WOMEN SPEAK:
HIV/AIDS EDUCATION FROM A COMMUNITY PERSPECTIVE

Researchers
Renee Cadzow
Leslie Gross
Catherine Klein
Oriana Ramirez Rubio

Faculty Advisors
Nancy Romero-Daza
David Himmelgreen

Field Methods for Community Health
Monteverde Institute
June 19 to August 1, 2004

Primary Researchers

The research team was comprised of four women from different research, educational and regional backgrounds. Renee Cadzow, MA, is a doctoral student at State University of New York at Buffalo in the department of physical anthropology. Her Spanish proficiency is intermediate. Leslie Gross is an MPH student at University of South Florida in the department of public health. Her emphasis is global health and her Spanish proficiency is basic. Catherine Klein MA is pursuing a doctoral degree at the University of South Florida within the department of anthropology and she speaks basic Spanish. Oriana Ramirez Rubio is a physician in Spain and native Spanish speaker. Her medical degree is from the Universidad Autonoma de Madrid and she has a Certification in International Cooperation and Health from the Universidad Complutense de Madrid, Spain.

Introduction

"Not only can insights of local people improve the quality of research and ensure face validity, their involvement has important implications for the sustainability and appropriateness of interventions." (Cornwall and Jewkes 1995: 1674). This is an intervention project inspired by the guiding principles of collaborative Participatory Research. This project focuses on using the community's perspective to create culture-appropriate educational materials for HIV/AIDS prevention for rural women and to identify the most effective channels to disseminate this information.

This research is important in Costa Rica because, according to the Costa Rican Ministry of Health, there is a growing problem of HIV/AIDS in the country with an adjusted mortality rate of 3.2/100.000 in 2001. According to UNAIDS/WHO, 11,000 (0.6%) Costa Ricans were living with HIV/AIDS in 2001. In 2003 research conducted by the Monteverde Institute and the University of South Florida indicated a need to develop culturally appropriate HIV awareness and education materials targeted at men, women, and children. We selected a population of rural

women for various reasons. First, UNAIDS/WHO (2004) indicates that women are more vulnerable to HIV infection and can be 2.5 times more likely than men to contract HIV/AIDS. Second, there is a deficit in interventions that addresses the specific needs of women. Finally, there are time and money limitations, making the immediate community the most viable study population. This project's intent is to actively involve small groups of rural women in the creation of HIV materials for their peers. This project also strives to increase HIV knowledge in the community and to decrease any misconceptions that might exist.

Purpose

- *ASSESSMENT*: To assess level of HIV/AIDS knowledge among project participants via questionnaires and interactive exercises.
- *EDUCATION*: To increase knowledge of HIV/AIDS, transmission pathways and prevention strategies among women.
- *INTERVENTION*: To actively involve women from the community in the development of culture-appropriate HIV/AIDS educational materials for their peers. This educational material may take the form of posters, t-shirts, calendars, pamphlets or any other creative design that the participants prefer.

Methods

Characteristics of the population

Our population of interest was adult women (18 years and older) from a rural community in the Monteverde zone. Participants were recruited through flyers distributed at a local community health fair, by word of mouth, and by posters displayed at the community center, the clinic (EBAIS), and a pulperia (general store) (See Appendix A). The researchers collected demographic information including: age, marital status, number of children, number of people

living in the household, how many years of local residency, educational level and occupation (see Appendices E & F).

Mechanisms for the intervention

This intervention project was carried out through a series of group meetings with local women (See Appendix J). An initial meeting was conducted with 6 women. In this meeting the researchers first gave an introduction to the project and administered the consent and demographic forms (see Appendix D & E). A 22-item questionnaire (see Appendix G) designed to assess HIV/AIDS knowledge was then administered. Following this, the researchers led an exercise assessing risk perception related to behaviors and people (see Appendix M). This exercise asked participants to group phrases describing behavior and photos of people into high, low or no risk categories. The researchers then distributed educational material (see Appendix N) and one member of the research team (a certified AIDS educator and physician) led a lecture on HIV/AIDS. The final events of the meeting included discussion of subsequent meetings and an appreciation exercise. The women were then invited to two follow-up meetings.

The first hour of the second meeting was a repeat of the main ideas from the first meeting for the benefit of new participants. In the second part of the meeting the researchers asked the women to evaluate current prevention campaign materials that were exhibited in one of the rooms. Five of the materials were from Spain and one from Costa Rica. The correlating evaluations for each of the six items included both Likert scale and open-ended questions regarding the participants' perception of the clarity of information and whether they were comfortable sharing the information with family and friends. A ¨brainstorm¨ session was then held to discover what the participants considered the most effective way to disseminate HIV awareness information to other community members.

At the third meeting participants reviewed some of the prevention and transmission methods from the risk collage exercise. Utilizing many of the same phrases, participants then worked

together to finish the three new HIV awareness designs that they considered appropriate for their community. The three designs had been the creations of individual women who then collaborated to transform them into their final state. The initial questionnaire was then repeated and a sign up sheet was passed around for those interested in participating in future studies. The meetings were brought to a close by repeating the appreciation exercise.

Information was also gathered through informal interviews with the noted community resource people as well as with local community members. Due to the limited availability of information and the currently ongoing Global AIDS Conference in Bangkok, phone interviews with the Ministerio de Salud produced minimal results. With the participants´ permission, the interviews and group meetings were tape recorded and notes taken. The designs and the research conclusions were presented at a community presentation. The newly designed educational material was graphically enhanced by the researchers and one or more of the final products will be printed by the Monteverde Institute and distributed to all of the participants. In the future, it may also be made available to the local clinic and education programs via the Monteverde Institute.

Data Analysis

Demographic information and material evaluations are summarized in Appendix F & I. Material evaluations were scored in accordance with Likert scale results and relevant comments. The 22-item questionnaire was broken down into the following five categories: 13 transmission, 3 biology, 2 prevention, 2 stereotypes and 2 treatment. The researchers reviewed the results of the risk perception exercises in order to guide the discussion about prevention and transmission methods in the third meeting.

Participants' confidentiality

In order to protect the identity of project participants, we used alphanumeric codes instead of names in all documents derived from the project. Any forms that contain identifying information

will be stored in a locked cabinet at the Monteverde Institute along with all tape recordings and notes. All of these will be destroyed in three years.

Results

A total of eight women participated in this intervention project. They ranged in age from 23 to over 50. All of these women were married and had children that ranged in age from 21 months to over 30 years. The majority of women had a primary educational level, one had high school and one had attended college. All but one (who listed her occupation as "retired") were home-makers and they had resided in the Monteverde area between six and fifty years.

The first questionnaire showed that subjects displayed minimal knowledge of all five categories presented. The second showed marked improvement in all categories. The risk collage game also revealed a lack of knowledge regarding pathways of transmission, biology, prevention, and treatment. It also revealed some existing stereotypes regarding who is at risk for becoming infected. Many of the women thought that HIV could be transmitted through kissing. Some also thought that a condom would not prevent infection because they perceive it as not always preventing pregnancy. They categorized men in the military and a man dressed only in his underwear as "high risk" and they placed a picture of an old couple and a picture of a group of children in "no risk." For additional results from this exercise, refer to Appendix M. After the educational talk, it was concluded that it was not certain types of people who are at risk but rather certain behaviors that put people at risk.

The most notable results were the designs that were generated by the women. They were an indication of their increased knowledge and awareness of HIV/AIDS. The community's receptiveness at the local presentation was an indication of the success of the intervention. All of the designs were all rated favorably on a Likert scale (a total of 16 people responded).

Conclusions

Upon assessing the questionnaire, it was noted that most of the questions (13 out of 22) were about transmission. This is not necessarily a limitation, however, as it is important to understand transmission in order to avoid infection. Also, many of the transmission questions overlap with the other categories of prevention and biology. Question number 22 on the questionnaire was problematic due to ambiguous wording. Either a "Si" or "No" response could have been construed as a correct response. These issues should be addressed prior to repeating the intervention.

"Ultimately, participatory research is about respecting and understanding the people with and for whom researchers work" (Cornwall and Jewkes 1995: 1674). In designing the research with an assessment, education and intervention component, it was the researchers' intent to best represent and assist the people with whom they worked. The design flowed well through the three focus groups and it produced results within a two week time period. Though there were relatively few women involved, the women that were involved seem to be active within the community and are very interested in continuing a project related to HIV/AIDS either with the help of the Monteverde Institute or on their own.

Acknowledgements

We would like to thank the community of Cañitas and the women who participated in this project. Additionally we are indebted to our course coordinators Elsa Batres Boni and Gaudy Picado and our faculty members Nancy Romero-Daza, David Himmelgreen and Lynn Morgan. Invaluable support was also provided by community leader Maria Elena Corrales and by local artists Patricia Jiménez and Marcos Brenes.

Limitations of Study

Time and money restrictions confined the study to the immediate rural community that the researchers were staying in. Due to the small sample size, this data can not be generalized as a representation of the population nor can the findings be considered statistically significant.

Recommendations for Future Studies

- Tape record all sessions.
- Offer incentive for participants to attend all meetings (more than just cookies and coffee).
- Childcare during meetings!
- Community door to door for recruitment.
- Utilize Patricia as a resource to reach over 100 women involved in various local art activities. (She has already been contacted and has indicated an interest in participating in future studies).
- Replicate this intervention model with other communities: women, men, partners, young people and families.
- Develop a static, interactive HIV/AIDS charla that could be used in:
    - Peer-to-peer education program for adults and youth.
    - Clinical or scholastic settings.

References

AIDS in Costa Rica: www.unaids.org

Boletín epidemiológico: SIDA en Costa Rica: http://www.netsalud.sa.cr/ms/estadist/boletin/a2002

Corrales, Maria Elena. Science teacher at Colegio Santa Elena. Spanish proficiency: Native speaker.

Cornwall A, R. Jewkes (1995) What is participatory research? *Social Science and Medicine* 41:1667-1676.

Klempner, Sofia MPH. Clave Centro Cultural. Spanish proficiency: fluent.

Morgan, L. 1993. *Community Participation in Health: The politics of primary care in Costa Rica.* Boston: Cambridge University Press.

Murillo, Guillermo. Executive Co-Director of AGUA PURA and human rights activist. Spanish proficiency: Native speaker.

Nichter, M (1999) Project Community Diagnosis: Participatory research as a first step toward community involvement in Primary health care. In R. Hahn (ed.) *Anthropology in Public Health: Bridging Differences in Culture and Society*, Oxford University Press, New York: 300-324.

Oficina Fundo Global. Contact people: Sara and Margarita. 506-256-9413, 506-248-2261.

"Para controlar la epidemia del SIDA, Centroamérica debe invertir más en prevención" http://www.hiv-lac-epinet.org/?view=1&cat=64&sub_select=5

Salas, Jessica. Ministerio de Salud. 506-223-0333.

Schwartz NB (1981) Anthropological views of community and community development. *Human Organization* 40:313-322

Scrimshaw SCM, Hurtado E. *Rapid Assessment Procedures for Nutrition and Primary Health Care: Anthropological Approaches to Improving Programme Effectiveness*. Published

jointly by the UCLA Latin American Center, the United Nations University (Tokyo) and UNICEF. 1987.

Spradley, James P. *The Ethnographic Interview*. Fort Worth: Harcourt Brace Jovanovich College Publishers. 1979. pp. 45-68, 78-91.

Terwes, Gloria. Programa Control SIDA. 506-256-9630.

Vargas, Noe. Community member, participated in HIV research with the Monteverde Institute in 2003. Spanish proficiency: Native speaker.

World AIDS Campaign 2004: Strategy Note: www.unaids.org

Yach, D (1992) The use and value of qualitative methods in health research in developing countries. *Social Science and Medicine* 603-612.

Appendix A

Mujeres

Eduquen a su comunidad sobre SIDA!!

Diseñen un Poster, Camiseta, Calendario, Bolsa u otro material educativo original.

Habrá un premio para el mejor diseño!!!

El diseño ganador será presentado para la comunidad el 26 de Julio y será impreso y publicado para la comunidad.

Primera Reunión en
Casa Club
Miercoles 14 Julio 4:00PM
Habrá Refrigerios y Snacks

Logo borrowed from womenandaids@unaids.org.

Appendix B

Mujeres

Eduquen a su comunidad sobre SIDA!!

Diseñen un Poster, Camiseta, Calendario, Bolsa u otro material educativo original.

Habrá un premio para el mejor diseño!!!

El diseño ganador será presentado para la comunidad el 26 de Julio y será impreso y publicado para la comunidad.

Primera Reunión en
Casa Club
Miercoles 14 Julio 4:00PM
Habrá Refrigerios y Snacks

Si tiene más de 18 años y está interesada en participar, recorte esta parte, rellene los datos y entréguela en la caja de "SIDA" en el puesto de salud:

Nombre (o cualquier apodo):----------
Teléfono de contacto:----------
¿podrá acudir a la reunión del Miércoles 14 Julio o es mejor otro día para usted?

Gracias por tu colaboración!!!!!!

Appendix C

Calendar for ¨Women Speak: June & July 2004

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
27	28 Meet with Noe Vargas to discuss past HIV/AIDS work	29	30 Informal Interview with Dulce (community member)	1 Informal Interview with Cristina	2 Ïnformal Interview with Sofia	3
4	5 Contact Guillermo about national available information on AIDS.	6	7 Invite women from the Clinic to participate. Contact Maria Elena (science teacher)	8 Chequeo Médico and recruitment of women participants	9 Contact women who volunteered to participate.	10 Meet with women´s group to recruit participants
11 Prepare material for Workshop/First meeting	12 Prepare material for Workshop/	13 Prepare material for Workshop Call women who signed up	14 First Workshop	15 Analysis of first group meeting and preparation for second.	16 Preparation for second meeting and Call women who signed up.	17 Second group meeting
18 Analysis of second meeting preparation for third.	19 Analysis of second meeting and preparation for third.	20 Analysis of second meeting and preparation for third.	21 Third Group meeting	22 Meet with Marcos to discuss artistic enhancement of design.	23 Analysis of third meeting and preparation for community presentation.	24 Preparation for presentation (Graphically enhance designs)
25 Analyze data and prepare presentation.	26 Present results to the community	27 Additional results from community presentation analyzed and added to final product.	28 Additional results from community presentation analyzed and added to final product.	29 Academic Presentation in Monteverde Institute	30	31

Additional Meetings may be scheduled according to the participants´availability.

Appendix D

Educación para un Futuro Sostenible... Education for a Sustainable Future

Consentimiento Para Su Participación En Un Estudio de Investigación
Instituto Monteverde

¿Quiénes somos y por qué se me está pidiendo que participe en este proyecto?

Somos un grupo es estudiantes del programa de Salud Pública del Instituto de Monteverde. Estamos interesados en trabajar con mujeres de la comunidad para disenar materiales educativos sobre el VIH SIDA que sean apopiados para las mujeres de la zona. Estamos invitando a todas las mujeres mayores de 18 años que quieran participar en 2 a 4 reuniones.

¿Qué tendré que hacer?

Tendré la oportunidad de participar en un taller educativo donde se pondrá a mi disposición toda la información más reciente sobre VIH/SIDA. Se me pedirá que además participe en una o más sesiones donde las participantes diseñaran un material educativo válido para la comunidad acerca de la prevención de VIH/SIDA.

¿Cómo se utilizará la información?

La información obtenida de las sesiones será utilizada para desarrollar materiales educativos dirigidos especialmente a las mujeres. Estos materiales podrán servir de modelo para programas similares en otras comunidades. El 26 o 27 de Julio habrá una presentación final para toda la comunidad de los resultados de este proyecto así como de los materiales que se desarrollen.

¿Cuáles son las características de este consentimiento?

Le estamos pidiendo su consentimiento para participar en este proyecto. Su participación es completamente voluntaria. Podrá mantener su nombre confidencial. Su nombre no será incluido en ninguna información que pueda identificarla. Además, usted puede rechazar contestar a cualquier pregunta que no quiera discutir. Usted podrá interrumpir la colaboración con el programa en cualquier momento sin ninguna consecuencia para usted.

¿Y si tengo preguntas sobre el estudio? Si tiene preguntas mientras o después del estudio, o si decide que no quiere incluir sus respuestas, puede contactar a Elsa Batres o Nancy Romero-Daza en el Instituto Monteverde (506-645-5053).

¿Cómo voy a beneficiar de este estudio? No será compensada por su participación en el estudio. Pero si proveerá información importante para ayudar a aumentar el conocimiento sobre VIH/SIDA. Como agradecimiento por su participación, le brindaremos refrescos y meriendas durante las reuniones. Además el mejor diseño será recompensado con la publicación del mismo y su presentación para toda la comunidad.

Sí_____ No_____ Yo quiero participar en el estudio.
Sí_____ No_____ Estoy de acuerdo con que se tomen fotos y entiendo que mi foto podrán ser parte del reporte.
Sí_____ No_____ Estoy de acuerdo con que se grabe en cinta la voz de mis conversaciones que será guardada con seguridad y destruida en tres años.

_____ _____
Fecha Firma

_____
Nombre Escrito de la Participante

_____
Firma De La Persona Pidiendo El Consentimiento

Appendix E

Educación para un Futuro Sostenible... Education for a Sustainable Future

Información General

Edad____

Estado civil: Casada____ Soltera____ Divorciada____ Separada_____

Número de hijos(as)_____ Edades de hijos(as)_____

¿Cuántos personas viven en su casa? _____

¿Cuántos años vive en la región de Monteverde?_____

Nivel de educación: Primaria____ Secundaria____ Universidad____
Otra (lista)_____

Ocupación (trabajo)_____

Appendix F

Demographics of Participants

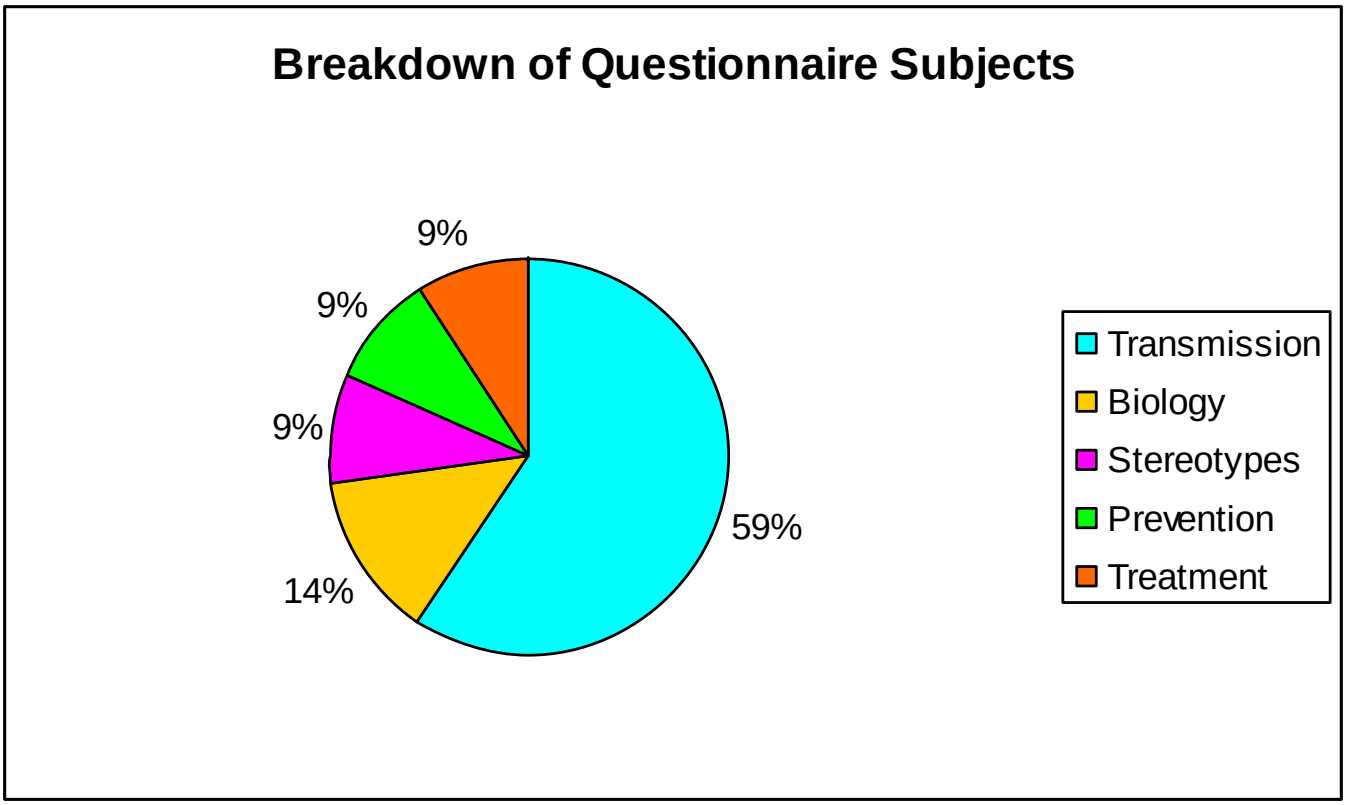
	Range	VIH 01	VIH 02	VIH 03	VIH 04	VIH 05	VIH 06	VIH 07	VIH 08
Age	23-mid 50's	50	?	23	40	30	35	23	52
Civil State	All	Married	Married	Married	Married	Married	Married	Married	Married
Number of Children	1 to 6	6	6	2	3	2	3	1	4
Ages of Children	1.9 months to mid 40's	29, 26, 25, 19, 18, 16 yrs	?	2 yrs 6 mos, 5 yrs 4 mos	14, 11, 9 yrs	10 yrs, 1.9 mos	15, 14 12 yrs	6 yrs	23, 22, 20, 18 yrs
How many people live in your house?	3 to 8	8	3	4	5	4	5	5	4
How many years living in the Monteverde region?	6 to 50 yrs	21 yrs	50 yrs	6 yrs	18 yrs	30 yrs	12 yrs	23 yrs	38 yrs
Level of Education	Elementary (2nd) To College	College	Elementary 2	Elementary 5	Elementary	Secondary	Elementary	Elementary	Elementary
Occupation (Job)		Retired	Domestic	Home maker	Home maker	Home maker	Home maker	Home maker	Home maker

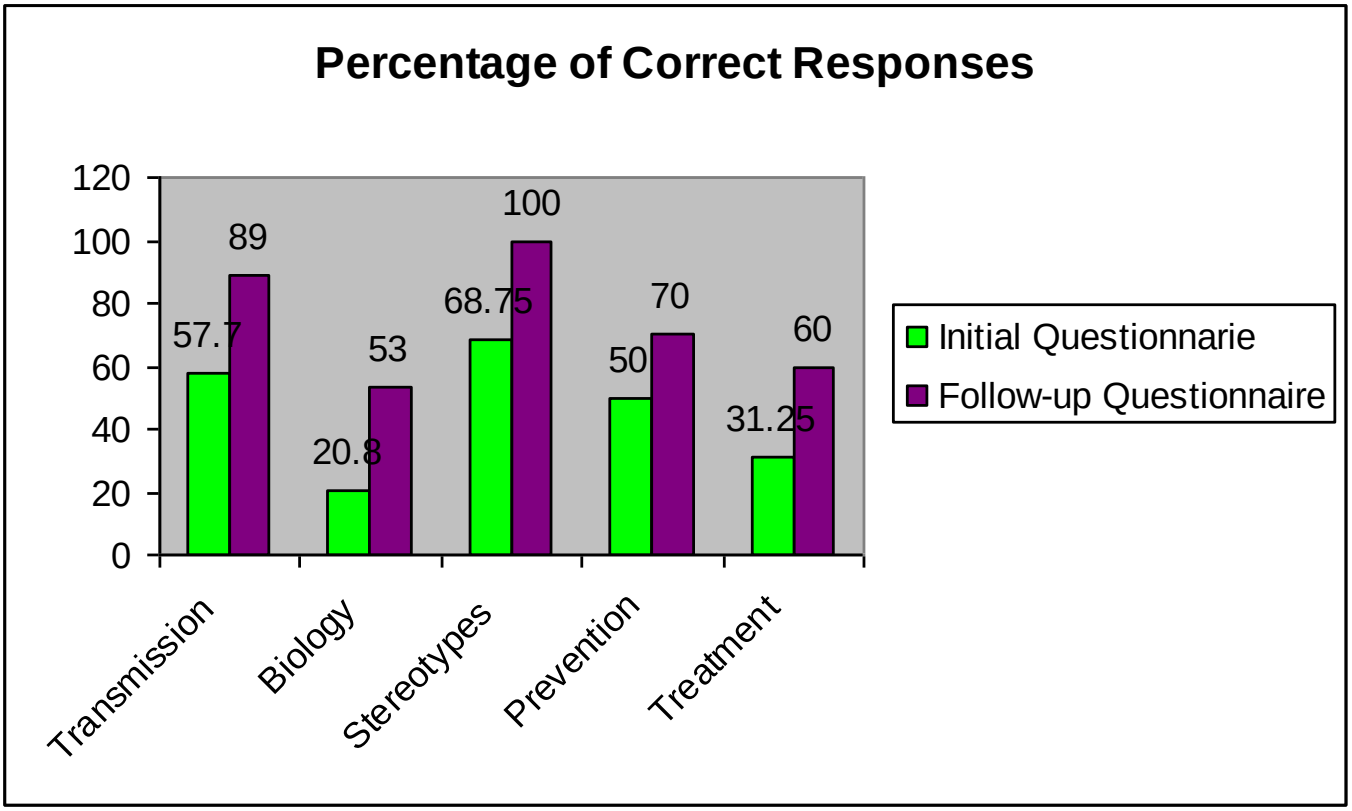
Appendix G

Educación para un Futuro Sostenible... Education for a Sustainable Future

1. ¿Puede contraer VIH/SIDA al utilizar los mismos platos, vasos o cubiertos? Si / No
2. ¿VIH es una bacteria? Sí / No
3. ¿Puede contraer VIH/SIDA a través de animales? Sí / No
4. ¿Puede contraer VIH/SIDA por vía sexual? Si / No
5. ¿Se transmite el VIH/SIDA por la leche materna de la madre infectada? Si / No
6. ¿Puede contraer VIH/SIDA en baños o piscinas? Si / No
7. ¿Puede contraer VIH/SIDA por su esposo? Si / No
8. ¿El preservativo es el método más eficaz para prevenir la transmisión del VIH/SIDA en las relaciones sexuales? Si / No
9. ¿Puede contraer VIH/SIDA por el aire? Si / No
10. ¿VIH es un virus? Si / No
11. ¿Puede contraer VIH/SIDA por picaduras de insectos? Si / No
12. ¿Puede contraer VIH/SIDA al estrechar la mano, abrazar o besar? Si / No
13. ¿Se transmite el VIH/SIDA por vía perinatal a través de la placenta de la madre infectada? Si / No
14. Solamente personas promiscuas pueden contraer VIH/SIDA. Si / No
15. Con la nueva medicación, una persona con VIH/SIDA puede vivir muchos años con pocos síntomas. Si / No
16. ¿Son VIH y SIDA lo mismo? Si / No
17. ¿Los preservativos no son efectivos porque VIH es algo tan fino que lo pasan? Si / No
18. ¿Puede contraer VIH/SIDA por vía buco-genital? Si / No
19. ¿Puede contraer VIH/SIDA con las perillas y los teléfonos? Si / No
20. ¿Puede contraer VIH/SIDA por vía sanguínea, a través de transfusiones, jeringas y objetos punzo cortantes? Si / No
21. Solamente personas homosexuales pueden contraer VIH/SIDA. Si / No
22. No hay ninguna cura para VIH/SIDA. Si / No

Appendix H


Breakdown of Questionnaire Subjects
9%
9%
9%
59%
14%
Transmission
Biology
Stereotypes
Prevention
Treatment


Percentage of Correct Responses
120
100
80
60
40
20
0
57.7
89
20.8
53
68.75
100
50
70
31.25
60
Transmission
Biology
Stereotypes
Prevention
Treatment
Initial Questionnarie
Follow-up Questionnaire

Appendix I

Educación para un Futuro Sostenible... Education for a Sustainable Future

Numero_____

Instrucciones:
Una vez visto el material responda a las preguntas y califique lo que se pide conforme a la escala que considere usted apropiada.

1. ¿Queda claro el mensaje que presenta este material?

1	**2**	**3**	**4**	**5**
Poco claro				Muy claro

2. ¿Cuán a gusto estaría compartiendo esta material con sus amigos?

1	**2**	**3**	**4**	**5**
Incómodo				Muy a gusto

3. ¿Cuán a gusto estaría compartiendo esta material con su familia?

1	**2**	**3**	**4**	**5**

4. ¿Consider usted que éste es un buen material educativo?

Si No

¿Por qué si? ¿Por qué no?

_____

_____

_____

_____

_____

_____

Appendix J

Order of events for Focus Group 1 (July 14, 2004):

1. Introduction: Who are we and what are we doing? This was a friendly "hello" and a brief description of what our objective is for the meeting and for the project as a whole.
2. Distribution of consent forms and general information forms to all of the women at the meeting (see Appendix).
    a. After everyone has both forms one of the researchers introduced the consent form. She described what it is ("necesitamas su permiso para hablar con Uds. para esta proyecto") and then she announced that everyone would read it together. While the researcher read the consent form, questions were welcomed. The final part of the form, where the participants are supposed to mark whether they agree to the terms, was further explained (about taking pictures and recording their voices).
    b. After the consent form was complete, a researcher read the general information form out loud and individual assistance was provided as needed.
3. Distribution of the 22-Item Si/No questionnaire to all of the participants (see Appendix). The questionnaire was first explained and participants were asked to answer individually. They were also informed that if they were unsure of the answer they could leave it blank or if they agreed with part of the question but not with another they could circle both. They were also encouraged to write any comments on the paper. The questionnaire was then administered orally by one of the researchers and there were pauses between each question for the participants to mark their answer. Again, another researcher was available to provide individual help on questions if it was necessary. (We found that people tried to collaborate on this exercise if they were not initially told to work on their own. Because the next part of the meeting was a collaborative effort – we kindly discouraged collaboration on this one).
4. Collection of questionnaires. We set placed the questionnaires in a folder out of the way. People asked many questions at this point – but we did not answer them until after the next exercise. (This was a little difficult – as their curiosity and concern were peaked from the questionnaire).
5. Risk collage game. The researchers taped a couple of large sheets of paper to the wall in the meeting room. They then divided the area into 3 columns: High Risk, Low Risk, and No Risk (Riesgo Aumentado, Riesgo Disminuido, y No Riesgo). They had previously typed and cut out phrases describing behaviors and illustrations of people and placed them in a medium-sized envelope. One researcher passed the envelope around the table for each woman to blindly select a behavior or an image. They were then asked to decide whether this behavior or person should be categorized as high risk, low risk, or no risk. Another researcher took the piece of paper and taped it under the column that the woman (women) selected. Discussion is part of the exercise and it was not uncommon that one participant would say that is was no risk and then a few seconds later, after some debate, it was decided that it was high risk. This exercise brings out a lot of interesting perceptions. It is important to either take detailed notes of this or record it. It is also an exercise that can take up to 30 or 45 minutes if there is a large group. It could be shortened by using fewer images and descriptions of behaviors if necessary.
6. HIV/AIDS educational talk. The researchers distributed a short packet of information on HIV/AIDS and then one of the researchers gave a talk that generally followed the format in the packet. The researcher that gave the talk also used two large sheets of paper listing the terminology and topics that would be addressed during the talk. The talk addressed all

of the issues that were brought up by the questionnaire and the Risk collage game. The participants were encouraged to ask questions and interrupt for clarification as needed.
7. Time for discussion and questions.
8. Discussion of next meeting time and order of events.
9. Wrap-up session using ball of yarn. Everyone stood in a circle (and since there was more than one researcher, we spaced ourselves out in the circle). A ball of yarn started at one of the researchers. She held it and said something that she appreciated about the session and then held the loose end of the yarn and passed the ball to someone across the circle. That person repeated this and passed it to another. This continued until everyone had received the ball of yarn. The end result was a group of women standing together connected by a web of yarn. The unity continued in the act of wrapping the yarn – the women continued to talk and share their enthusiasm about the project as they passed the yarn back through the circle.

Order of events for Focus Group 2 (July 17, 2004):

1. We arranged to have all of the women who were planning to attend who had not attended the first meeting to come at 1PM and the others to come at 2PM. The first of the new group arrived at about 1:25. Going by our phone calls the night before, we were expecting between 4 and 6 new people so we waited for about 10 more minutes before beginning the session with the one new woman.
2. At 1:35 we began the session very informally and a couple of the researchers occupied themselves elsewhere so as not to overwhelm the single participant. One researcher gave her the brief welcome and introduction and another read the consent form. Just as this was finished, another new woman and one that had been at the last meeting arrived (sisters?). While the first researcher assisted the first woman with the general information form (she said she had forgotten her glasses) the second gave the welcome and introduction to the second newcomer and read the consent form. The woman who had attended the last meeting sat outside with her children – watching them play in the school yard. The two new women finished their general information forms at about the same time.
3. Another researcher then introduced the questionnaire and read it aloud as the participants answered the questions (same as the first focus group step 3).
4. The questionnaires were collected and put away.
5. Due to the small group and in the interest of time, we skipped the Risk collage game. Some of the pictures and phrases were incorporated into the next exercise.
6. HIV/AIDS educational talk. The researchers distributed a short packet of information on HIV/AIDS and then one of the researchers gave a talk that generally followed the format in the packet. The researcher that gave the talk also used two large sheets of paper listing the terminology and topics that would be addressed during the talk. The participants were encouraged to ask questions and interrupt for clarification as needed.
7. Some discussion and a Break.
8. There were now a total of 4 women present: two new women and two women who had been present at focus group 1. It was around 2:15 so we decided to begin the poster evaluation exercise.
9. Poster Evaluation Exercise. The women were asked to go into the other classroom where we had set up 6 stations with either a poster or pamphlet displayed at each. Five of these were not from Costa Rica – they were from Spain. One pamphlet was from Costa Rica. There was a table and chair at each station and on the table was a pile of blank, numbered (numbers corresponded to the station number) questionnaire forms (see Appendix). One of

the researchers explained that the goal of the exercise was to get their opinions about what makes a good poster or pamphlet. The exercise was designed to both show them what prevention and educational material are available and to help them visualize what they think is important to include in this kind of material. The women were asked to find a station, they were informed that there was no important order to go in, and when they arrived at their stations, the researchers answered questions about the questionnaire form.

10. One more participant (who had been at focus group 1) arrived when the other women were almost finished with the poster evaluation exercise. We introduced the exercise to her and the other women were invited to have refreshments and then sit back down in the circle. One of the researchers distributed recent articles about HIV/AIDS and sex education in Costa Rica (mostly from *La Nacion*). The group of women that were waiting was given time to read over some of these and the researcher read one of the articles out loud.
11. All of the posters were then moved and hung in a row at the front of the room. Two of the researchers led discussion about the posters – probing for which ones the women liked the most and why. The discussion also included some people's insights on sex education in schools and the responsibility of the parents and the schools to work towards awareness among the youth. This discussion was taped and notes were taken during the meeting and afterwards from the tape.
12. Step 11 led directly in to this step. The women were asked if they had thought of any ideas for a design. There was one participant who had. Her drawing was passed around and the women really liked it. There was discussion about adding some other ideas to it – but overall it was very popular.
13. The researchers then asked about media types for the prevention message; whether the women liked the idea of a calendar, a bag, or a T-shirt. The advantages and disadvantages were discussed with each one, and if it was decided that it was not a good idea (like the calendar), the idea was "thrown out."
14. The last event for focus group 2 was the discussion of the next meeting – what a good day and time is for everyone and who would be able to make it. The researchers thanked the women (and the women thanked the researchers).

Order of events for Focus Group 3 (July 21, 2004):

1. This was the project's third and final focus group. The main focus of this group was to administer the post-questionnaire and to finalize the educational material designed by the women. As with the other two focus groups, the night before our third meeting all contacts were called: those who attended the first two as well as the ones who had not but whose contact numbers we had from the Chequeo Medico. According to the phone calls, a larger turnout was expected but possibly, due to a heavy rain that occurred at the time of the meeting, attendance was small but productive. The attendees were the core members who attended all three focus groups. The researchers arrived at 3:00 at the community center where they held the first focus group and prepared for the arrival of the women at 4:00. Two of the researchers hung the educational posters that the participants had evaluated at the last focus group, and the other two arranged the tables for work stations for the design project and prepared drinks and snacks. Elsa arrived with her tape recorder at 3:30. One of the researchers took pictures of the center-inside and out.
2. People began to arrive at 4:15 in the midst of the heavy rainstorm. After greeting the three participants, the researchers began an informal discussion about the plans for the day.
    a. Viewing of pictures for the approval of the group of women.
    b. Going over the phrases for the risk perception exercise

c. Design of the poster
d. Post-Questionnaire
e. Pass around sign up sheet
f. Yarn game

3. One of the researchers set up the computer for the women to view the pictures of the second meetings. The women appeared to enjoy the pictures and agreed to include them all in the community presentation.
4. The researchers had reviewed the most problematic phrases of the risk game and theses were distributed among the women. The purpose of this exercise was to determine how effective the educational component of this project was in terms of increased awareness of transmission and prevention. Then all of the phrases were passed out to everyone. One of the researchers explained how each person (including researchers) would discuss her phrase and described her reason for indication of risk, high, medium, or no risk. All of the women answered with confidence and with correct responses. A few notes were taken by one of the researchers. The tape recorder was not functioning so there was no recording for this session.
5. This exercise led into discussing the three designs created by the group. The decision was made to utilize all three designs as they all represented the ideology of family's involvement in education and prevention of HIV/AIDS. The women chose the phrases from the risk games to be placed on the designs.
6. The 22-item Si/No questionnaire that was administered on the first session was distributed among the women. The purpose was to determine through the same questionnaire how effective the educational component of the project is by comparing the pre scores to the post scores.
7. One of the researchers passed around the sign-up sheet for those who would be interested in being contacted for future studies.
8. The last session ended the way the first one did: the appreciation exercise with the yarn (see Focus Group 1). As before, a group of women were connected through the ball of yarn and terrific feelings.

Design 1

Appendix K

Design 2

Design 3

Appendix L

Instituto Monteverde

Educación para un Futuro Sostenible... Education for a Sustainable Future

Salud Comunitaria

Actividad: Tres charlas (1/2 hora c/u)

Fecha: Lunes, 26 de Julio 2004

Hora: 5:30 pm

Lugar: Casa Club, Cañitas

Motivación: Queremos invitarles a compartir los resultados de las investigaciones sobre VIH/SIDA, nutrición y tabaquismo. Ría, baile y participe.

Favor de traer una comida para compartir.

¡Esperamos a toda su familia!

Realizada por estudiantes de Salud Publica del Instituto Monteverde.

Appendix M

Risk Exercise: Summary of the women's classifications of behaviors and people.

High Risk	Diminished Risk	No Risk
Illustrations: 1. 3 men in military (implied military engage in risky behaviors) 2. 3 doctors 3. 2 women in bridal attire 4. one man in underwear-provocatively posed	**Illustrations:** 1. 2 couples: lesbian and gay 2. mother and baby 3. man and woman caption: just married	**Illustrations:** 1. 2 women sitting together 2. 6 children gathered around outside water: washing/drinking 3. elderly man and woman smiling affectionately at each other 4. 3 mariachis 5. man and woman: no hugging/no kissing-appear to be a couple
Phrases: 1. Sexual relations without the protection of a condom. 2. Taking birth control pills to protect against HIV/AIDS. 3. Sharing manicure instruments without sterilization. 4. Kissing 5 Using a condom for all sexual interactions. 6 Sharing needles, syringes or similar things. 7 Buco-genital relations without a condom. 8 Having a baby if you are seropositive (infected with HIV)	**Phrases:** 1. Swimming in a swimming pool with a person who has AIDS. 2. Breast feeding can give it to the baby if the mother is seropostive (infected with HIV).	**Phrases:** 1. Using the telephone after a person who has HIV/AIDS. 2. Hugging 3. Receiving a transfusion of blood or donating blood in an official situation. 4. Getting a piercing or tatoo in a safe situation or with sterile material. 5. Abstinence 6. Waiting to have sexual relations until you are married. 7. Using a doorknob after someone with HIV/AIDS.
Correct Phrases: (6) 1,2,3,6,7,8, **Erroneous Phrase:**: (2) 4 no risk, 5 less risk	**Correct Phrases:** 0 **Erroneous Phrases**: (2) 1 no risk, 2 high risk.	**Correct phrases: (**4) 1,2,5,7 **Erroneous Phrases:** (3) 3 diminished risk, 4 diminished risk, 6 diminished risk.

Appendix N

The attached seven pages consist of the educational material that guided the HIV/AIDS talk and was also passed out to the participants.