav Sci.* 1974 Jan;19(1):1-15.

significant (using the p-value<sup>4</sup>). We controlled for both dietary diversity (a proxy for income) and mother's age in the analysis (looking for both confounding and interaction using the Epi-Info LOGISTIC command). Adjusted Odds Ratios are based on logistic regression.

## Results

### UltraDoer statistically-significant beliefs:

We found statistically-significant associations in the expected direction for the belief mentioned below:

- **"A married woman should be able to leave the house if it is necessary"** (belief N27S): UltraDoers were five times more likely to believe that a married woman should be able to leave the house if she needs to than Ultra-NonDoers (OR=5.2). This association was statistically significant (p=0.01).
- **Only for mothers who had a low household dietary diversity** (and thus probably lower income), believing **"God is sometimes good and sometimes bad"** was highly associated with being an UltraDoer (OR=7.3, p=0.002). Counter-intuitively, mothers who believed this were *more* likely to provide good child care.

While there are studies that show that higher perceived coping abilities are generally associated with better mental health and ability to cope with shocks, we did not find any statistically-significant associations between beliefs about (1) generalized self-efficacy and (2) child nutritional status or being an Ultra-Doer in this study. There are also numerous studies showing the value of social support in physical health,<sup>5,6</sup> mental health,<sup>7</sup> and dealing with shocks,<sup>8</sup> but higher scores on the index measuring social support-seeking was not associated (in this study) with having a child who was a good weight-for-age or being an UltraDoer. Mothers who strongly believed that "God wants all children to survive" were more likely to be UltraDoers, but this was only significant at the p=0.10 level.

### Associations between Maternal Beliefs and Child Nutritional Status

We next looked at the associations between holding each of the 22 beliefs and child nutritional status. There was one belief that was significantly associated with good weight-for-age in Bolivia (at the p<0.05 level):

- **"God wants all children to survive" (N27b): Mothers who believed that God wants all children to survive were about 15 times more likely to have a well-nourished child (OR=0.068, p=0.04).** Mothers who strongly agreed with this statement were about six times more likely to have a well-nourished child (OR=5.9, p=0.009). 85% of the mothers of the well-nourished children strongly believed this statement vs. 50% of mothers of malnourished children.

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<sup>4</sup> In general, the "mid-p exact" was used for this. When a cell value was < 5, we used the Fisher exact p-value.

<sup>5</sup> Uchino, B. (2004). *Social Support and Physical Health: Understanding the Health Consequences of Relationships*. New Haven, CT: Yale University Press.

<sup>6</sup> Uchino, B. (2009). "Understanding the links between social support and physical health: A life-span perspective with emphasis on the separability of perceived and received support." *Perspectives on Psychological Science* 4: 236-255.

<sup>7</sup> Taylor, S.E. (2011). "Social support: A Review". In M.S. Friedman. *The Handbook of Health Psychology*. New York, NY: Oxford University Press. pp. 189-214.

<sup>8</sup> For example, Lowe, S. R., Chan, C. S., & Rhodes, J. E. *Pre-disaster social support protects against psychological distress: A longitudinal analysis of Hurricane Katrina survivors*. Manuscript submitted for publication.

### Associations between Depression and Gender Role Belief Index

A "gender role belief" score was calculated based on agreement with three positive gender beliefs and disagreement with two negative gender beliefs. The beliefs measured for this were:

- Women are just as valuable as men. (Agreement=1 point)
- A married woman should be able to leave the house if she needs to. (Agreement=1 point)
- A wife has the right to express her opinion even when she does not agree with her husband. (Agreement=1 point)
- Important family decisions should always be made only by men in the family. (Disagreement=1 point)
- It is more important for a daughter to find a husband than to finish secondary school. (Disagreement=1 point)

There were no statistically-significant associations found between having a better (higher) gender role belief score and malnutrition of the child or being an UltraDoer.

Counter-intuitively, and only for mothers in households with lower dietary diversity (and probably lower income), mothers who believed that "God is sometimes good and sometimes bad" were almost five times *less* likely to be depressed (OR=0.22, p=0.03).

There were no other statistically-significant relationships between the 22 beliefs tested and having greater levels of depression.

### Discussion

Discussion of findings is provided in the table below.

Finding	Discussion
<p><b>"A married woman should be able to leave the house if it is necessary"</b> associated with being an UltraDoer (OR=5.2, p=0.01).</p>	<p>This belief could significantly affect access to health services and information. In FH's child survival project in Mozambique, we heard from Promoters that mothers who could not leave the house without their husbands prior permission often were unable to access services in a timely manner. This was particularly problematic when husbands were away for days or weeks at a time. (In that project, we worked with couples to get blanket approval for accessing health services any time the child had a danger sign at the very least.)</p>
<p><b>"God is sometimes good and sometimes bad [capricious]"</b> associated with being an UltraDoer among low dietary diversity households (OR=7.3, p=0.002) and <u>not</u> being depressed (OR=0.22, p=0.03)</p>	<p>While including this in the Worldview Score for Bolivia is not recommended, given the negative association between believing this false belief and not caring as well for one's child (at least in poorer households) and having less depression, it would be good to promote a proper, theologically-sound understanding of God's grace, and God's expectations that we will fully participate in protecting our children from harm (rather than relying on a more magical protection system). Families need to understand that we should not take actions to protect our children because God is capricious, but because there are many reasons for suffering, and that God is on our side and wants us to participate in restoring creation.</p>
<p><b>"God wants all children to survive"</b> associated with having a child with good nutritional status (OR=0.07, p=0.04).</p>	<p>Mothers who have had children that died may be more likely to both (a) have unhealthy children now, and not follow health advice; and (b) not believe this (having trouble reconciling what happened to their child with God's will). This could be an effect, a cause, or both. However, the percentage of mothers who have had a child die is still relatively low (e.g., 10%). It could also be that having a</p>

Finding	Discussion
	malnourished child makes mothers question God’s intention (spelled out in Isaiah 65:20) that God wants all children to live. A vicious cycle is probably more likely: Regardless of the source of this belief, believing that God does not want all children to live may make mothers less likely to take action to protect or treat their children, and by taking less action, a child is more likely to die or become gravely sick, and that could confirm their belief that God does not want all children to survive. This finding – and the high association with child nutritional status – should lead FH staff to focus on changing this belief while helping parents to have a better and more theological understanding of the myriad of reasons why bad things happen (e.g., the sinfulness of others; our own sinfulness; our own lack of understanding of what we need to do to help children thrive; chance [e.g., the tower in Siloam]). This was one of the key beliefs promoted in FH/Mozambique’s successful child survival project, as well.

It would be good for field staff in Bolivia to further explore these beliefs to better understand these associations. Regardless, in lieu of other compelling data that would help staff decide which spiritual beliefs to promote, we suggest that staff use these results and prioritize the beliefs mentioned above in their efforts to promote Biblical worldview.

As mentioned earlier, directionality cannot be established with this sort of cross-sectional survey. It may be that believing these things leads to behaviors that in turn lead to the child being underweight. (And some of the data on the "UltraDoers" seems to support this.) But it could also be that a mother who has a child who is underweight is more likely to develop these beliefs. Regardless, believing some of these things may affect how parents care for their children and would remain problematic, regardless of how and why the belief initially developed.

It is useful to see what added value there in using this tool to select beliefs to promote as compared to simply discussing the degree to which people agreed or disagreed with each belief. In order to examine that, we ordered the beliefs from less agreement to greater agreement and compared that to the results given above in terms of association with being an Ultra-Doer or having a child with a good nutritional status. The table below shows the relationship.

Rank re: Worldview Score	Worldview Score (Higher score= Agreement with positive beliefs or Disagreement with neg. beliefs)	Belief	Association w/being an "UltraDoer" (p<0.05)	Association with Good Nutritional Status <sup>9</sup> (p<0.05)
1	2.40	It is important to always scold (NAME) when s/he does something wrong.		
2	2.55	Curses causes some illnesses.		

<sup>9</sup> Good Nutritional Status = weight-for-age Z-score > -1.99 (children who are *not* malnourished).

Rank re: Worldview Score	Worldvie w Score (Higher score= Agreement with positive beliefs or Disagreement with neg. beliefs)	Belief	Association w/being an "UltraDoer" (p<0.05)	Association with Good Nutritional Status <sup>9</sup> (p<0.05)
3	2.69	God is sometimes good, and sometimes bad. [capricious]	Yes *	
4	2.88	A person in my community can make a child become sick or lose weight by something that they do like curses or evil eye.		
5	3.00	I can influence the outcomes of events in my community.		
6	3.04	Important family decisions should always be made only by men in the family.		
7	3.12	I should try to change things in my community when there is injustice or suffering		
8	3.21	God sometimes wills that children become sick and die.		
9	3.28	A married woman should be able to leave the house if she needs to.	YES	
10	3.29	Everyone – rich, poor, old, young – has equal value.		
11	3.34	It's possible that I may have to suffer to create positive changes for those in my family or community.		
12	3.37	Everyone has unique gifts.		
13	3.38	God wants me to change things for the better in my community.		
14	3.39	Despite problems in the world, people were meant to prosper and be happy.		
15	3.44	A wife has the right to express her opinion even when she does not agree with her husband.		
16	3.49	God has given me the power to change things about myself that I do not like		
17	3.50	Everyone is made in the image of God.		
18	3.51	In order for my family to be happier and healthier, I need to make changes in my life.		
19	3.52	All life is sacred.		
20	3.53	It is more important for a daughter to find a husband than to finish secondary school.		
21	3.55	Women are just as valuable as men.		
22	3.77	God wants all children to survive.		YES

\* Note: This belief was significantly associated with being a UltraDoer, but in a counter-intuitive way. (See discussion.)

One way to decide which beliefs to promote would be to simply focus on those beliefs which have the lowest Worldview Score – those positive beliefs which are believed the least, or negative beliefs (e.g., "God is capricious") which are believed the most. However, of the 10 beliefs with which people agreed the *least* – the first ten beliefs shown in the table above – only

two were found to have an important association with overall child care (i.e., being an UltraDoer), and one was an association in the wrong direction. There was one other very important belief – “God wants all children to survive” – that would not have been chosen simply by ranking beliefs according to agreement levels. This is especially important for the belief “God wants all children to survive” since – although it is believed by most mothers – it is strongly associated with having a child with a good nutritional status (as mentioned in the Results section above) and deserves to be promoted further. That is, despite the fact that many people *already* believe this belief, it has a significant association with good child nutritional status. **For this reason, we urge fields to conduct their own studies using these tools so that they can uncover important beliefs that – while being believed by many people – still require additional promotion.**

We suggest that staff in FH/Bolivia measure the following beliefs as part of the Worldview Index (a CFCT Program Key Program Indicator), and that they promote beliefs similar to those in the examples in the fourth column in the table below. The last two beliefs in this index should be given the most emphasis, given their association with child care and nutritional status.

### Suggested Beliefs to Promote (and Measure) for Worldview Index (Bolivia)

Rank	Baseline Score	Beliefs to Measure in CFCT Worldview Index	Examples: Beliefs to Promote (Christian community/ funding source)	Examples: Beliefs to Promote (Non-Christian community/ funding source)
1	2.40	It is important to always scold your child when s/he does something wrong.	There are many ways to change a child's behavior. It is not necessary to always scold the child to help them change. Scolding a child too often can make them feel hopeless.	(Same)
2	2.55	Curses cause some illnesses. (There is no need to measure “A person in my community can make a child become sick or lose weight by something that they do like curses or evil eye” since this is a very similar belief.)	Child illness and malnutrition are mainly caused by eating and drinking the wrong things, living in an unclean environment, and not being able to mentally and spiritually cope with difficulties. God calls parents and gives them the ability to do things to help a child avoid malnutrition and disease.	Child illness and malnutrition are mainly caused by eating and drinking the wrong things, living in an unclean environment, and not being able to mentally and spiritually cope with difficulties. Parents are called and need to develop the skills to do things to help a child avoid malnutrition and disease.
5	3.00	I can influence the outcomes of events in my community.	God has called you to be involved in the life of your community. You can influence the outcomes of events in your community if you try.	It is important that you are involved in the life of your community. You can influence the outcomes of events in your community if you try.
6	3.04	Important family decisions should always be made only by men in the family.	God's plan is that husbands and wives have open communication and make decisions jointly that benefit the entire family. Couples that communicate can make more money and provide for their families better, as well.	Husbands and wives need to have open communication and make decisions jointly that benefit the entire family. Couples that communicate can make more money and provide for their families better, as well.
7	3.12	I should try to change things in my community when there is injustice or suffering	God calls each one of us to bring about justice and relieve the suffering of our neighbors. To do this, we need to volunteer in	We are called to bring about justice and relieve the suffering of our neighbors. To do this, we need to volunteer

### Suggested Beliefs to Promote (and Measure) for Worldview Index (Bolivia)

Rank	Baseline Score	Beliefs to Measure in CFCT Worldview Index	Examples: Beliefs to Promote (Christian community/ funding source)	Examples: Beliefs to Promote (Non-Christian community/ funding source)
			our communities and become involved with community activities.	in our communities and become involved with community activities.
9	3.28	A married woman should be able to leave the house if she needs to.	God gives us freedom. Married women should be able to leave the house. When women are prohibited from leaving the house, they cannot care for their families as well.	Married women should be able to leave the house. When women are prohibited from leaving the house, they cannot care for their families as well.
10	3.29	Everyone – rich, poor, old, young – has equal value.	God values everyone highly whether he or she is rich or poor, old or young, male or female. We should value each other the same way that God does. (Gal. 3:28) Knowing this, we should also advocate for the needs of our families when talking to health facility staff, teachers, and other leaders in our communities, no matter how poor we are.	We should value everyone highly regardless of whether he or she is rich or poor, old or young, male or female. We should value each other the way that we want to be valued. We should also advocate for the needs of our families when talking to health facility staff, teachers, and other leaders in our communities, no matter how poor we are.
11	3.34	It's possible that I may have to suffer to create positive changes for those in my family or community.	Christ sacrificed for us. We are to sacrifice for our communities, doing what is necessary to help our communities move forward, even when it is difficult.	It is good and right for us to serve and sacrifice for our communities, doing what is necessary to help our communities move forward, even when it is difficult.
22 *	3.77	God wants all children to survive. (Similar to contrary of "Sometimes God wants children to become sick and die" so not included above.)	God says in Isaiah 65:20 that one day, no more infants will die. Children die for different reasons, but God wants us to take action so that all children will survive. God <i>wants all</i> children to survive.	FH believes that one day, no more infants will die, and fewer children die now than did in the past. Children die for different reasons, but parents need to take actions so that all children will survive.
	3.09	<b>Average Worldview Score for this scale</b>		

\* Lower ranked but highly significant association with nutritional status.

#### Next Steps

We urge staff in Bolivia to use this data to prioritize the key beliefs that they will promote in Bolivia (as part of a sound Biblical worldview). In FH, lesson plans for promoting (or refuting) each of the beliefs will be created as part of the Child-focused Community Transformation (CFCT) model roll-out. The lesson plans that correspond with the beliefs in the table above should be used in Bolivia. A Worldview Scale should also be calculated in each Cluster based on the elements in the table above, and measured every two years per FH's CFCT Model Implementation Plan guidance

We also urge staff in other countries to use this tool in order to (1) see if there are similar trends found in other countries in LAC, Africa and Asia regions; and (2) determine which beliefs would be more important to promote in each FH field.



It would also be good for at least one FH field to track beliefs, maternal practices, and child malnutrition *longitudinally* (e.g., sampling the same families, every year for several years) to better determine directionality between beliefs and practices (e.g., when are beliefs a cause? An effect?). This would help further our understanding of the relationship between beliefs and behavior.

The authors wish to sincerely thank the staff of FH/Bolivia who helped carry out this study, and the women who participated in the interviews that made it possible.

## Annex A: Belief Prioritization Tool Questionnaire (Spanish)

### Herramienta para la Priorización de Creencias de FH

**Muestra:** 90 Madres de niños de 12-59 meses de edad.

País: \_\_\_\_\_ Provincia: \_\_\_\_\_

1. Nombre de la madre: \_\_\_\_\_
2. Comunidad: \_\_\_\_\_
3. Edad de la Madre: \_\_\_ años
4. Grupo Cultural: \_\_\_\_\_

#### **Preguntas para la clasificación del Bienestar**

5. Peso del niñ@ (kg): \_\_\_\_.
6. Edad del niñ@ (en meses completos): \_\_\_\_ meses
7. Genero del Niñ@:  Masculino  Femenino
8. MUAC del niñ@ (12-23m de edad solamente):  Verde  Amarillo  Rojo
9. Durante el anterior período de 24 horas, ¿usted o alguien en su hogar consumió:  
**(NOTA: Cada país debe sustituir los alimentos locales como ejemplos en cada grupo de alimentos.)**

<b>Grupo de Alimentos</b>	<b>SI</b>	<b>NO</b>
a. Cereales (choclo, arroz, pan)	SI	NO
b. Raíces y tubérculos (papa, chuño, tunta,, yuca)	SI	NO
c. Legumbres (lentejas, porotos, arvejas)	SI	NO
d. Leche / productos lácteos (leche, yogur, queso)	SI	NO
e. Huevos	SI	NO
f. Carne / viseras	SI	NO
g. Pescado	SI	NO
h. Aceite / grasa (mantequilla, aceite vegetal)	SI	NO
i. Azúcar / Miel	SI	NO
j. Frutas (plátano, naranja, mango)	SI	NO
k. Legumbres y hortalizas, espinacas, cebolla, zanahoria)	SI	NO

**No dijo eso a la madre: ("UltraHacedor" Preguntas)** El siguiente conjunto de preguntas busca diferentes comportamientos que se utilizarán para establecer una puntuación, y para elegir a las madres cuyas prácticas de salud infantil son las mejores.

10. ¿Esta usted dando de amamantar a (NOMBRE) actualmente?  Si  No
11. ¿A qué edad (en meses) comenzó a dar líquidos u otro alimento más que la leche materna a (nombre) [incluyendo agua]? \_\_\_\_ Meses de edad  
(Use "0" si el niño se inició en el primer mes de vida.)
12. ¿Cuándo empezó a dar comida semi-sólida o en puré a (nombre)? \_\_\_\_ Meses de edad

13. ¿Cuántas veces (NOMBRE) comió alimentos sólidos, semisólidos o suaves que no sean líquidos, ayer durante el día o la noche?

\_\_\_ Veces     Demasiados para contarlos     No lo sé

**NOTA: QUEREMOS ENCONTRAR CUÁNTAS VECES EL NIÑ@ COMIÓ LO SUFICIENTE PARA SENTIRSE LLEN@. APERITIVOS Y ALIMENTOS PEQUEÑOS TALES COMO UNO O DOS BOCADOS DE LA MADRE O DE EL O LA HERMANA NO SE DEBEN CONTAR. LÍQUIDOS NO CUENTAN PARA ESTA PREGUNTA. NO INCLUYA SOPAS LIVIANAS O CALDO, ATOLES ACUOSOS, O CUALQUIER OTRO LÍQUIDO. USA PREGUNTAS DE SONDEO PARA AYUDAR AL ENTREVISTADO RECORDAR TODAS LAS VECES QUE EL NIÑ@ COMIÓ AYER.**

14. ¿(NOMBRE) recibió una dosis de vitamina A como esta (muestra) en la boca en los últimos 6 meses?

1. Sí     2. No     3. No lo sé

15. ¿(NOMBRE) ha sido desparasitad@ en los últimos seis meses?

1. Sí     2. No     3. No lo sé

16. La última vez que (NOMBRE) estuvo enfermo, le dio a (NOMBRE) menor cantidad de alimentos, la misma cantidad de comida, o más comida de lo habitual?

1. Menos comida     2. Misma cantidad de alimentos     3. Más alimentos     4. Nunca Enfermo

17. La última vez que (NOMBRE) estuvo enfermo, le dio a (NOMBRE) menos líquidos, la misma cantidad de líquidos, o más líquidos que de costumbre?

1. MENOS líquidos     2. MISMA cantidad de líquidos     3. Mayor consumo de líquidos     4. Nunca Enfermo

18. Cuando estaba embarazada con (NOMBRE), ¿cuántos meses tomó suplementos de hierro?

\_\_\_ Meses     No recuerdo

19. ¿Utilizó usted jabón de algún tipo por cualquier motivo ayer durante el día o la noche?

1. Sí     2. No → **Saltar a la # 21**     3. No lo sé → **Saltar a la # 21**

20. Cuando usó jabón ayer en el día o la noche, ¿para qué lo uso?

**REGISTRE TODAS LAS MENCIONADAS. NO LEER LAS RESPUESTAS. SONDEE PARA SER ESPECÍFICO. PREGUNTE "QUÉ MÁS" HASTA QUE NO QUEDE NADA MAS QUE MENCIONAR. SI "LAVARME LAS MANOS O DE MIS HIJOS" ES MENCIONADO," SONDEE CUANDO SE LAVE LAS MANOS DURANTE EL DIA, PERO NO LEEA LAS RESPUESTAS.**

- A. Antes de la preparación de alimentos
- B. Antes de alimentar a los niños
- C. Después de la defecación
- D. Después de asistir a un niño que ha defecado
- E. Otros (ej., lavar ropa) (Especificar: \_\_\_\_\_)

21. **Examine la tarjeta de vacunas. Anote a continuación si el niño ha recibido DPT3 o OPV3 (cualquier de los dos):**

SI     NO     SIN TARJETA

22. La última vez que (NOMBRE) evacuó heces, ¿dónde él / ella defecó?

*(Una sola respuesta.)*

- 1. Usó un sanitario (por ejemplo, letrina, inodoro con descarga de agua)
- 2. Utilizó un bacín (bacín dentro o fuera de la casa)
- 3. Uso pañales lavables
- 4. Uso pañales desechables
- 5. Fue en la casa / jardín
- 6. Salió del lugar donde se encontraba
- 7. Se hizo en su ropa
- 8. Otros (especificar): \_\_\_\_\_
- 9. No lo sé

23. ¿En la última semana, hiciste algo con el agua para hacerla mas segura para que (NOMBRE) pueda beberla? Si es así, ¿qué?  
**(Marca todas las que apliquen. Pregunte: "¿Algo más?" Después de cada respuesta.)**
- a. No hizo nada / no trato el agua
  - b. Hervir
  - c. Agregue lavandina / cloro / productos para purificación [por ejemplo, PUR, CERTEZA]
  - d. Filtro de agua (de cerámica, arena, compuesto)
  - e. Desinfección solar (SODIS)
  - f. Sedimentación
  - g. Tamizar a través de tela
  - h. Otros (especificar): \_\_\_\_\_

24. **Mire la tarjeta de Monitoreo de Crecimiento del niñ@. Registre si el niñ@ fue pesado en 2 de los 3 últimos meses.**

1. Sí    2. No    3. No lo sé

25. ¿Esta usted haciendo algo actualmente para prevenir un embarazo? SI LA RESPUESTA ES SI, PREGUNTE "Cual es el metodo mas usado pot uste o su pareja para evitar o retrasar el embarazo?" **(Marque un solo metodo mas usado)**

1. SIN METODO
2. INYECCIÓN
3. DIU
4. METODO DE BARRERA/DIAFRAGMA
5. ESPUMA/GEL
6. HORMONA
7. PILDORAS
8. CONDONES
9. LIGAMENTO DE TROMPAS
10. VASECTOMIA
11. AMENORREA (LACTANCIA EXCLUSIVA)
12. METODO DEL RITMO
13. ABSTINENCIA
14. INTERRUPCION DEL COITO
15. OTRO \_\_\_\_\_  
(ESPECIFICAR)

**Preguntas que buscan creencias específicas que se correlacionan con el bienestar o las conductas saludables.**

26. (Preguntas sobre autoeficacia generalizada y búsqueda de apoyo social)

**Di:** Ahora voy a leerle varias declaraciones. Quiero que me diga si está un poco de acuerdo, muy de acuerdo, un poco en desacuerdo, o muy en desacuerdo con cada una de ellas.

<b>Para cada creencia a continuación, pedir a la persona si está en acuerdo o desacuerdo con la declaración.</b>				
	<b>Muy en desacuerdo</b>	<b>Un poco en Desacuerdo</b>	<b>Un poco de acuerdo</b>	<b>Muy de acuerdo</b>
1. Yo siempre puedo resolver problemas difíciles si me esfuerzo lo suficiente.	1	2	3	4

<b>Para cada creencia a continuación, pedir a la persona si está en acuerdo o desacuerdo con la declaración.</b>				
<p>➤ <b>Si está de acuerdo, preguntar,</b> "¿Está un poco de acuerdo o muy de acuerdo?"</p> <p>➤ <b>Si está en desacuerdo, preguntar:</b> "¿Está un poco en desacuerdo o muy en desacuerdo?" Marcar solamente una respuesta para cada creencia.</p>				
<b>Creencia</b>	<b>Muy en desacuerdo</b>	<b>Un poco en Desacuerdo</b>	<b>Un poco de acuerdo</b>	<b>Muy de acuerdo</b>
2. Si alguien se opone a mí, puedo encontrar los medios y las maneras de conseguir lo que quiero.	1	2	3	4
3. Cuando estoy enfrentando un problema, puedo encontrar varias soluciones.	1	2	3	4
4. Con la ayuda de Dios, estoy seguro de que puedo hacer frente a acontecimientos inesperados.	1	2	3	4
5. Gracias a mi ingenio, yo sé cómo manejar las situaciones imprevistas.	1	2	3	4
6. Puedo resolver la mayoría de los problemas si invierto el esfuerzo necesario.	1	2	3	4
7. Puedo mantener la calma ante las dificultades.	1	2	3	4
8. En momento críticos (difíciles), prefiero pedir consejo a otras personas.	1	2	3	4
9. Cuando me siento bajoneado, busco a alguien que me anime.	1	2	3	4
10. Cuando estoy preocupado por algo, busco a alguien para hablar sobre el tema.	1	2	3	4
11. Si no se como manejar una situación, pregunto a otros que es lo que ellos harían en esa misma situación.	1	2	3	4
12. Cuando necesito ayuda pido ayuda a alguien.	1	2	3	4
<b>Puntaje de Autoeficacia Generalizada:</b> Sume preguntas 1 - 7.	___ puntos			
<b>Puntaje de búsqueda de apoyo social:</b> Sume preguntas 8 -12.	___ puntos			

27. Preguntas para medir otras creencias:

**Di:** Ahora voy a leerle algunas declaraciones adicionales. Quiero que me diga si está muy de acuerdo, de acuerdo, en desacuerdo o muy en desacuerdo con cada una de ellas.

<b>Para cada creencia a continuación, pedir a la persona si el acuerdo o desacuerdo con la declaración. Si están de acuerdo, preguntar,</b> "¿Está un poco de acuerdo o muy de acuerdo?" Si no están de acuerdo, preguntar: "¿Está un poco en desacuerdo o muy en desacuerdo?" Marca solamente una respuesta para cada creencia.				
<b>Creencia</b>	<b>My en desacuerdo</b>	<b>Un poco en desacuerdo</b>	<b>Un poco en acuerdo</b>	<b>Muy de acuerdo</b>
a. Dios me ha dado el poder de cambiar cosas sobre mí que no me gustan	1	2	3	4
b. Dios quiere que todos los niños sobrevivan.	1	2	3	4
c. Todo el mundo está hecho a imagen de Dios.	1	2	3	4
d. Las maldiciones causan algunas enfermedades.	4	3	2	1
e. Dios es a veces bueno, y a veces malo.	4	3	2	1
f. A veces Dios quiere que los niños se enfermen y mueran.	4	3	2	1
g. Toda vida es sagrada.	1	2	3	4
h. Una persona en mi comunidad puede hacer que un niño se enferme o baje de peso a través de una maldición o mal de ojo.	4	3	2	1

i. Puedo influir en los resultados de los eventos en mi comunidad.	1	2	3	4
j. Debo tratar de cambiar las cosas en mi comunidad cuando hay injusticia o sufrimiento	1	2	3	4
k. Es posible que voy a tener que sufrir para crear cambios positivos en mi familia o en mi comunidad.	1	2	3	4
l. Dios quiere que yo cambie las cosas para mejor en mi comunidad.	1	2	3	4
m. Todas las personas – ricos, pobres, viejos, jóvenes – tienen el mismo valor.	1	2	3	4
n. A pesar de los problemas en el mundo, las personas estaban destinadas a prosperar y ser felices.	1	2	3	4
o. Para que mi familia sea feliz y saludable, tengo que hacer cambios en mi vida.	1	2	3	4
p. Cada persona tiene dones únicos.	1	2	3	4
q. Es importante siempre regañar a (NOMBRE) cuando hace algo mal.	4	3	2	1
r. Las mujeres son tan valiosas como los hombres.	1	2	3	4
s. Una mujer casada debe ser capaz de salir de la casa si es necesario.	1	2	3	4
t. La mujer tiene derecho a expresar su opinión incluso cuando ella no está de acuerdo con su marido.	1	2	3	4
u. Las decisiones importantes de la familia siempre deben ser hechas solamente por los hombres de la familia.	4	3	2	1
v. Es más importante para una hija encontrar un marido que terminar la escuela secundaria.	4	3	2	1
<b>PUNTAJE DE COSMOVISIÓN</b> (Agregar todos los números de respuesta de la A a V)	Total de preguntas respondidas (A-V): _____ Puntuación: _____ puntos			
<b>PUNTUACIÓN DE GÉNERO</b> (Añadir todas las respuestas para las preguntas de la R - V) [Indicador clave de género]	Total de preguntas respondidas (R-W): _____ Puntuación: _____ puntos			

## 28. Escala de Depresión

Las siguientes frases describen cómo a veces se sienten las personas. Para cada pregunta, por favor señale cuán frecuente se ha sentido así en la última semana (en términos de cuantos días de la semana). (Ponga un círculo alrededor de la respuesta más acertada para cada frase.)

Encierra en un círculo en la celda adecuada, después de leer la siguiente pregunta	Raramente o ninguna de las veces (0 días de la semana)	Algunas veces un poco de tiempo (1-2 días a la semana)	De vez en cuando, o una cantidad moderada de tiempo (3-4 días a la semana)	la mayoría o todo el tiempo (5-7 días a la semana)
a. Durante la anterior semana, cuantas veces te sentiste <b>triste o deprimido</b> ?	1	2	3	4
b. Durante la anterior semana, cuantas veces te sentiste <b>sola</b> ?	1	2	3	4
c. Durante la anterior semana, te sentiste <b>temeroso</b> ?	1	2	3	4
d. Durante la anterior semana, cuantos días te sentiste <b>esperanzado en relación al futuro</b> ?	4	3	2	1
e. Durante la anterior semana, cuantos días te sentiste <b>molesto por algunas cosas que generalmente no te molestan</b> ?	1	2	3	4
				<b>Puntuación Total:</b>

**Fin del cuestionario: De gracias a la Madre!**

## Annex B: Belief Prioritization Tool Questionnaire (English)



### FH Belief Prioritization Tool

**Sample:** 90 mothers of children 12-59m of age.

Country: \_\_\_\_\_ Province: \_\_\_\_\_

29. Mother's name: \_\_\_\_\_

30. Community: \_\_\_\_\_

31. Mother's Age: \_\_\_ years

32. Cultural Group: \_\_\_\_\_

**Wellbeing Classification Questions**

33. Child's weight (kg): \_\_\_\_.

34. Child's age (in completed months): \_\_\_\_ months

35. Child's gender:  Male  Female

36. Child's MUAC (12-23m olds only):  Green  Yellow  Red

37. During the previous 24-hour period, did you or anyone in your household consume:

**NOTE: Each country should substitute local foods as examples in each food group.**

<b>Food Group</b>	<b>YES</b>	<b>NO</b>
i. Cereals (maize, rice, bread)	YES	NO
m. Roots/Tubers (potato, cassava)	YES	NO
n. Legumes (lentils, beans, peas)	YES	NO
o. Milk/Milk Products (milk, yogurt, cheese)	YES	NO
p. Eggs	YES	NO
q. Meat/offal	YES	NO
r. Fish/Seafood	YES	NO
s. Oil/Fat (butter, vegetable oil, palm oil)	YES	NO
t. Sugar/Honey	YES	NO
u. Fruits (banana, orange, mango)	YES	NO
v. Vegetables (spinach, onion, carrot)	YES	NO

**"UltraDoer" Questions: This next set of questions look for different behaviors that will be used to set a score, and to choose mothers whose child health practices are the best.**

38. Are you currently breastfeeding (NAME)?  Yes  No

39. At what age (in months) did you first begin giving any liquids or food other than breastmilk to (NAME) [including water]? \_\_\_\_ months of age  
*(Use "0" if the child began in the first month of life. Use NO if the child is not yet taking other foods or liquids.)*

40. When did you first give semi-solid or mashed food to (NAME)? \_\_\_\_ months of age

41. How many times did (NAME) eat solid, semi-solid, or soft foods other than liquids yesterday during the day or at night?

\_\_\_ Times     Too many to count     Don't Know

**NOTE: WE WANT TO FIND OUT HOW MANY TIMES THE CHILD ATE ENOUGH TO BE FULL. SMALL SNACKS AND SMALL FEEDS SUCH AS ONE OR TWO BITES OF MOTHER'S OR SISTER'S FOOD SHOULD NOT BE COUNTED. LIQUIDS DO NOT COUNT FOR THIS QUESTION. DO NOT INCLUDE THIN SOUPS OR BROTH, WATERY GRUELS, OR ANY OTHER LIQUID. USE PROBING QUESTIONS TO HELP THE RESPONDENT REMEMBER ALL THE TIMES THE CHILD ATE YESTERDAY**

42. Did (NAME) receive a Vitamin A dose like this (SHOW) in the mouth within the last 6 months?

1. Yes     2. No     3. Don't know

43. Has (NAME) been dewormed in the past six months?

1. Yes     2. No     3. Don't know

44. The last time that (NAME) was sick, did you give (NAME) less food, the same amount of food, or more food than usual?

1. LESS food     2. SAME amount of food     3. MORE food     4. Never Sick

45. The last time that (NAME) was sick, did you give (NAME) less liquids, the same amount of liquids, or more liquids than usual?

1. LESS liquids     2. SAME amount of liquids     3. MORE liquids     4. Never Sick

46. When you were pregnant with (NAME), for how months did you take iron supplements?

\_\_\_ months     Don't remember

47. Did you use soap of any kind for any reason yesterday during the day or night?

1. Yes     2. No → **Skip to #21**     3. Don't know → **Skip to #21**

48. When you used soap yesterday in the day or night, what did you use it for?

**RECORD ALL MENTIONED. DO NOT READ THE ANSWERS. PROBE TO BE SPECIFIC. ASK "WHAT ELSE" UNTIL NOTHING FURTHER IS MENTIONED. IF "WASHING MY OR MY CHILDREN'S HANDS" IS MENTIONED, PROBE AT WHAT TIMES DURING THE DAY SHE WASHED HER HANDS OR HER CHILD'S HANDS, BUT DO NOT READ THE ANSWERS.**

- A. Before food preparation
- B. Before feeding children
- C. After defecation
- D. After attending to a child who has defecated
- E. Other (e.g., washing clothes, washing utensils) Specify: \_\_\_\_\_

49. **Examine the child's immunization card. Record below if the child has either received DPT3 or OPV3:**

YES     NO     NO CARD

50. The last time (NAME) passed stool, where did he/she defecate?

*(Single response only.)*

- 1. Used sanitation facility (e.g., latrine, flush toilet)
- 2. Used potty (pot or pan, indoor or outdoor)
- 3. Used washable diapers
- 4. Used disposable diapers
- 5. Went in house/yard
- 6. Went outside the premises
- 7. Went in his/her clothes
- 8. Other (Specify): \_\_\_\_\_
- 9. Don't know



51. In the past week, did you do anything to the water given to (NAME) to make it safer to drink? If so, what?

**(MARK ALL THAT APPLY. ASK, "Anything else?" AFTER EACH RESPONSE.)**

- a. Did nothing / did not treat
- b. Boil
- c. Add bleach/chlorine/chlorination product [e.g., PUR, CERTEZA]
- e. Water filter (ceramic, sand, composite)
- f. Solar disinfection
- g. Sedimentation
- h. Sieve it through cloth
- Other (Specify): \_\_\_\_\_

**[This question below (in gray font) was omitted for Bolivia, but should be used in other areas where malaria is a problem.]**

52. Does your household have any mosquito nets that can be used while sleeping which have been treated?

- 1. Yes
- 2. No → *Skip to #28*
- 3. Don't know → *Skip to #28*

53. Who slept under a bed net last night?

*(IF ANYONE OTHER THAN THE MOTHER OR CHILD IS MENTIONED, RECORD "5. OTHER".)*

- 1. No One
- 2. Child (NAME) only
- 3. Mother only
- 4. Mother and child (NAME)
- 5. Other

24. **Look at child's GM/P card. Record if child was weighed in 2 of the 3 last months.**

- 1. Yes
- 2. No
- 3. Don't know

25. Are you currently doing something or using any method to delay or avoid getting pregnant? IF YES, ASK "What is the main method you or your husband/partner are using now to avoid/postpone getting pregnant?" **(Mark ONE main method only below.)**

- 16. NO METHOD
- 17. INJECTIONS
- 18. IUD
- 19. BARRIER METHOD/DIAPHRAGM
- 20. FOAM/GEL
- 21. NORPLANT
- 22. PILL
- 23. CONDOM
- 24. TUBAL LIGATION
- 25. VASECTOMY
- 26. LACTATIONAL AMENORRHEA (EXCLUSIVE BREASTFEEDING)
- 27. RHYTHM
- 28. ABSTINENCE
- 29. WITHDRAWAL
- 30. OTHER \_\_\_\_\_

(SPECIFY)

**These questions that look at specific beliefs which may correlate with wellbeing or healthy behaviors.**

26. (Questions on Generalized Self-efficacy and Social Support Seeking:)

**Say:** Now I am going to read to you several statements. I want you to tell me if you Agree a lot, agree a little, disagree a little, or disagree a lot with each one.

<b>For each belief below, ask the person if the AGREE or DISAGREE with the statement. If they Agree, ask, "Do you Agree a little or Agree a lot?" If they Disagree, ask, "Do you Disagree a little or Disagree a lot?" Mark only one response for each belief.</b>				
<b>Belief</b>	<b>Disagree a Lot</b>	<b>Disagree a Little</b>	<b>Agree a little</b>	<b>Agree a lot</b>
13. I can always manage to solve difficult problems if I try hard enough.	1	2	3	4
14. If someone opposes me, I can find the means and ways to get what I want.	1	2	3	4
15. When I am confronted with a problem, I can find several solutions.	1	2	3	4
16. With God's help, I am confident that I could deal with unexpected events.	1	2	3	4
17. Thanks to my resourcefulness, I know how to handle unforeseen situations.	1	2	3	4
18. I can solve most problems if I invest the necessary effort.	1	2	3	4
19. I can remain calm when facing difficulties.	1	2	3	4
20. In critical situations, I prefer to ask others for their advice.	1	2	3	4
21. Whenever I am down, I look for someone to cheer me up again.	1	2	3	4
22. When I am worried, I reach out to someone to talk to.	1	2	3	4
23. If I do not know how to handle a situation, I ask others what they would do.	1	2	3	4
24. Whenever I need help, I ask for it.	1	2	3	4
<b>Generalized Self-efficacy Score:</b> Add response to questions #1-7.	___ points			
<b>Support Seeking Score:</b> Add responses to questions #8-12	___ points			

27. Questions to measure other beliefs:

**Say:** Now I am going to read to you some additional statements. I want you to tell me if you Agree a little, agree a lot, disagree a little, or disagree a lot.

<b>For each belief below, ask the person if the AGREE or DISAGREE with the statement. If they Agree, ask, "Do you agree a little or agree a lot?" If they Disagree, ask, "Do you disagree a little or disagree a lot?" Circle only one response for each belief.</b>					
<b>Belief</b>	<b>Disagree a lot</b>	<b>Disagree a little</b>	<b>Agree a little</b>	<b>Agree a lot</b>	<b>DK/NR</b>
a. God has given me the power to change things about myself that I do not like	1	2	3	4	<input type="checkbox"/>
b. God wants all children to survive.	1	2	3	4	<input type="checkbox"/>
c. Everyone is made in the image of God.	1	2	3	4	<input type="checkbox"/>
d. Curses (or Evil Eye) cause some illnesses.	4	3	2	1	<input type="checkbox"/>
e. God is sometimes good, and sometimes bad.	4	3	2	1	<input type="checkbox"/>
f. God sometimes wills that children become sick and die.	4	3	2	1	<input type="checkbox"/>

g. All life is sacred.	1	2	3	4	<input type="checkbox"/>
h. A person in my community can make a child become sick or lose weight by something that they do like curses or evil eye.	4	3	2	1	<input type="checkbox"/>
i. I can influence the outcomes of events in my community.	1	2	3	4	<input type="checkbox"/>
<b>Belief</b>	<b>Disagree a lot</b>	<b>Disagree a little</b>	<b>Agree a little</b>	<b>Agree a lot</b>	<b>DK/NR</b>
j. I should try to change things in my community when there is injustice or suffering	1	2	3	4	<input type="checkbox"/>
k. It's possible that I may have to suffer to create positive changes for those in my family or community.	1	2	3	4	<input type="checkbox"/>
l. God wants me to change things for the better in my community.	1	2	3	4	<input type="checkbox"/>
m. All people – rich, poor, old, young – have equal value.	1	2	3	4	<input type="checkbox"/>
n. Despite problems in the world, people were meant to prosper and be happy.	1	2	3	4	<input type="checkbox"/>
o. In order for my family to be happier and healthier, I need to make changes in my life.	1	2	3	4	<input type="checkbox"/>
p. Everyone has unique gifts.	1	2	3	4	<input type="checkbox"/>
q. It is important to always scold (NAME) when s/he does something wrong.	4	3	2	1	<input type="checkbox"/>
r. Women are just as valuable as men.	1	2	3	4	<input type="checkbox"/>
s. A married woman should be able to leave the house if she needs to.	1	2	3	4	<input type="checkbox"/>
t. A wife has the right to express her opinion even when she does not agree with her husband.	1	2	3	4	<input type="checkbox"/>
u. Important family decisions should always be made only by men in the family.	4	3	2	1	<input type="checkbox"/>
v. It is more important for a daughter to find a husband than to finish secondary school.	4	3	2	1	<input type="checkbox"/>
<b>WORLDVIEW SCORE</b> (Add all response numbers A through V)	<i>Total Questions Responded (A-V): _____</i> <i>Score: _____ points</i>				
<b>GENDER SCORE</b> (Add all the answers for questions R – V) [Key Gender Indicator]	<i>Total Questions Responded (R-W): _____</i> <i>Score: _____ points</i>				

## 28. Depression Scale

The following phrases describe how people sometimes feel. For each question, please indicate how frequently you felt this way in the last week (in terms of number of days during the week). *(Put a circle around the answer that they mention.)*

<i>Circle the appropriate cell after reading the question below</i>	Rarely or none of the time (0 days a week)	Some or a little of the time (1-2 days a week)	Occasionally or a moderate amount of time (3-4 days a week)	Most or all of the time (5-7 days a week)
a. Over the past week, on how many days did you feel <b>sad or depressed</b> ?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
b. Over the past week, on how many days did you feel <b>lonely</b> ?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
c. Over the past week, on how many ways did you feel <b>fearful</b> ?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>

d. Over the past week, on how many days would you say you felt <b>hopeful about the future?</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
e. Over the past week, on how many days would you say you felt <b>bothered by things that usually don't bother you?</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
				<b>Total Score:</b>

***END OF QUESTIONNAIRE: THANK THE MOTHER!***