Community-Based Health Interventions for Mercado Global Artisans and Their Families

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Community-based Health Intervention for Mercado Global (MG) Artisans and Families
Sep 30- Oct 5, 2013
Panajachel, Guatemala

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I. INTRODUCTION

In October 2012 and March 2013, two assessments were conducted on communities working
with Mercado Global (MG). In the summer of 2013, an evaluation of MG’s community
programs was performed. This led to the implementation of three intervention programs:
the “Pain Away” program to alleviate neck and back strain, the “Power To Change” program to
provide group problem-solving and leadership skills, and the “Do It Together” interactive health
education program. These were designed to provide tools to alleviate lifestyle- and work-
associated health problems and fundamental skills to achieve self-reliance.

The programs were implemented to the artisans of Chipiacul and La Fe on October 1st and 2nd of
2013, respectively. Chipiacul is a remote village located approximately 2.5 hours from
Panajachel in the district of Chimaltenango. Two different artisan groups, Mujeres Unidas and
Girasoles, came together in Chipiacul. These two communities contain nineteen artisans in total
and have worked with Mercado Global for less than 6 months. La Fe is a small community
located approximately 1 hour from Panajachel. This community cooperative contains nine
artisans – 7 established members and 2 new members – and has worked with Mercado Global for
approximately two years.

The team also examined the contents of existing health education curriculum. Suggestions to
improve the contents are included in this report.

II. FINDINGS

II-A. “Pain Away” Program

The “Pain Away” program is designed to help improve Musculoskeletal (cervical, thoracic and
lumbar) pain, which was one of the primary complaints among the artisans. Four exercises
(Appendix 1) were introduced and practiced at the beginning and the end of the workshop in the
meeting room at Chipiacul and outside the room in La Fe.
Instructions for each exercise were given orally and demonstrated by two of our group members. Other group members circled and corrected individual participants as needed. We recommended that the exercises be performed before and after craftwork and before going to bed.

Findings:

1. The artisans engaged in the exercises and appeared to enjoy them as if they were an “icebreaker” or a game.
2. Some artisans did them with modifications because of physical limitations and/or insufficient understanding of the movements.
3. Two artisans did the exercises while carrying their baby in a cloth. They insisted to go on even though we offered to carry their babies.
4. It seemed to take time for some artisans to understand the exercises.

II-B. “Power To Change” Program

The “Power To Change” is an eight-step program to help the artisans recognize their power to become change agents in the communities and acquire problem-solving skills as a group. The program is based on cognitive behavioral activation theory. The team implemented “Be the Change You Want to See” and “Prepare The Group” – the first two steps from the “Power To Change” program (Appendix 2).

During “Be the Change You Want to See”, both communities were asked, “Why did you decide to get involved with Mercado Global?” Several group members identified multiple reasons regarding their participation. Table 1 reports the different ideas participants came up with.

Table 1: Reasons for Joining Mercado Global and Frequencies of Responses

<table>
<thead>
<tr>
<th>CHIPIACUL</th>
<th>LA FE</th>
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<tbody>
<tr>
<td>Economic Necessity – 2</td>
<td>Money – 1</td>
</tr>
<tr>
<td>Education for Their Children – 8</td>
<td>Education for Their Children – 4</td>
</tr>
<tr>
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<td>Purchase Clothing – 3</td>
</tr>
<tr>
<td>Food – 4</td>
<td>Purchase Food – 3</td>
</tr>
<tr>
<td>Purchase Medicine – 3</td>
<td>Purchase Medicine – 2</td>
</tr>
<tr>
<td>Personal Education – 2</td>
<td>Buy Household Items – 2</td>
</tr>
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<td>-----------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>Learn a New Skill – 5</td>
<td>Learn a New Skill – 1</td>
</tr>
<tr>
<td>Stable Employment – 3</td>
<td>Stable Employment – 3</td>
</tr>
<tr>
<td>New Life – 2</td>
<td>Better Life – 3</td>
</tr>
<tr>
<td>Help my Husband – 3</td>
<td>Purchase my own Home – 1</td>
</tr>
<tr>
<td>Buy Household Items – 4</td>
<td></td>
</tr>
<tr>
<td>Respect of Others – 1</td>
<td></td>
</tr>
<tr>
<td>New Experience – 1</td>
<td></td>
</tr>
<tr>
<td>Better Future for my Children – 1</td>
<td></td>
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<tr>
<td>Better Wage – 1</td>
<td></td>
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</tbody>
</table>

After completion of this task, the participants of both groups were questioned, “How are all of these items similar?” and “How do we get these things?”. They were given an opportunity to brainstorm and then asked to share their ideas. Participants in Chipiacul stated, “we must do something different” and “we need a change.” Those in La Fe responded, “we need the money” “we should have only 2 children” and “we want to send our children to school.” Both groups received applause after we discussed the importance of change and becoming change agents in their communities.

In ”Prepare the Group”, participants used the game “Magic Ball” to stimulate discussion of group cohesiveness, foster team building, highlight verbal and nonverbal communication skills, and learn about creating a supportive environment. After discussing the importance of cooperation and teamwork, the communities were given the challenge of creating a unique name for their group that would be used to identify them in the community. Both groups generated a list of names and subsequently voted for their favorite. Table 2 below reports the proposed names, the vote tally, and the winner in bold.

Table 2: Suggested Group Names

<table>
<thead>
<tr>
<th>CHIPIACUL</th>
<th>LA FE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Las Palomas</td>
<td>Artesania Comunal</td>
</tr>
</tbody>
</table>
Once the communities had chosen a name, they were thanked for their time and congratulated by using the name they created in the activity.

II-C. “Do It Together” Health Education: First Aid Scenarios

“Do It Together” is an interactive method of delivering health information. First Aid was a topic requested by the artisans in previous assessment visits. Different medical scenarios were delivered through skits while the artisans watched. Then, skits were paused to ask the artisans how they would manage such medical scenarios as bleeding, sprain or broken bone, and diarrhea. Using their answers as a basis, knowledge was added to what they already knew both through information sharing and hands on practice. Then, their new knowledge was tested either game or by demonstration of skills.

Findings:

- Most participants were engaged in watching the scenarios in both communities, and there was active participation (i.e. verbal responses and demonstration of skills) of about 25% of the first group and about half of the second group.
- Some participants had a solid foundation of basic first aid knowledge.
- There were some gaps in knowledge or memory of prior education such as the quantities of different ingredients in Oral Rehydration Solution.
- Knowledge of random participants was tested, with most answering correctly.
- Participants also asked many other health-related questions.
II-D. Review of Existing Training Curriculum

The team examined the content of Mercado Global’s health education modules entitled General Health, Women’s Health, Nutrition, HIV/AIDS, and Serious Illnesses.

Modules in General:

There is a lot of important information, games and interactive activities, and reviews of past material incorporated into many sessions. The sessions generally occur once a month. Each module includes 3 to 6 separate sessions.

General Health:

There is a lot of thorough and complete information in this module such as hygiene, cleanliness, and water with helpful diagrams. Some of the drug information is inaccurate and indications for certain medications such as aspirin need to be changed. In addition, some of the medications may not be safe or appropriate (i.e. Neo-melubrina). Many of the games introduced in this topic do not relate to and reinforce concepts.

Women’s Health:

There is a lot of information included in this module, and the topics progress in a logical fashion. The games are very engaging and relate well to women’s health topics. However, it would be very difficult to thoroughly address all this information in the time each community has devoted to the modules.

Nutrition:

There is a lot of important information and illustrative pictures throughout this module. The table of contents is not completely representative of the content introduced. Much of the information is outdated, such as the nutrition pyramid. Additionally, some of adverse effects of various substances discussed are inaccurate, for example that bread products increase the risk of cancer, diet drinks increase the risk of bladder cancer, instant soups increase the risk of cancer, and sugar substitutes can cause cerebral events. In addition, in the child and malnutrition session, much of the information and activities are not relevant to the topic, for example, the “stoplight” game which is fun but unrelated to the topic. Recipes are also introduced using materials that may not be available to the community.

HIV/AIDS:

There are very informative diagrams on the ways in which HIV is and is not transmitted. Many of the games introduced are not related to HIV/AIDS. In addition, throughout the module, “AIDS” is used where “HIV” would be appropriate. Many pictures under the section about the
contraction of HIV are not clearly related to the topic. However, there is some good epidemiological data provided of HIV/AIDS in the local area that highlight the burden of disease in the community.

Serious Illnesses:

The concepts introduced in this section are not correctly ordered for ease of understanding. For example, concepts about general cancer are present throughout information about different types of cancer. Many of the recommendations for breast cancer and cervical cancer screening are not current.

III. ASSESSMENTS

III-A. Pain Away Program

The “Pain Away” program fit well into the workshop and seemed to energize the participants. It also provided a way for the women to control their pain without taking medications. Some improvements should be made to ensure participants’ safety and for the exercises to effectively improve their body mechanics and pain.

III-B. Power To Change Program

Both communities received similar explanations during “Be the Change You Want to See”.

The responses to the question, “Why did you decide to get involved with Mercado Global?” from both communities fit into three major categories: economic investment in family, self-sustainability and an improved future. Their reasons to join Mercado Global are rearranged into these categories and demonstrated below:

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</tr>
</tbody>
</table>
The vast majority of responses from both communities demonstrate the importance of Economic Investment in Family (65% in Chipiacul and 70% in La Fe). The responses in categories Self-Sustainability and An Improved Future were also similar (25% and 10% in Chipiacul, respectively, and 18% and 17% in La Fe, respectively). Within these two communities, reasons to join Mercado Global are strikingly similar.

Interestingly, despite parallel responses, the two groups have different interpretations to the question, “How are all of these items similar?” Chipiacul responds in the most ideal way. They recognize that the reasons to join Mercado Global are all related to change as the solution. La Fe, on the other hand, answers the question with concrete actions and reiterations of their reasons to join. One possible explanation for this difference is the length of time the cooperative has worked with Mercado Global. La Fe has worked with Mercado Global for approximately 2 years. They may have had a chance to witness how economic investment in their families can change their community. They focus on concrete actions because these behaviors have changed their community. Chipiacul, a new community this year, may identify with the abstractness of change because they do not have tangible results from specific actions yet.

In “Prepare the Group”, each community brainstormed 11 possible community names. Names generated from Chipiacul were primarily feminine images – roses, flowers, queens, princesses and doves. Names generated from La Fe were centered on their occupation as artisans. Both groups discussed the names Las Mujeres Luchadoras and Las Mariposas. Ultimately, Chipiacul chose the name Las Margaritas and La Fe chose the name Artesanía Mujeres Luchadoras.
The way Chipiacul and La Fe understand change may echo in their name choices. Chipiacul understood change through identifying community needs and breaking the cycle of poverty for their children. Subsequently, they chose a symbol of their community – Las Margaritas. La Fe understood change through concrete actions. Their ability to change their community may be the direct result of the money earned from their profession. Consequently, their name represents their profession and a strong adjective for change – Artesania Mujeres Luchadoras.

At the conclusion of “Prepare the Group”, both Chipiacul and Le Fe recognized the importance of change. Each community understood that they are the change agents for their communities.

III-C. “Do It Together” Health education program

Participants from both villages were noted to be eager to learn and engaged in the scenarios. This was noted by non-verbal clues such as adjusting body position. There was a good foundation of knowledge, and participants were interested in learning more. This activity gave participants the opportunity to share their knowledge, get feedback, learn more about health, and practice their skills. They also opened the door for other medical questions, illustrating their interest in learning more about health.

III-D. Review of Existing Health Education Curriculum

All modules have a similar format with a significant amount of text and a lot of repetition. A lot of the information provided is inaccurate or not up to date. Many of the activities are engaging and guide participants to the content. Some of the activities are directly related to the content, while others are simply games. The time devoted to each topic is not always realistic.

In comparing the Business Modules and the Health Modules, they have similar format but different content. Health modules rely on an open trusting relationship with facilitator. Business information may be given in a more authoritative form.

IV. RECOMMENDATIONS

IV-A. Continue and refine “Pain Away Program” and further implement the program in different communities.
• The exercise instruction should be broken down into more steps including the standing posture before the exercise.
• Breathing instruction should be included. When practicing, breathing can be incorporated after everyone understands the movements.
• Both instructions and exercises should be done slowly. Slow music may be a positive addition.
• The instructor should model the exercises correctly.
• In what part of the body each exercise works should be explained.
• Give catchy names, such as “Chicken Neck”, which are easy to remember, to each exercise.

IV-B. Incorporate “Power To Change” program as the foundation of all empowerment training, which includes health education. (Appendix 2)

• Complete “The Power To Change” program in 2 pilot communities. Chipiacul and La Fe are reasonable options since they have already completed “Be the Change You Want to See” and “Prepare the Group”. Additionally, they are different in group size and duration of association with Mercado Global.
• Implement the “Power To Change” program over one week. Presently, communities receive 1 training session per month. The “Power To Change” program builds upon the momentum created from previous sessions. A month break dampens the momentum and decreases knowledge retention.
• Train a local facilitator on “The Power To Change” program. This will require the local facilitator to participate in several joint-lead activity sessions with one of our group members.
• “Power To Change” program would be the foundation of all programs related to empowerment and self-reliance. Therefore, we strongly encourage the incorporation of this program early on in the participation of the group.
• We also strongly encourage MG personnel who are not usually exposed to the program to participate and observe the “Power To Change” module as the foundation of the community intervention.

IV-C. Employ methodology of “Do It Together” health education.

• Improve the method of health information delivery by focusing more on what they want to know than what we think we should teach.
• Ensure that the content of health information meets the community needs, which can be identified by the community via the “Power To Change” model.
• Include a narrator to take the audience through the scenario and allow actors to maintain their roles.
- Test participants’ knowledge by asking them to repeat the steps of management and incorporate this into games and skill practice.
- Include false management in the scenarios to give the participants the chance to recognize and correct them.

IV-D. Curriculum revision should be implemented based on the new “Power To Change” empowerment approach. (Appendix 3)

- Create modules tailor made to the concerns of each community identified using the “Power To Change” module.
- Update information for all modules based on current research and guidelines.
- Reorganize the material with simplification to make it easier for the facilitator to deliver information.
- Remove games that do not directly relate to the content.

V. Summary

- A cognitive behavioral approach should be the basis of all training programs.
- Separate business training and education programs with different personnel.
- Prioritize social change/empowerment training and livelihood improvement programs in order to fulfill the mission of Mercado Global to “educate to empower”.
APPENDIX 1: Pain Away Exercise

MERCADO GLOBAL DAILY EXERCISES

General Instructions for the exercises: (Spanish translation in italics)

1. The exercises in this book are to help with pain in the upper back, and neck.
2. Please try to do at least daily
3. The exercises should take only a few minutes to do when you wake up, or before you start working
4. You may repeat the exercises as often as you prefer.
5. Please do them more than once per day if you find that they are helping with the pain in back and shoulders.

1. Los ejercicios de este libro son para aliviar el dolor en la espalda superior y cuello.
2. Por favor, trate de hacer por lo menos diariamente
3. Los ejercicios deben tomar sólo unos minutos para hacer cuando usted se despierta, o antes de empezar a trabajar
4. Puede repetir los ejercicios tantas veces como desee.
5. Por favor, hágalos más de una vez al día si usted encuentra que están ayudando con el dolor en la espalda y los hombros.
Exercise 1: Chicken Neck

Exercise One

1. Move your chin forward as far as you can. Hold in this position for 1 second

2. Move your chin backwards as far as you can. Hold in the position for 1 second

3. Repeat 10 times

Ejercicio Uno: Cuello de Gallina

1. Mueva la barbilla hacia adelante lo más que pueda. Mantenga esta posición durante 1 segundo

2. Mueva el mentón hacia atrás lo más que pueda. Sostenga esta posición durante 1 segundo

3. Repita 10 veces
Exercise 2: Neck Circles

1. Stand with arms at sides
2. Slowly rotate head in a circular motion to right 10 times
3. Repeat to left 10 times

_Ejercicio Dos: Círculos con el cuello_

1. Párese con los brazos a los lados
2. Rote lentamente la cabeza en un movimiento circular hacia la derecha 10 veces
3. Repita el procedimiento rotando la cabeza hacia la izquierda 10 veces
Exercise 3: Carry the Baby

1. Grasp hands behind your back
2. Bend forward at waist while lifting hands/arms as high as possible
3. Repeat 10 times

Ejercicio Tres: Llevar al Bebé

1. Agárrese las manos detrás de la espalda
2. Inclíñese hacia delante doblando la cintura mientras levanta las manos / brazos lo más alto posible
3. Repita 10 veces
Exercise 4: Chicken Wings

1. Place hands on shoulders, with elbows in front
2. Rotate elbows out as far as possible, hold for 1 second
3. Repeat 10 times

Ejercicio Cuatro: Alas de Gallina

1. Coloque las manos en las hombros, con los codos hacia delante
2. Abra los brazos de manera de separar los codos lo más que pueda, mantenga esta posición por 1 segundo
3. Repita 10 veces
APPENDIX 2: Power To Change Program

THE POWER TO CHANGE INSTRUCTIONAL MANUAL

Group Behavioral Activation

Hisam Goueli, MD and Hikari Morikawa, MA, MSSA

CONTENT:

ACTIVITY 1: BE THE CHANGE YOU WANT TO SEE

(Recognize powers to change)

ACTIVITY 2: PREPARE THE GROUP

(Team building)

ACTIVITY 3: GET STARTED

(Identify individual and community problems)

ACTIVITY 4: COMMUNITY POWERS

(Identify strengths)

ACTIVITY 5: BREAKING DOWN BARRIERS

(Identify obstacles to solve problems)

ACTIVITY 6: PUTTING IT TOGETHER

(Plan concrete actions to solve problems)
ACTIVITY 7: FIRST COMMUNITY PROJECT

(Experience teamwork)

ACTIVITY 8: LET’S GET TO WORK
APPENDIX 3: Curriculum Review

Mercado Global Community Education Curriculum

Format for all Modules:

Facilitator Guide Materials

Objectives

Chart with sections labeled - Welcome, Motivation, Introduction and Presentation of the Theme, Development of the Theme, Review, and Conclusion (with number of minutes for each section and the supplies needed)

Diagrams and pictures of each lessons/topics

Appendix – further reading and background information for review topics (all text)

Each module was developed with several sessions. Each session was to be done once a month.

HEALTH MODULES

1. Women’s Health:
   a. Self-Esteem –

      Motivation: Incorporates an activity of you looking at a mirror and asking you how you felt (15 min).

      Introduction and Presentation of the Theme: Question and answer regarding what is self-esteem with guidance; additional activities identifying what self-esteem means to you; introduction of the 4 pillars of self-esteem – 1. Uniqueness, 2. Belonging, 3. Capacity, 4. Security.(15 min); allows for time for questions; Group work – case study of Maria and her perception of the 4 pillars with each group responding (10 min). How to improve self-esteem (mostly question and answer – with guidance and relating it back to case study)( 10 min)

      Conclusion – provide an example of your own life in relation to the 4 pillars. (3 min)
Home Work – To think of one thing every night that you have done successfully for that day (HW)

(Total Time planned = 55 min)

b. Valuing Differences –

Motivation: A review of self-esteem, the 4 pillars, and the homework (10 min)

Introduction and Presentation of the Theme – While in groups the women take turns of standing in the center where everyone shares what they admire about that person. Then for each person, they are asked how they felt about the admiration from others and how they felt hearing the admiration for the other people. The women are also asked what was important for them – the recognition of their own successes by themselves or recognition of their successes by others; Introduction of 3 ways to increase self-esteem – experience, positive attitude, and developing new abilities and skills (15 min)

Review of the 3 methods to increase self-esteem (5 min)

Conclusion (3 min)

Homework - one positive thing you did each day

(Total Time = 35 min)

c. Creating My Objectives –

Motivation: “Hot – Potato” game for the review of the self-esteem session. (8 min)

Introduction and Presentation of the Theme – With the facilitator asking questions regarding life objectives: why to establish objectives for life, how will that increase self-esteem, and once objectives established how to obtain your objective (10 min); Groups then develop objectives together (12 min)

Conclusion (5 min)

Homework - one positive thing you did each day

(Total Time = 37 min)

d. Reproductive & Sexual Rights –

Motivation: Playing telephone (4 min), review of previous modules by members (4 min)
Introduction and Presentation of the Theme – What do the members know about the theme. Many diagrams provided to discuss contraceptive methods, pre- and postnatal care, sexual relation rights, and the rights to love and be loved, self-esteem (15 min)

Conclusion – Game where you throw a ball, with whoever has the ball answering what they learned and what drew their attention the most (7 min).

(Total Time = 32 min)

e. What Happens When You Have Many Children –

Motivation: Review of the last class with the “Hot Potato’ game. (8 min)

Introduction and Presentation of the Theme – Show group members images of families with many kids – what do they observe and think? What are the reasons for having so many kids? Should women have chance to decide how many children they should have. Then contrast to image with family with 2 children (10 min). Group project – 2 groups, one with large family and the other with 2 children; one loaf of bread given to the two groups and divided between members of the ‘family’ to indicate distribution of resources(20 min)

Conclusion – review differences between a large family and a small family, which situation is more convenient? (7 min)

(Total Time = 47 min)

f. Family planning/spacing out pregnancies –

Motivation: Review of the last class with the “Hot Potato’ game. (5 min)

Introduction and Presentation of the Theme: Game - “the blind” – pairs where one leads the other (take turns) purpose to remove blinds with respect to family planning (10 min);

Development of the Theme – Introduced why it is important to spread out your pregnancy. Asks members why family planning effective (with poster that displayed efficacy of different contraceptive methods). Session goes into each contraceptive method with an explanation, and asks members what they know about it already. Diagrams included (45 min).

Conclusion: reinforce important points with ball game (5 min)

(Total Time = 72 min)
2. Nutrition:


Motivation: Two groups representing healthy and unhealthy families are created and instructed to compare both ingredients and discuss which would be better for kids (4 min)

Introduction and Presentation of the Theme: Members are asked what they know about nutrition and go over the nutrition pyramid (15 min). Healthy foods are presented – foods that are nutritious (meats, legumes, veggies, fruits, then carbs, oils (15 min). Non-nutritious foods are introduced with diagrams. Different types of malnutrition are presented - obesity, anorexia, bulimia (5 min). The vitamin properties nutritious foods are presented with diagrams of nutritious foods. Members are introduced to strategies to buying healthy foods. (20 min).

(Total Time = 61 min)

b. Adequate Nutrition of Kids & Malnutrition –

Motivation: Game “stoplight” is introduced. If they make a mistake during the game they are instructed total about past theme in previous lecture for review. (4 min)

Introduction and Presentation of the Theme: Members of the group are asked what age babies should begin eating solid food, what they should be allowed to eat, and illustrates baby recipes (10 min). Adequate alimentation for kids is introduced. Discusses benefits of breastfeeding, nutrition for boys and girls, and gives options for kids based on age including recipes (3-6 months of age, 6-8 months of age) (40 min). Topic of malnutrition introduced with discussion of additives and the danger related to their consumption, instant soup, processed foods, fried foods, bread products, sweets (increased risk of DM, MI, etc…), obesity, osteoporosis, cavities, states that sugar substitutes can cause cerebral events, kidney stones, energy drink dangers (40 min). Pictures and diagrams are provided. Infant malnutrition is introduced, going over signs of serious malnutrition and treatment, and presents a well-nourished child with pictures of malnourished children.

(Total Time = 116 min)

c. Practical Nutrition – Presents recipe’s – A recipe is selected from 1 out of 6 recipes (10 min). Members are asked what ingredients are incorporated. 60 min are then
devoted to cooking the recipe with the entire group. Member’s can then share recipes (10 min).

(Total Time = 81 min)

3. HIV/AIDS:

a. What is HIV/AIDS:

Motivation: Group exercise - there are two groups. Two circles are created and in each of them there is one person with the disease. Disease breaks the circle and spreads around killing group. The group is also asked what the red ribbon signifies. (4 min)

Introduction and Presentation of the Theme: The facilitator asks questions to assess the group’s knowledge about AIDS and information regarding AIDS is disseminated. The group is asked if they know anyone with this illness (10 min). Picture of the virus is included.

Development of the Theme: Includes basic principles of AIDS – effects on the body, there is no cure, and diagrams of how you can and can’t contract AIDS (10 min).

(Total Time = 26 min)

b. How do you avoid contracting AIDS –

Motivation: cat and a rat game (form circle holding hands, cat outside of circle and rat inside circle protected by group, does not let cat in) (4 min)

Introduction and Presentation of the Theme: Review and questions from last discussion. Group asked again to go over how you may contract AIDS with an illustration on what provokes AIDS (10 min).

Development of the Theme: Discussion on how to avoid AIDS and prevention with diagrams and pictures that display abstinence, fidelity, condoms, not using used razors at the barber, preventing vertical transmission, and conditions that put you at risk (alcohol and drug consumption, poverty) (10 min). The group is also shown a video (5 min) not clear what video is. Pictures of IV’s are shown. Goes on to present how everyone has an obligation to get tested and that oftentimes the disease won’t be detected till 6 months after infection.

(Total Time = 31 min)
c. Health Centers and Treatment of AIDS –

Motivation: The game “hot potato” is performed to review previous discussions. (4 min)

Introduction and Presentation of the Theme: An illustration of nearby health centers is shown and the group is asked where they can get care of tests and treatment for AIDS. (10 min)

Development of the Theme: Discusses the fact that there is no cure or vaccine for HIV and that treatment involves anti-retroviral treatment. Describes how access may be difficult secondary to costs, and introduces vertical transmission (15 min). Toward the end the epidemiology of HIV in the local area and all of Guatemala are given.

(Total Time = 15 min)

4. Serious Diseases:

a. Breast Cancer -

Motivation: The game of two oranges - one with a bad rind and the other in good condition. All members are allowed to feel and examine the two oranges compare what they observed (4 min)

Introduction and Presentation of the Theme: The facilitator will ask questions about the risk members face in daily life and are instructed to write down interesting ideas. (10 min)

Development of the Theme: The facilitator now introduces breast cancer, common cancer’s for females (breast, cervix, uterine), how it is better to detect cancer early, leading a healthy life reduces cancer ( by staying healthy, safe sex, menstrual hygiene, minimizing tobacco use, chemicals, and too much sun), the best ways to detect breast cancer in initial phase ( via self-exams monthly), best way to detect cervical cancer or dysplasia by seeing a doctor once a year and 3 years after that, then every 5 years. Introduces the structure of the body and how tumors develop. (10 min) then diagrams of breast cancer, lymph nodes, and the breast exam

(Total Time = 26 min)

b. Uterus and Ovarian Cancer/Cysts -
Motivation: Facilitator asks the group what are the types of stomach and uterus pains that you may feel frequently (4 min)

Introduction and Presentation of the Theme: The facilitator goes on to ask what have you heard regarding uterine and ovarian cancer and if they know anyone in the community that has had this type of cancer or talked about it before. (10 min)

Development of the Theme: The groups is given an anatomy activity where they look at different parts of the reproductive tract of women (with a diagram). There is then an activity with partners in which they point out different parts of reproductive system. More general cancer information is presented. Leading into discussion regarding risk factors such as smoking, infection (HIV, hep B, HPV), estrogen hormones, working/living next to dangerous chemicals. The facilitator discusses cervical cancer and its relation to HPV infections – most go away without treatment but some can cause cancer. Regular testing for detection is important. (good diagrams of female tract and cancer included) (30 min)

(Total Time = 46 min)

c. Diabetes -

Motivation: Illustration - two plates of food; one with ‘good’ food and another with ‘bad’ food (4 min)

Introduction and Presentation of the Theme: Introduction of types of diabetes and early detection. (8 min)

Development of the Theme: Introduction of type 1 diabetes with statistics, etiology, and signs and symptoms (urinary freq, irritability, fatigue, hunger, loss of weight). Discussion of what you should do if you have these symptoms (ie. go to doctor for testing). Control of blood sugar levels, insulin, exercise and nutrition are introduced as the treatment with pictures of insulin, pumps and a glucometer. Many unrelated diagrams. There are also pictures of healthy food and foot ulcer. Type II, Gestational, and pre-diabetes are also introduced with each of its symptoms, prevention, treatment, complications (DKA, eye, foot, etc…) and its genetic complexity (12 min).

(Total Time = 26 min)

d. Stress -

Motivation: Discussion of things that frequently cause stress (4 min)
Introduction and Presentation of the Theme: Discussion regarding what is stress? Stress response (biological – method body uses to protect against challenges, but constant stress causes serious harms to quality of life, relationships) (8 min)

Development of the Theme: signs and symptoms of stress overload (cognitive – memory, worry, emotional – bad mood, agitation, physical – diarrhea, constipation, nausea, CP, dizziness, palpitations, loss of libido, colds, behavioral – eating more or less, sleeping more or less, isolating from others); diagrams of effects on body, yoga (12 min). Session appears to be cut off.

(Total Time = 26 min)

5. General Health:

a. Common Medications in Communities –

Motivation: Introduce skit about the normal things they do in their house – without talking ie. Charades (4 min).

Introduction and Presentation of the Theme: Importance of adequate medications for adults and children, dosage, and properties. What medications do you use regularly when someone is sick (include dosage and time period? Includes image of medications common in area (Aspirin, Tylenol, Vicks, alka seltzer, anti-influenza) (10 min).

Development of the Theme: goes through each of the medications. Aspirin indicated for headaches, fatigue, and muscle aches. Powdered aspirin indicated for adults. Ibuprofen indicated for pain, inflammation, and fever. Tabcin (for colds) – mixture of decongestant, etc… Grape Salt and alka- seltzer indicated for indigestion and excess food with dosages. Panadol – is Tylenol. Neo-melubrina – is antipyretic with adverse reactions. Introduces suitable medications for children under 5 years of age – ORS for stomach pain, and for baby keep breastfeeding; liquid Tylenol (no indications). If child is very sick must go to and seek more care. Discussion of adverse events if give wrong medications – lose memory capacity and have problems in school. (10 min). Images of ORS and medications.

(Total Time = 26 minutes)

b. Hygiene is Health -

Motivation: Show how you wash your hands with soap and water (4 min).
Introduction and Presentation of the Theme: Introduces importance of hand washing and especially when you are handling food, benefits of hand washing. Images are provided to show proper hand washing technique. Demonstration of hygiene – brushing teeth, cleaning hair and nose. (10 min)

Development of the Theme: Discuss images of hygiene. Images provided about what happens when you don’t care for your feet. Discuss importance of clean clothes, importance of clean work place, and cleaning wax. Discusses starting good habits as a child. (10 min)

(Total Time = 26 minutes)

c. Cleanliness in the Home -

Motivation: Game – “Play 21” where 2 straight lines of artisans are formed with an object in between the two. Assign numbers to each artisan on each team and when facilitator call’s number both teams run to the object and obtain points (4 min)

Introduction and Presentation of the Theme: starts with short review of the last session. Asks members how they keep their house clean with an illustration of a clean house. (10 min)

Development of the Theme: Go over each item in the illustration of the clean house – cleaning the bedroom, mopping the floor, cleaning the beds, cleaning wood furniture, cleaning the bathroom (the center of hygiene), cleaning the kitchen, utensils, how to keep foods clean, control of insects. (10 min)

Conclusion: mention benefits of keeping the house clean.

(Total Time = 26 minutes)

d. Illnesses Are Due to the Lack of Hygiene -

Motivation: Game – “Guess the Official.” (4 min)

Introduction and Presentation of the Theme: Start with a quick review of previous discussions. Asks group what are the most common causes of illness is in kids, how often do they go to the doctor, and remedies used regularly for children. Presentation and illustration of illnesses. (10 min)

Development of the Theme: go through illustration presented – diarrhea, typhoid, flu (groups at high risk), hepatitis (A,B, and C), cholera, dengue, fungal infections, and the black plague. (10 min)
(Total Time = 26 minutes)

e. Importance of Water:

Motivation: Game – “Word Theater” (4 min)

Introduction and Presentation of the Theme: review’s the last section. Asks the group what is the importance of water, how much we use every day, and how much we should drink every day. Introduces an illustration on the importance of water. (10 min)

Development of the Theme: Discussion on the illustration of the importance of water. Discusses why water is so important (can’t live without, helps environment). Discusses care of water, sanitary services, and the poor and how they are all related – they all create poor health. Asks how much water is needed in an emergency situation. Discusses prevention of diarrhea by proper hand hygiene, clean water. Includes a test. Recommendations for conserving water.

(RECOMMENDATIONS:

Women’s Health:

Minimize to a total of 3 workshops –

1. Includes self-esteem, valuing differences – in self-esteem portion keeping everything, but going to case study and introducing pillars through the case study. Then go straight into the circle game. Homework could be kept the same and can share at the next session.
2. Includes My Objectives, Sexual/Reproductive Rights – review self-esteem homework (sharing); go into objectives, and the rights as presented.
3. Last 2 topics of family planning and what happens when you have too many children – Introduce review game. Continue with the two diagrams to compare differences between families and bread activity. Should remove the blind game. Family planning should address why it is important, and the different methods available.

Nutrition:

1. Section will require complete revision with updated accurate information.
2. More age appropriate recommendations (from INCAP).
3. Removal of information and games (ie. ‘stoplight”) that are not helpful in reviewing the information systematically.

HIV:

1. Replacing the term AIDS with HIV throughout the whole section and introducing the spectrum of HIV to AIDS.
2. Changing images for prevention and contracting HIV and what provokes HIV.
3. More information regarding prevention and testing for HIV, such as warning signs, when to be tested, and how often to be tested.
4. The epidemiology of HIV and the burden of disease in Panajachel and all of Guatemala should be introduced earlier in the introduction.
5. Reducing the number of sessions – one session regarding the burden of disease, what is HIV, and methods of transmission. In the other session, prevention, treatment.

Serious Illness:

1. General cancer introduction (ie. What is cancer, risk factors, anatomy, and what is known about uterine, cervical, ovarian, and breast cancer discussed in first session of serious illness.
2. Breast cancer session should have updated recommendations. Self-breast exams are not recommended in the U.S. According to WHO/PAHO clinical breast exams are available in the public sector but not mammograms. Section needs to be revised with what is reasonable for Guatemala.
3. Uterine cancer section could include information on post-menopausal bleeding, abnormal bleeding, and when to seek care, and risk factors.
4. The diabetes session could be improved with improved organization, more nutrition recommendations.
5. The stress section requires completion and should incorporate more therapy/solutions that they could perform.
6. Consider including module on hypertension.

Health:

1. Aspirin should be removed from all recommendations and indications changed.
2. All games be removed since unrelated to topics in this module.
3. Update drug indications.
APPENDIX 4: Activity Log

I. Preparation in Guatemala

This was held in the Mercado Global office in Panajachel. The residents, Dr. Mori, Hikari, Dr. Goueli and Barbara went over the trip agenda and the framework of the overall plan. The goal of the meeting was to go over current and past projects, and discuss the plan for the week. Then Dr. Goueli went over “Power to Change” module. All seven steps were explained and actively demonstrated to the whole team. The purpose of this exercise was to ensure that Barbara saw the activities live to understand the concepts and be able to conduct it in the villages. After that, we went over some interactive first aid scenarios which would be used in the “Doing it Together” health education.

II. Village Trip #1: Chipiacul

On 10/01/2013 we left Panajachel in the early morning to visit the village of Chipiayacul. It was about 1.5 hours by car. Upon arrival we were welcomed by the group of 19 women and 9 of their kids. They were from two groups of MG members, Mujeres Unidas and Girasoles, who came together for this session. The attendees’ ages range widely as did their marital status. We were welcomed into a “meeting room”, which was built by a couple in that community. The room was decorated for a member’s 15th birthday. We began by introducing ourselves and then each member introduced herself with brief background. Many mentioned how many children they had. Next, Dr. Mori outlined the day’s agenda.

We began with “pain away” exercises. All the members participated, including the kids. Initially, the exercises were demonstrated and explained to the participants. After finishing this session, Dr. Mori asked” Was it hard?”, and participants together answered: “no”. Then, we reinforced the importance of the exercises by explaining that they would improve their shoulders and necks, which will help them be able to make more products and alleviate their pain. We highly recommended that the exercises be done after their work on daily basis.

The next activity was “Power to Change”. It was ran primarily by Dr. Goueli and Barbara. The first two steps of the module, which includes seven in total, were done.

Step 1 – This began with the question, “Why did you join Mercado Global?”

All women had an opportunity to describe and identify reasons why they joined Mercado Global. All of the women were very engaged and were willing to participate. While each of the women spoke, all of the other women were quiet and listened. They identified a number of themes and problems. Some of these were: education for their children, help with the family, purchase of
food, purchase of medication, ensuring stability and self-sufficiency, creation of a better future for their children, improvement in their children’s life, learning new skills, investment of money, and building a career. All ideas were written on the paper in the front of the room. Village participants were very involved by expressing their feelings, and two ladies were emotional and tearful. It was noted that they all shared the main theme of changing their current situation and creating a better future for themselves and their families. They all were attempting to break the cycle of poverty. Barbara then reinforced all the positive attitudes they have toward the need for change.
Dr. Goueli then asked one woman what she thinks her future looks like and she replied that she “did not like what her life was now, that she wanted economically stability, and a job respected by others.” Another participant described how she had lost her husband and that Mercado Global had given her a chance to make an income as a single mother. Many other women related to her pain and cried with her. Another interaction which showed their unity was when it was the turn for one participant to share her response with the audience and her infant started crying. Another member volunteered to carry him to help calm him down. Dr. Goueli went on to create the sense that their group is the force of change for their community, stating that “your community will be better because of you!” and “you are making a change in this community” as we all cheered and clapped. This emphasized the concept that empowerment essential in this program. In addition, one woman stated that she would like us to spread the word of Mercado Global and their work.

**Ice Breaker Session: “Magic Ball”**

In between Steps 1 & 2 of the “Power to Change” we played a game to get to know each other better while engaging in a game together – “Magic Ball.” The idea of the game is to imagine any object and act out the use of the object. One person starts, creates an object, and then hands it off to another person of their choosing. This next person then uses the object and then puts it into a “magic ball” to create another object, which the person uses and then passes it along to another person. This is then repeated. The group was very shy at first and not quite sure what they were supposed to do. However, the women observed our group members and quickly caught on. They were not afraid to approach members of our team to pass the object. It was interesting to see the objects that the women chose. Most of the women picked objects that are used in their everyday life, for example the action of washing clothes, sewing machine, carrying baby, ironing, making tortilla, and sweeping. The group was then asked what they thought the point of the game was, and the brought up concepts of communication with the recipient of the object, watching and observing others to know which objects had been used, working with their mind, creating new ideas, and having fun.

**Step 2 – Creating a Group Name**

During this step Dr. Goeli described that they were all going to undertake a task together. Their task was to come up with a name for their group. This had to be a name for the whole group, consisting of the two individual groups. This name would be used to identify the group when dealing with others, and they had to be proud of this name. The women had a lot of fun throwing out names such as “Mujeres Luchadoras”, women fighters. They came up with different names including: “Las Margaritas, las palomas, mujeres sonadoras, mujeres trabajadoras, las mariposas, las reinas, las princesas…” After 10-15min coming up with names, the participants decided that they would each have one vote. The names therefore were read aloud one at a time and the women were allowed to vote for only one. There were a total of 19 votes, including 17 had voted for Las Margaritas. Therefore their group name became “Las Margaritas”. We later learned that
the “Margarita” is a flower (daisy) that is a common flower in their area that the women identify with.

This was followed by the “Doing It Together” health education activity. Due to time constraints, we did only one scenario on bleeding and lacerations. It was a short play, followed by a question to the audience on how they usually approach it in their community. They shared many good responses including “using alcohol” and “cool, boiled water”. Another member mentioned that in serious cases, they go to health center. A 3 step approach was explained to them including stopping the bleeding, cleaning the wound, and covering the wound. They were very involved and eager to learn. Some members were taking notes and others came up with specific questions. Some of these were:

“Why do we need to cover the wound?”

Initially we asked the question back to them, and they really came up with great answers such as “to protect it from flies.” We reiterated the importance of keeping the wound clean, reinforcing what they already know.

Then we asked them: “what do you mean by serious bleeding?” They gave fair answers, but lacked specificity. We therefore taught them more appropriate assessment and initial management, including the difference between vein and artery, and the amount of time to hold pressure. This session opened up the door for other medical questions from the village participants and illustrated their desire for knowledge in certain areas such as women’s health (e.g. menopause symptom management and postmenopausal bleeding).

We ended our session by wrapping up what was done. We also thanked them for their time and they thanked us for coming.

Debriefing:

We agreed that the whole village did well with the session. One of the main findings was that the team worked as a unit. They all respected each other and listened without interrupting, regardless of age differences. Barbara provided the team with some background information about the village. She noted that the 2 groups have been together on previous visits as well. The following topics were discussed in previous visits: nutrition, water, and hygiene. Financial level varies among the individuals in the group. Some families have relatives in the USA, which is evident from the appearance of their houses and access to medication.

III. Village Trip #2: La Fe

On 10/02/2013 we left Panajachel in the morning for our second village visit, La Fe. It was about 1 hour by car. Of note, this was the second visit to the same village. The first visit was one year
ago. We all were welcomed by the village participants, 9 women and 8 kids. We were welcomed into their “meeting room”. Given small room, the 1st part of the visit was conducted outside. The entire group, made a circle and started with introductions. Our group members started, and the village participants followed.

We began with “pain away” exercises. All the members participated, including the kids. Initially, the exercises were demonstrated and explained to the participants. We used a similar approach to what was done on Chipiacul, with a larger emphasis on checking participants for correctness. Similar to in Chipiacul, we explained the goal of this exercise and recommended it be done after work on a daily basis. Then we all moved to the meeting room. Dr. Goueli introduced his session on leadership skills since they had identified this as something they wanted to learn. We explained that this module would be a series of 7 different steps, and we could cover only the first two today.

Step 1 – This began with the question, “Why did you join Mercado Global?”

Initially some participants spoke up about their reasons, while others were quiet. They came up with different reasons such as stable employment, support of their family, reinvestment of money, income for the household since their husband’s land work is not always guaranteed, education of children, and independence. Then, Dr. Goueli and Barbara attempted to engage the quieter group members so that each member’s voice would be heard. Ultimately everyone shared the ideas with the group. All ideas were written on the paper in the front of the room. Dr. Goueli asked one participant a question in regard to her answer of educating her children: “What are you hoping to accomplish by sending your kids to school?”

She answered that she sincerely wanted her children to have good future and be professional, and this will help them to have a better future. One participant talked about her previous life, and how initially she didn’t have many skills. However, she found some courses to help her build new skills. It was hard for her since she is illiterate and had no resources after she lost her father in the civil war. She was able to overcome these obstacles to get a better life, and now she is concerned about her kids’ future.

There were two new members who joined the group recently. One of them decided to incorporate with the group to earn money. She got married and has a child. Now her life is different, and she has other responsibilities including her children. Another participant stated that her reasons for joining the group were for a better life, a better future for kids, and more stable jobs.

Dr. Goueli, after hearing each member, stated that there are some themes as a group, including “better life, better future, education for kids…” He then asked, “So how do we get there?” They
were aware of their limitations and the need for the money to ensure these will happen. They also identified very specific needs like books, pens… After redirecting the group members into more general approach, they stated that they would need to change their current situation in order to reach their goal. We gave them few minutes to brainstorm some of the things that needed to be done to get to their goal. One member brought up the idea of having small family vs a large one, taking care of herself, working to provide education of their kids. There were non-verbal cues such as nodding heads, agreeing on what she stated. It was noted that some of them are already making something different, taking different approach and implanting these in their lives (e.g. one participant was an artist and recently learned a new skill—sewing with MG). They are making these changes now in their lives, meaning that some of them are already acting as change agents, to bring the change they wanted for their kids for which the whole community will be changed thereafter.

Step 2 – This step started by reinforcing the idea of group work. The village participants were given the task of coming up with a collective group name. Then Dr. Goueli followed that with a question:

“How are we going to come up with a name?”

They decided that they would all agree on one name after hearing the different suggestions. Each voice was heard and all the suggested names were listed on the board. They asked our group if their suggestions were good or not. We replied that it is their task to pick a name and that it is important that they all like and are proud of their name. The majority of the names thought of started with “artisans.” Some of these were Artisania La Fe, Artisania Las Mujeres, and Las Mariposas. Then one of the new member suggested adding and adjective to “Artisania Las Mujeres”, and together they come up with adding “Luchadoras”. The question was asked again of how they would pick only one name. They decided that they would choose one name, which sounds good to all of them. They then decided to have each member vote. They took turns individually voting an, and 8 of the 9 voted for “Artisania Las Mujeres Luchadoras”. They therefore became the “Artisania Las Mujeres Luchadoras” and everyone cheered and clapped.

After that we moved to the 3rd part of the agenda, “Doing it Together” scenarios. The same approach was done as in Chipiacul but with all 3 scenarios, including lacerations and bleeding, ankle sprain or break, and gastroenteritis. Initially we introduced ourselves again and explained what we were planning to do. Each scenario had a short play followed by a question directed to the village participants on how they would manage these situations. Overall they gave accurate answers with some reasoning. The right information was reinforced and some other basic knowledge was also introduced, particularly when to seek medical attention. For example, if swelling persists without any improvement in ankle sprains, bleeding persists despite applying appropriate pressure, the person is unable to move their extremities, or if diarrhea persists for more than 3 days or a person experiences signs or symptoms of severe dehydration. Two women volunteered to show how they would wrap an ankle for the sprain on a model person and how to
differentiate between fracture and sprain. Their approach was proximal to distal but otherwise fairly appropriate. We then demonstrated the correct approach and emphasized wrapping distal to proximal, and the reason for this to help with the swelling and push the blood back to the heart. One member stated that whether it is tight or loose it doesn’t matter. This was reinforced by acknowledging that most of the bandages will get loose by themselves with time. Also we discussed that if swelling persists despite the initial wrap, they can always re-wrap it in a couple of hours. Dr. Mori directed a question to the participants on how to manage ankle sprain/ fracture in the field, 5 km from home. Their answer was walking all the way back to the community. Dr. Mori then demonstrated the way to wrap ankle sprains in the field, by maintaining the ankle at 90 degrees using a piece of cloth.

In the gastroenteritis scenario, when asked what to do in the case of a child with nausea, vomiting, and diarrhea, they all went straight to the idea of ORS. They knew the components of water, salt, and sugar. They knew 1 L of water (and that it should be boiled), and 8 spoons of sugar, but they incorrectly said 2 or 4 spoons of salt (should be 1 spoon).

At the end of each scenario we went over major steps in managing by testing different members through active hands-on or games.

A nutrition session followed. Village participants were asked ahead of time to bring in a vegetable. Each member brought at least one type of vegetable. Some of these were cabbages, cauliflower, beans, zucchini, potatoes, onions, tomatoes, cucumbers, and herbs. Most of these were grown in their own fields, and a very were purchased. Dr. Mori then commented that during last visit to La Fe we talked about healthy eating and how different fruits and vegetables have different nutrients. Then they were asked about why and how they eat it. They stated that they mostly boil these with other ingredients, often in a soup or stew. Then Mori went over each of the vegetable examples and their benefit. For instance, green leaves/ herbs are rich in fiber, good for the gut, and iron, especially important for females in preventing anemia. Another example was the tomato, which they stated had vitamin A. Dr. Mori elaborated by discussing that our body is made of 6 different types of nutrients: vitamins, water, minerals, fat, protein, and carbohydrates. He also added that another important component in some of the available vegetables is fibers, which are good for the gut.

Then he directed the question to them: “Do you know what fibers do to your gut?”

They did not know this so Dr. Mori explained that it prevents constipation by stimulating your gut to have regular bowel movement. They also shared some of the recipes the use to cook these vegetables. They mentioned that the availability of the different vegetables depends on the weather, and that in the rainy seasons most of their plants die. In general, they seemed to be aware of the overall benefits of vegetables but lacked specific details. They all were eager to listen and get more knowledge.
We ended our village visit by repeating the “Pain Away” exercises to ensure they understood the exercises and remembered them. After that we thanked them for their time, and they thanked us for coming back to the village. Lots of pictures were taken per their request.

*Debriefing:*

A. Pain away exercise:

Some pitfalls and future recommendations on the “Pain Away” exercises were:

1. Synchronization with breathing
2. Improving body posture (e.g. aligning shoulders with feet)
3. Providing step-by-step instructions
4. Naming the exercises

These can be implemented and improved in many ways. One way is to get Barbara, as a community worker, to practice with them and explain the purpose of the different exercises. Barbara will meet with one of the sports medicine physicians during her visit to the United States to help her better understand the exercises. After these exercises are implemented well, other exercises can be added to involve the lower back and lower body.

B. Power to Change:

Despite the commonality in the final goal of both groups, Chipiacul and La Fe, there was an obvious team dynamic difference between them. In addition to that, the thinking process to reach to their final goal was different. La Fe group members struggled to reach the idea of “Change” and Dr. Goueli had to feed them this. The first group’s members were more polite and respectful to each other. They had concretes thought and were able to come up with different themes. Their smooth group dynamic, inner wisdom and internal power guided them to reach the fact of group power as a start point in changing for better future. La Fe group had two new members who joined recently. There was some dominance noted by certain members. There were lots of nonverbal cues, including the dominant women sitting higher up. They focused on specifics rather than general ideas in the 1st step. However, in the 2nd step, they were successful and ended up choosing a group name “Artisanias Las Mujeres Luchadoras” (the fighting women artisans) that was suggested by one of the new team members. This reflects the cohesiveness and the independence of the group.

This module can be improved and used with other communities.
III. First aid scenarios:

This part of teaching was interactive, gave the participants some room to share their knowledge and figure out the right steps in managing few first aid scenarios as well as asking some medical questions. For the most part, all members were engaged and eager to learn. Some areas to improve these scenarios can be done through including false management and giving the participants the chance to recognize and correct the management. Another way is by including a narrator and taking them through the scenario slowly. One approach to test participants’ knowledge is by asking them to repeat the steps of the right management and that by involving them in a game.