

THE HOUSEHOLD INTERVIEW

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The National Health Survey not only measured the incidence and prevalence of diagnosed and reported illnesses, but also studied the conditions under which sickness occurs, the social and economic factors related to it and its effects on the individual and the family expressed in terms of incapacity, immobility and economic loss.

The household interview was used as a method to determine these facts. The study unit was the "statistical or epidemiological family" defined as a person or group of persons who share a dwelling and food, thereby forming a unit. This definition groups people who are subjected to similar physical, social, cultural, economic and nutritional influences and to other factors that contribute either to the spread of disease or the maintenance of a state of health.

CONTENT

To determine the content of the interview, it was necessary to consider the general and specific objectives of the study. Only the latter will be mentioned.

1. To determine the attributes that characterize the typical Colombian family, such as its composition, size, level of education, general sanitary conditions of the home and social and economic factors.
2. To discover the state of health reported by the general population by exploring its morbidity and the various ecological factors affecting it.

3. To specify the impact of sickness expressed in terms of costs, incapacity and immobility.
4. To study the sources and attributes of medical care such as its quality, use, methods of financing and payment, costs and attitudes of the family toward health services.
5. To verify the quality of existing statistical data about vital statistics such as numbers of live births, miscarriages and deaths of children under five years of age and to ascertain the general characteristics of pregnancies (number, duration, complications).

Characteristics of the family

Data about the size of the family, the relationship of its members, urban-rural distribution patterns and economic status were studied.

The economic status of the family, although difficult to obtain accurately, is of fundamental importance when this variable is related to other factors that influence the health and well-being of the population.

The information should be given a relative value since factors that hamper an exact collection, such as forgetfulness, badly recorded accounts and cultural factors, may intervene. The belief of a large sector of the population that the information about income would be used for tax purposes or to underrate their apparent social condition also played an important part in the cultural factors mentioned above.

A man's occupation was defined as that activity the person performs by preference and to which he devotes the greatest part of his time. Information about occupation was requested of everyone over six years of age. Paid activity, as well as inactivity, begins to have importance and merit consideration when a person reaches his sixth birthday. Between the ages of six and 14, many children do not attend primary school because their parents are forced to allow them to work so that they may contribute to the income of the family.

The level of education was determined for people over six years of age. Some of the reasons already mentioned in using this age limit for occupations are valid here. Also, it is customary in Colombia to begin primary education at the age of six. The classification into primary, middle, secondary and higher education is based on current norms of the Ministry of Education.

Sanitary conditions of the dwelling

Information obtained during the pretesting of the questionnaire revealed that, in the interview, only information about those character-

istics of the building that could directly influence health should be gathered. Information collected included type of building, mode and form of tenancy, water service, waste disposal system and hygienic state.

State of Health

The information obtained about an individual's state of health refers to diseases, dental problems, accidents and injuries reported. Incapacity and immobility produced by these conditions were measured in terms of days in which normal activity was hindered, days in bed and absence from work. Data relating to diseases, accidents and injuries were gathered over a period of two weeks, whereas information about dental problems and chronic illnesses was obtained for a period of approximately one year. These periods were considered sufficient since the frequency of the occurrences, during those same periods, allowed statistically significant inferences.

Information about those chronic situations and defects that could be reported by the general public without danger of error was obtained. The majority of the reported chronic conditions could be identified during the course of the interview by a general inspection. Except for deafness, asthma and epilepsy or periodic convulsions, which involve a fair amount of subjective evaluation, and which in many cases do not correspond to the real disease, all of the chronic conditions studied are easily identifiable by the general public.

Medical and dental attention

Questions about the sources of medical and dental attention dealt with quality of medical care, its costs and methods of financing. With regard to hospitalization demand, inquiries were made about its frequency, its causes, its costs and the usual forms of payment.

Social Security System

Whether those interviewed were affiliated with or received aid from either public or private social security systems was also determined.

Vital Statistics

Questions were asked about the duration of medical attention during pregnancy, the type of attention received at birth and the proportion of live births and miscarriages. These facts have been related to other attributes of the population such as age, geographic distribution, level of education and economic conditions.

Facts related to pregnancy and birth were sought from women between 15 and 54 years of age. Even though pregnancy is possible outside of these age limits, such cases are infrequent and should not cause a large error in the calculations. Special instructions were given to the interviewers to make certain that they approached this question carefully since questions on this topic often arouse resistance (embarrassment, shame) among the people, and may not be answered correctly. It was emphasized that the information was to be provided directly by the woman herself. This permitted comparative evaluation of the information omitted in the standard surveys of the country.

Questions regarding the deaths of infants of under five years of age were directed to the head of the household or to the individual who acted in that capacity. It was extended to this age group since it was desirable to corroborate the rates of infant mortality that were supposed to form an important subregister in the country.

Qualities and Requirements of Interviewers

A good interview requires the person who conducts it to have certain basic qualifications such as a basic knowledge of the techniques of data collection and their significance, a capacity for understanding a map, good interpersonal relations and initiative for resolving unforeseen difficulties. Besides these minimum qualifications, he should fulfill the following requirements:

Availability for traveling to any unit selected.

Possibility of finishing the task within the appointed period, including working on holidays and extra hours if necessary.

Full awareness of the importance of the job, sufficient knowledge of his future job, responsibility for its discharge, interest in it and acceptance of the work conditions.

The determination of the type of interviewer who could best handle the interviews was the subject of very careful study. The possibility was discussed of using persons of different academic backgrounds such as sociology students, social assistants, health auxiliaries and medical students. In a temporary study of this magnitude, with limited economic resources and a lack of intermediary level personnel, hiring permanent personnel as interviewers could not be considered.

Medical students were finally selected for several reasons. They already had a satisfactory basic medical preparation, were available in sufficient numbers and advantage could be taken of the instruction

provided during training and an excellent opportunity would be provided for bringing future physicians into contact with families and conditions that bring about disease. Medical students in their final year were selected since they offered greater experience than those pursuing lower courses.

Training

To achieve uniformity in the information that was collected, the interviewers underwent a specific training program.

Each training period lasted for 20 hours and three basic systems were used: group training in theory, group practical training and assignment of homework. The interviewers were taught to transmit the necessary information about the procedures and techniques to produce a good quality interview and to give complete instructions about the list of families and dwellings and other procedures involved in conducting the interviews.

Since the data gathered through the interviews should be of the best possible quality and since the number of potential candidates exceeded the number required, it was decided to establish selection criteria. The following is a resumé of these procedures:

- Evaluation of the results of the tests on themes that had been taught.

- Evaluation of interest and participation in training sessions.

- Evaluation of attendance at training sessions.

- Evaluation of capacity and aptitude for conducting an interview.

- Evaluation of the results of the questionnaire about the requirements that the applicant to the interviewer's post should possess.

During the first two days in the local operation, each group of interviewers was given a refresher of what had been taught and they conducted interviews with families selected for that purpose.

Quality Control of Interviews

Aside from the training program other procedures for controlling the quality of the interviews were also established.

Daily Review of the Material

The goal of the review was the identification of omissions, inconsistencies, illegible notes, erasures and so forth. As a result of the daily review of needs many errors were caught and difficulties in the tabula-

tion and classification with a consequent increase in costs were prevented. Also, the quality of the interview and interviewer were evaluated by this method.

The omissions, inconsistencies and illegible notes were reported in a formula so that they could be counted, analyzed and classified. If many errors were found in the questionnaires, they were returned to the interviewer for correction. This required that an additional visit be paid to the family that had been interviewed.

Observation of Interviews

The supervisor observed the interviews whenever possible for each interviewer. Observation was performed during the first days of work in each primary unit. By this means his activity could be evaluated and corrected if necessary, and erroneous interpretations rectified.

Reinterviews

Families were reinterviewed to establish the comparability of the gathered data, to determine errors and to give instructions for avoiding errors in the future.

Four reinterviews were given per segment covering a total of six segments in each prime unit. They were divided among urban and rural zones in each unit and were selected so that they would correspond, as far as possible, to one for each interviewer. The selection of families and segments was made on a random basis.

To conduct the reinterviews, the supervisor sent a different interviewer who obtained information in the second interview about the composition of the family, its pattern of hospitalizations, reported chronic conditions and vital statistics.

Obtaining Cooperation

A high level of motivation was necessary to attain wide coverage and good quality of information. Different approaches were used in approaching the interviewers, those in the survey and the general public.

Interviewers

To motivate the interviewers during their training, the importance of the work they were going to perform was emphasized. The work was translated into the personal advantage that would be gained by the acquisition of knowledge about aspects of preventive medicine, the

family, and environmental conditions with which they would deal later as physicians. The benefits that the data, once analyzed and published, would have for medical instruction and national health programs were also emphasized. The validity of field work as an integral part of the teaching programs the students had received was doubtless another stimulus, as were the stipend and other working conditions offered to the interviewers.

Families selected

Interviewers tried special techniques of persuasion for those families who initially refused to cooperate. For these families the following approaches were very useful: insisting on the importance of the information which they had for the family and their peers and for the health of the general population; how lucky they had been in being selected for the possibility that some of them would be chosen for a complete clinical examination. No less important was the treatment of the people during the interview and the recognition of cooperation expressed in a letter signed by the Minister of Public Health.

General Public

Health educators carried out a series of activities to inform the general public about the study.

Among the activities carried out on the national level might be mentioned the lectures delivered to different scientific and labor societies located in Bogotá, but which had national importance and influence; the inauguration ceremony for the Study of Health Manpower attended by the President of Colombia and several of his cabinet ministers, and by many distinguished national and international guests; the use of media such as press, radio, television and films and, finally, the preparation of written materials such as folders, posters and circulars.

At the departmental level, approximately the same activities were performed. These were done by the personnel participating in the study and through means of regional diffusion.

At the level of the prime unit visits were made to religious, civil and health authorities and other influential local people to request their cooperation within the community. The meeting with different groups of the population, the selection of leaders at the urban and rural levels, the use of local means of diffusion as well as informing the families constituted the chief means of persuasion. The majority of the families

selected for the interview had been previously informed about the impending visit of a doctor who was going to ask them for very important information, thereby motivating them and requesting their cooperation at the same time. That 97.2 per cent of the interviews scheduled were completed indicates that these efforts to obtain the cooperation of the public succeeded.