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Child health calendars: a type of case history

Eleanor McGee

• Background

The women who took part in this exercise are the health representatives for a rural women's programme in Honduras. Each of them is selected by the base group she belongs to and attends workshops, the content of which she shares with her group in between visits from the core health team. The women had been attending these workshops for over a year at the time of doing this exercise, which served as a review of the programme. It enabled the women to explore patterns of illness and analyse them, drawing on the knowledge acquired by their participation in the programme.

Previous attempts to keep health diaries to record illness, and how it was treated, within their families and communities had failed. About a third of the health representatives and a greater proportion of all the women involved in the programme are illiterate. Because of this, drawing is a key method of recording and sharing information..

• Approach

The aim of this exercise was to take a case history of children under 5 years of age, recording both illnesses and developmental milestones over the previous 12 months.

First the women were asked to draw a picture to represent each month of the year, starting with the previous month and working backwards. Months are the usual method of describing time locally but each month may be characterised by a local event, religious feast, or some aspect of the agricultural cycle. The idea was to give each woman the chance to

draw something which evoked that month for her.

Below each picture, the women were asked to draw what was happening in the life of their youngest child during that time, for the previous 12 months. They were asked to include progress as well as illnesses. A few of the women had no young children so reported on a grandchild. When mothers could not recall when an incident had occurred they were encouraged to focus on pictures for each month to help them to recall what else was happening in their lives at that time. The calendar was used to represent the previous year, working backwards from the present time.

• Results

Generally, grandmothers could not recall as well as mothers, except in those families where the grandmother was the child's principle carer. Not all the women put a symbol for each month, or recorded an event in the child's life for each month. Many of the symbols represent national or religious holidays or festivals, and the agricultural cycles, but some have personal or family significance. The women come from different communities at different altitudes so the crops and timing of harvests differ too.

Table 1. A summary of three months from the collected child health calendars

Month	Symbol chosen by woman to represent the month	Number of women who chose the symbol	Event (illness suffered by child or developmental milestone achieved) ¹	Number of women with the same event for their child
December	Birth of Jesus	4	Swollen	1
	Posada (Advent tradition)	2	Crawling	1
	Nactamales (Christmas Food)	2	Malnourished, no weight gain, vaccinated	1
	Presents	3	Had a cold but carried on playing	1
January	Sacks of harvested coffee	1	Swollen (oedematous)	1
	Honduran Women's Day	4	Vomiting	1
	Friendship Day	1	Chicken pox	1
	Vegetables in season	2	Playing happily with his brothers	1
	The Bible	1		
February	School year starts	3	Problems with walking because of weakness	1
			Vomiting	1
			Now eating mashed potatoes	1
			Has parasites	1

¹ The women represented this with a picture and wrote or explained verbally the meaning.

Illness is almost certainly under-reported in the calendar, as many children suffer diarrhoea for a day or two nearly every month. Colds and upper respiratory tract infections are common but hardly appear in the calendar. Perhaps episodes of illness of longer duration, or those considered to be more serious are recorded in the calendars. This may reflect different perceptions of what constitutes illness. Furthermore, women are unlikely to remember all the ailments suffered by one of their many children over a year period. As the youngest child is in general sick most often, and receives a large share of the mother's attention, this problem was minimised by studying the youngest child.

A more accurate record for each child may be obtained by talking individually with each mother and checking what she recorded and its significance. In this case each woman presented her calendar to the group and explained what it showed.

• Discussion

Only nine calendars were completed, yet even in this small number patterns emerge. The highest incidence of diarrhoea was reported in May and June when the rains are heaviest. The cases of malnutrition (described as 'swollen' or 'too weak to walk') were in December and January. This is before the harvest and when red kidney beans, which are both the chief protein source and a major contributor to overall energy intake, are at their most expensive.

Presenting their calendars to each other, the women began to comment on the patterns of illness and their own assumptions. For example, while one had attributed diarrhoea in June to eating 'new beans' there were two other cases of diarrhoea that month and one in a child which was barely weaned so would not have been eating large amounts. They began to question whether in fact this diarrhoea was linked to the onset of the rains.

The women were very excited by what the calendars showed them. It is very difficult for busy mothers with a low level of literacy to keep any kind of health records. These calendars could perhaps be used sequentially to show how patterns of illness change with intervention in the form of health education or vaccination. In this form they provide data accessible to both professionals and the community affected.

In the project described here, people often stated that there were fewer cases of diarrhoea now that they had learnt about its causes and prevention. Calendars from consecutive years could be used as a form of monitoring and evaluation. This method is retrospective and its reliability can be questioned. However, I feel that by taking one month at a time and using a symbol to aid memory, its reliability is increased.

Through experimenting with this method, I have found that it helps to first build rapport with the group in order to gain meaningful data. This approach may be of limited use if it is introduced to a group who are not used to working together, or who have no previous experience with visualisation techniques.

I have found that women's availability or willingness to dedicate time to participatory learning and evaluation is limited. A woman's day in the rural environment tends to revolve around the demands of children and spouse, and the essential household chores. She may be able to spare an hour or two at a pre-agreed time. However, to have all the women in a community working all day on PRA exercises (as has been described with men) is not feasible in rural Honduras.

• Summary

I had not found satisfactory methods of keeping health records which work for rural populations. The calendars perhaps have the potential to do so. Unfortunately I was not with this project long enough to expand upon it or further explore its potential. In a new area it would be necessary to look at climate and food availability through-out the year; for this group it was already known.

The strength of this technique is that it is 'owned' by the participants. They decide how to represent the months (or other local time period used), and which illnesses are worth recording. It is a clear pictorial record, enabling them to see seasonal variations and, if used sequentially, annual ones. For planning health education it is potentially useful as it shows which childhood illnesses are the most common, or perceived to be the greatest problems, their seasonality and even their causes according to local beliefs. The women were not asked to record what they believed to be the cause of the illness but they often did offer an explanation. This insight into people's perception of illness and its causes is what is so often the key missing factor in health interventions. If people do not perceive something as a problem they will not be receptive to education about preventing it or alleviating it.

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