

**Comparative Analysis of the Principle Demographic Characteristics of the
Child Population from House Surveys of the Community of Batey 2,
Esperanza, Valverde, Mao
2017/2020**



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Introduction

Batey 2 is located in the northwest of the Dominican Republic, between the cities of Mao, Valverde and Navarrete de Santiago. The community was founded in 1952 to house agricultural workers who cut cane at the sugar mill in Esperanza.

Batey 2 represents a sample of the existing bateyes throughout the territory of the Dominican Republic that are identified by the precarious living conditions of its inhabitants. Many do not have access to basic public services such as: medical care, education, electricity, and sewage treatment.

Bateyes are rural communities built around the sugar industry in the Dominican Republic. These villages were constructed in the Dominican interior at the beginning of the 19th century, when sugarcane plantations used of Haitian, itinerant and unregulated labor.

In general in bateyes, the degree of malnutrition in children is common, with the presence of the parasites *marasmus* and *Kwashiorkor*. Most of the children in bateyes are severely malnourished according to their age, weight and height. This state of malnutrition is caused by low food intake and lack of nutrients in the body. Chronic malnutrition and poor diet are the consequences of extreme poverty.

Extreme poverty brings with it serious infectious diseases derived from inadequate intake of food, contaminated water, and other factors. This slows the normal mental and cognitive development of children, a consequence that is reinforced by the inaccessibility of an education in conditions that are endured. Child malnutrition can have consequences at various levels which accompany a person throughout their life. During childhood, children suffering from acute childhood malnutrition may manifest the following pathophysiology: decrease in brain tissue growth, decrease in cardiac muscle mass, decrease in oxygen consumption, decrease in weight of renal plasma flow and anemia.

Tabulation Plans

The data collected through both the 2017 and 2020 surveys were recorded and coded in a computer and programming database and developed for the purpose of demographic and community analysis and statistics. The data obtained were, collected, tabulated and plotted through the program of the Centers for Disease Control and Prevention (CDC), called EPIINFO version 7.0 which is a computer software freely available but of high quality and reliability and widespread scientific approval. The work was completed from an ethical and moral point of view because it did not affect the integrity of the physical or the mental health of the participants or their environment.

We appreciate the great work of the team that made possible the realization of this important project, mainly 12 people - censors, supervisors and community leaders who knocked on doors reaching places never before surveyed. Also, thank you to Dr. Thomas M. Kelly, Ph.D. for his outstanding contribution to the census and without whose collaboration, this project would have been difficult to carry out. We also thank those who received us in their homes and delivered the information enthusiastically and warmly.

1-Comparative analysis of: Population surveyed in the Batey 2 households.

Total of the Child Population surveyed. January 2020

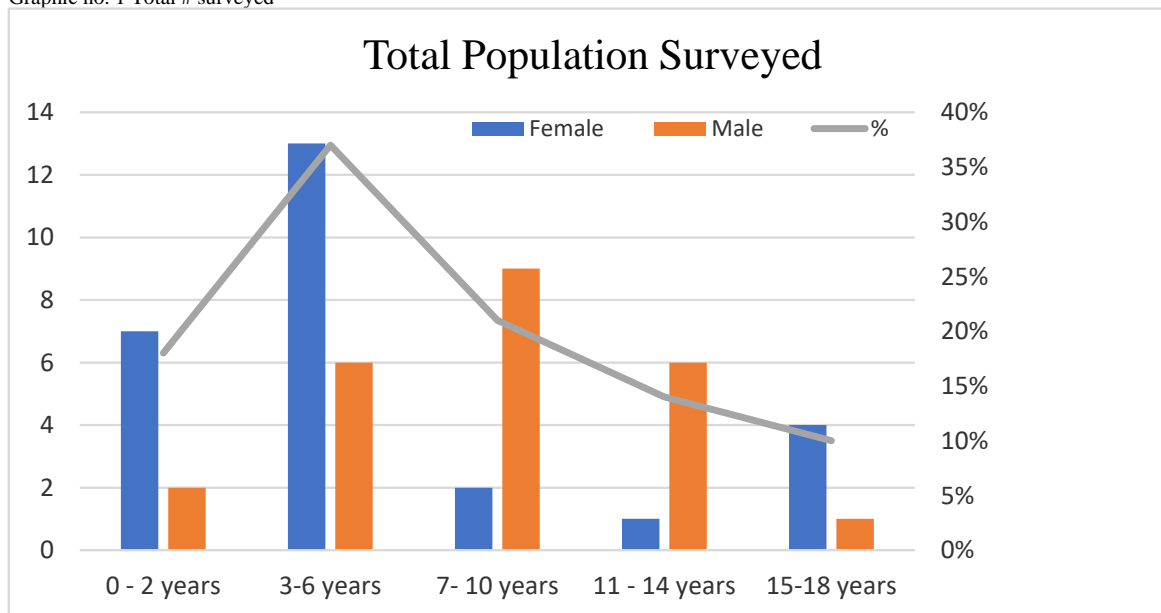
Chart no. 1: Total child population surveyed

| Age | Female | Male | % |
|-----------------|--------|------|------|
| 0 to 2 years | 7 | 2 | 18% |
| 3-6 years | 13 | 6 | 37% |
| 7- 10 years | 2 | 9 | 21% |
| 11 - 14 years | 1 | 6 | 14% |
| 15-18 years | 4 | 1 | 10% |
| SUBTOTAL | 27 | 24 | 100% |
| TOTAL | 51 | | 100% |

Source: Batey Population Demographic Survey 2. January 2020

It is evident that in the child population of Batey 2, 37% are between 3 to 6 years old, followed by the age group of 7 to 10 years, represented by 21%, then followed by the group from 0 to 2 years with 18%, from 11 to 14 years with 14%. Note that the predominant gender is female, with 53% of the total population.

Graphic no. 1 Total # surveyed



Source: Chart 1

**2-Comparative analysis of:
Language spoken by children in the population. Years 2017/2020**

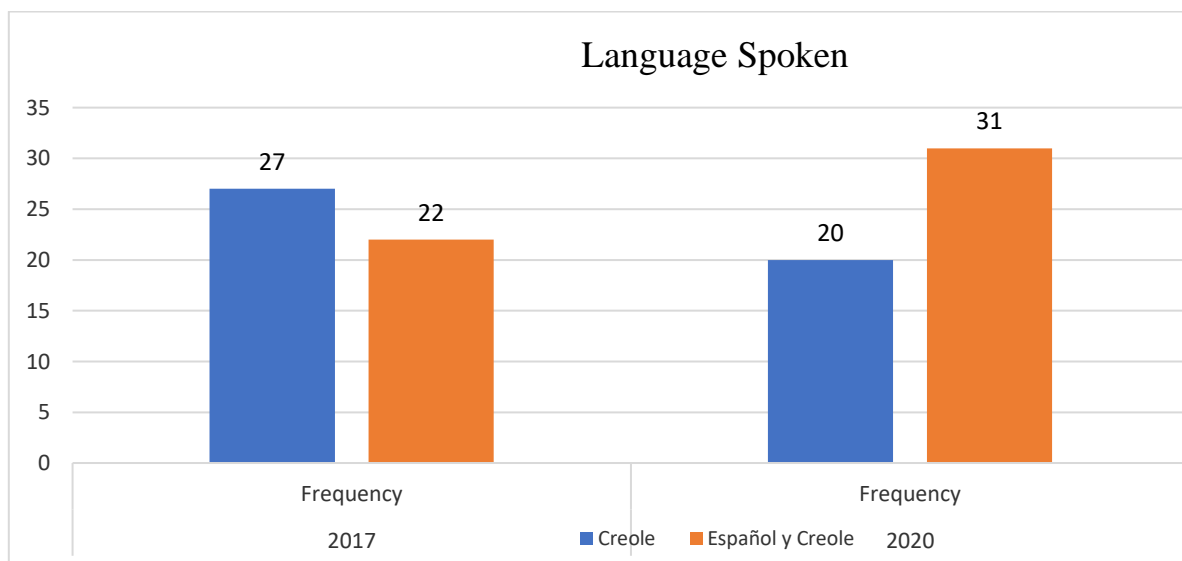
Picture no. 2 Predominant language in the population

| Languages spoken in the Batey | 2017 | | 2020 | |
|-------------------------------|-----------|-------------|-----------|-------------|
| | Frequency | Percentage | Frequency | Percentage |
| Creole | 27 | 55% | 20 | 40% |
| Spanish and Creole | 22 | 45% | 31 | 60% |
| Total | 49 | 100% | 51 | 100% |

Source: Demographic Survey of the Batey Population 2.

It is noted that in 2020, 60% of the children use the Spanish language while in 2017 only 45% of them spoke Spanish. This is because more children are attending school at the moment.

Graphic no. 2 language spoken by children



Graph 2 Source: Chart 2

3-Comparative analysis of: Attendance at school, years 2017/2020

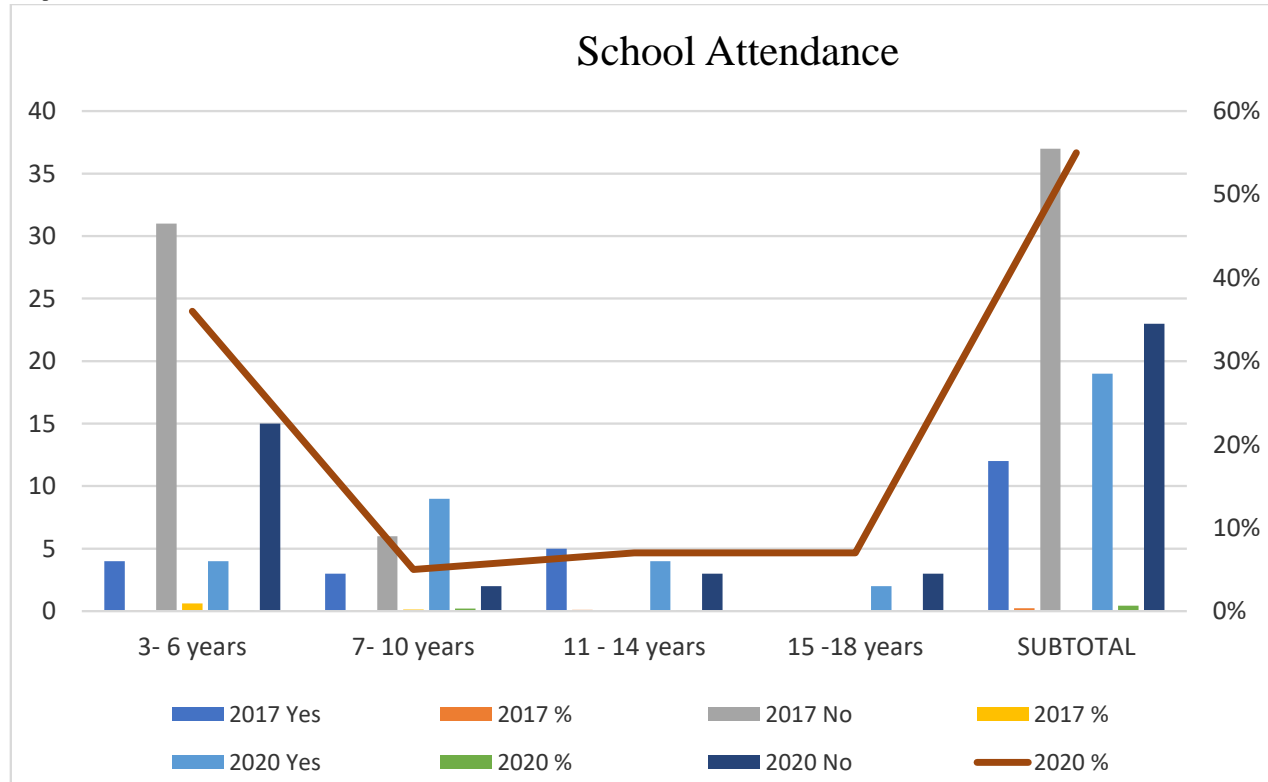
Chart no. 3 Attendance at a school.

| Attendance at a School | | | | | | | | |
|------------------------|--|-----|---|-----|--|-----|---|-----|
| Age | 2017 | | | | 2020 | | | |
| | Yes | % | No | % | Yes | % | No | % |
| 3- 6 years | 4 | 8% | 31 | 62% | 4 | 9% | 15 | 36% |
| 7- 10 years | 3 | 6% | 6 | 12% | 9 | 22% | 2 | 5% |
| 11 - 14 years | 5 | 10% | 0 | 0% | 4 | 9% | 3 | 7% |
| 15 -18 years | 0 | 0% | 0 | 0% | 2 | 5% | 3 | 7% |
| SUBTOTAL | 12 | 24% | 37 | | 19 | 45% | 23 | 55% |
| TOTAL | 12 children or 24% attend a school. | | 37 children or 76% do not attend a school. | | 19 children or 45% attend a school. | | 23 children or 55% do not attend a school. | |

Source: Demographic Survey of the Batey Population 2.

There is a considerable increase in children attending school between 2017 and 2020. 45% attended school in 2020, whereas in 2017 only 24.5% of the children studied attended school. The predominance of age was between 11 and 14 years. Still, 55.5% do not frequent any educational center. The largest number of children attending school ranges from the ages of 7 to 14 years.

Graph 3: School Attendance.



4-Comparative analysis of: Population in kilogram of Weight, years 2017/2020

Chart no. 4 Population in Kilogram of Weight

| Survey of 2017 | | | Survey of 2020 | | |
|-----------------------|------------------|-------------------|-----------------------|------------------|-------------------|
| Weight en Kg | Frequency | Percentage | Weight en Kg | Frequency | Percentage |
| 1-9 Kg | 0 | 0 | 1-9kgs | 5 | 10% |
| 10-19 Kg | 24 | 49.00% | 10-19 Kg | 26 | 51% |
| 20-29 Kg | 15 | 30.60% | 20-29 Kg | 7 | 13% |
| 30-39 Kg | 4 | 8.20% | 30-39 Kg | 6 | 12% |
| 40-49 Kg | 5 | 10.20% | 40-49 Kg | 5 | 10% |
| 50-59 Kg | 1 | 2.00% | 50-59 Kg | 2 | 4% |
| Total | 49 | 100.00% | Total | 52 | 100% |

Source: Demographic Survey of Batey 2.

51% of the population surveyed had a body weight between 10 to 19 kilograms in 2020, however in 2017 only 49% of children studied in Batey 2 presented body weight between 10 to 19 kilograms. 13% had a body weight between 20 to 29 kg, 12% between 30 to 39 kg, 10% had a weight of 40 to 49%, 4% of 1.0 to 9% and finally 4% had a weight of 50 to 59 kg .

Graph no. 4 Child Population by Weight (Kg.)



Source: Chart 4

5-Comparative analysis of: Size and height of survey population in m², years 2017/2020

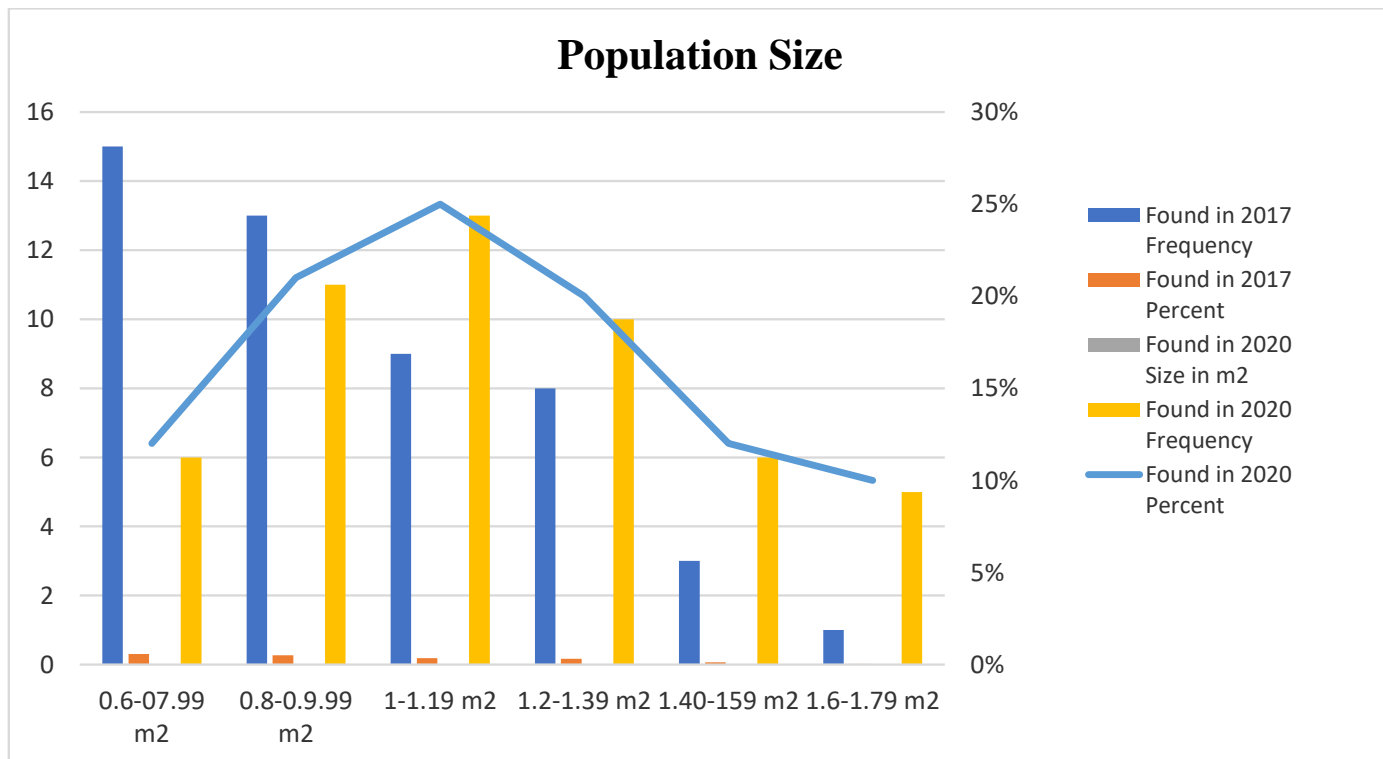
Chart 5: Height of the surveyed population in meters (m²)

| Survey 2017 | | | Survey 2020 | | |
|---------------------------|-----------|------------|---------------------------|-----------|------------|
| Size en m ² | Frequency | Percentage | Size en m ² | Frequency | Percentage |
| 0.6-07.99 m ² | 15 | 30.60% | 0.6-07.99 m ² | 6 | 12% |
| 0.8-0.9.99 m ² | 13 | 26.50% | 0.8-0.9.99 m ² | 11 | 21% |
| 1-1.19 m ² | 9 | 18.40% | 1-1.19 m ² | 13 | 25% |
| 1.2-1.39 m ² | 8 | 16.30% | 1.2-1.39 m ² | 10 | 20% |
| 1.40-159 m ² | 3 | 6.10% | 1.40-159 m ² | 6 | 12% |
| 1.6-1.79 m ² | 1 | 2.00% | 1.6-1.79 m ² | 5 | 10% |
| Total | 49 | 100.00% | Total | 52 | |

Source: Demographic survey of the population of Batey 2.

It is noted that 25% of the surveyed population has a size of 1.1 to 1.19 m², while 21% was between a size of 0.8 to 0.9.99 m². It is possible to highlight a considerable growth of the child population in terms of height. This is explained by the stability of the feeding program known as *Pascal's Pantry*.

Graph 5: Size of the surveyed population in m²



Source: Chart 5

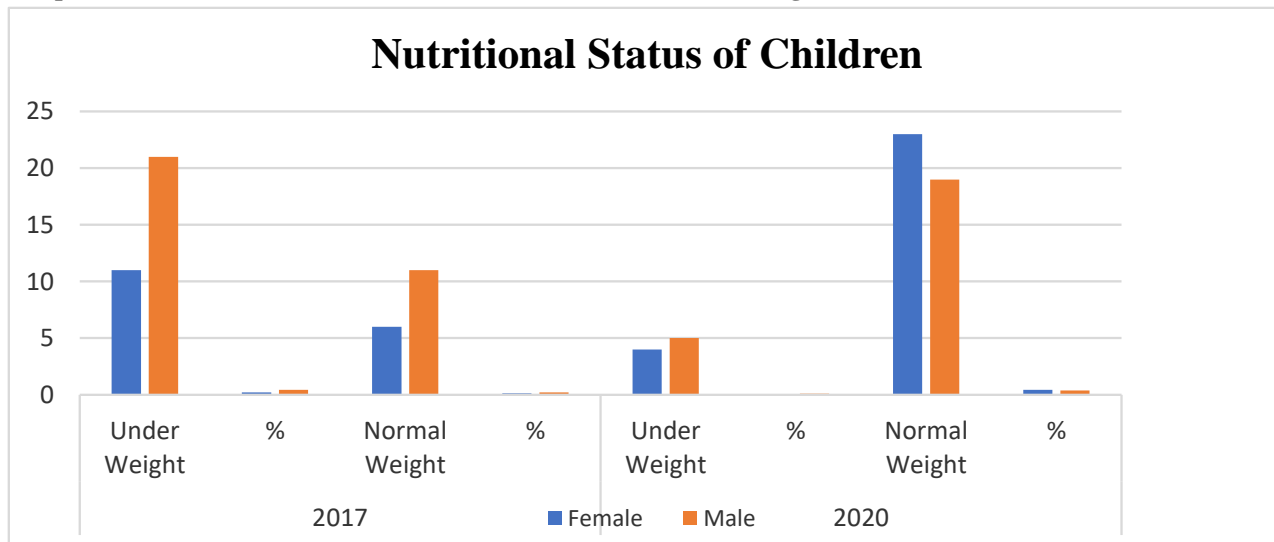
**6-Comparative analysis of:
Nutritional States of the population based on Percentiles, BMI \ Age and gender.
Years 2017/2020**

Chart 6: Nutritional Status of population based on Percentiles, BMI \ age and gender

| Gender | Survey 2017 | | | | Survey 2020 | | | |
|--------------|---|-----|--|-----|---|-----|--|-----|
| | State of nutrition based on percentiles, BMI, age and gender | | | | State of nutrition based on percentiles, BMI, age and gender | | | |
| | Low Weight | % | Normal Weight | % | Low Weight | % | Normal Weight | % |
| Female | 11 | 22% | 6 | 12% | 4 | 8% | 23 | 45% |
| Male | 21 | 44% | 11 | 22% | 5 | 10% | 19 | 37% |
| Subtotal | 32 | 66% | 17 | 34% | 9 | 18% | 42 | 82% |
| TOTAL | 32 children or 66% were malnourished in 2017 with critical figures of low body weight. | | 17 children or 34% were normal body weight. | | 9 children or 18% of children had states of low body weight. | | 42 children or 82% of them were clinically normal in 2020 in relation to their body weight, age and height. | |

Source: Demographic survey of the population of Batey 2.

Graph 6: Nutritional status of children based on Percentiles, BMI \ age and Gender



Source: chart 6

**7-Comparative analysis of:
Nutritional Status of the population according to Percentiles, BMI and age.
Years 2017/2020**

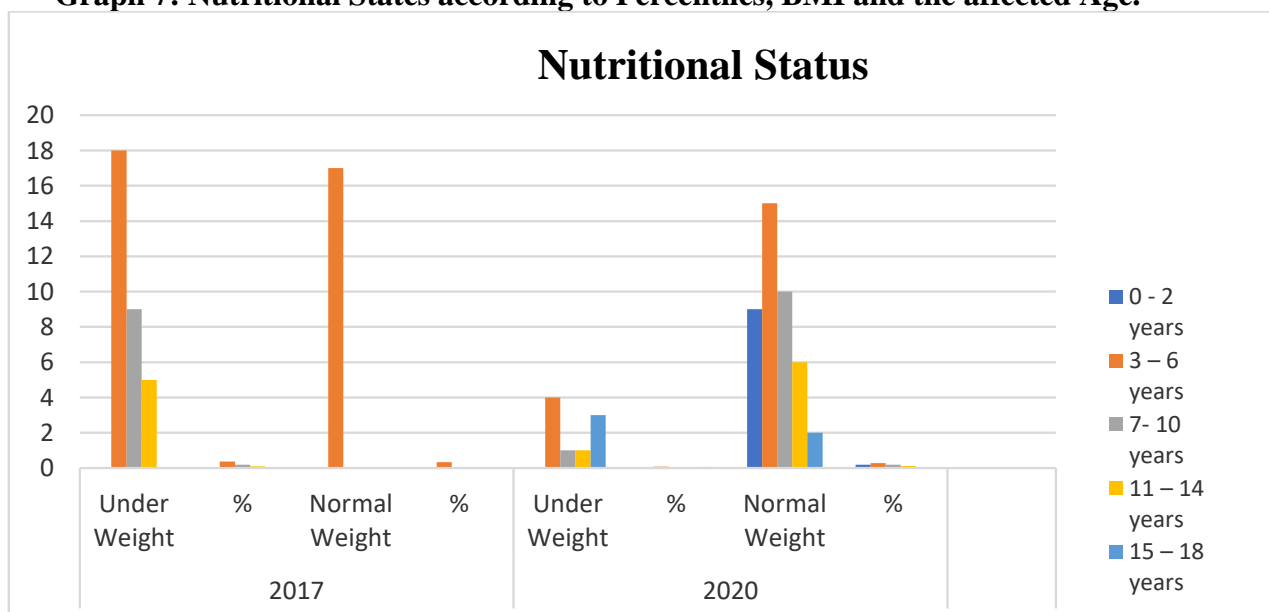
Chart no. 7: Nutritional States according to Percentiles, BMI and the affected Age.

| Age | Survey 2017 | | | | Survey 2020 | | | |
|----------------------|--|-----|---------------|------|--|-----------|---------------|-----|
| | Nutritional State according to Percentiles, BMI and the affected Age | | | | Nutritional State according to Percentiles, BMI and the affected Age | | | |
| | Low Weight | % | Normal Weight | % | Low Weight | % | Normal Weight | % |
| 0 – 2 years | 0 | 0% | 0 | 0% | 0 | 0% | 9 | 19% |
| 3 – 6 years | 18 | 37% | 17 | 34% | 4 | 8% | 15 | 28% |
| 7- 10 years | 9 | 19% | 0 | 0.0% | 1 | 2% | 10 | 19% |
| 11 – 14 years | 5 | 10% | 0 | 0.0% | 1 | 2% | 6 | 12% |
| 15 – 18 years | 0 | 0% | 0 | 0% | 3 | 6% | 2 | 4% |
| TOTAL | 32 | 66% | 17 | 34% | 9 | 18% | 42 | 82% |

Source: Survey of population demographics of Batey 2.

According to the present relationship between nutritional status, body mass index (BMI) and age, it is evident the highest number of cases with low weight are among the group from 2 to 6 years old for both Surveys. For 2017, this age group was affected by 51.4%, however by 2020 only 8% of those affected were registered for this mentioned population group.

Graph 7: Nutritional States according to Percentiles, BMI and the affected Age.



Source: chart 7

8-Comparative analysis of: Nutritional level of the population according to gender. Years 2017/2020

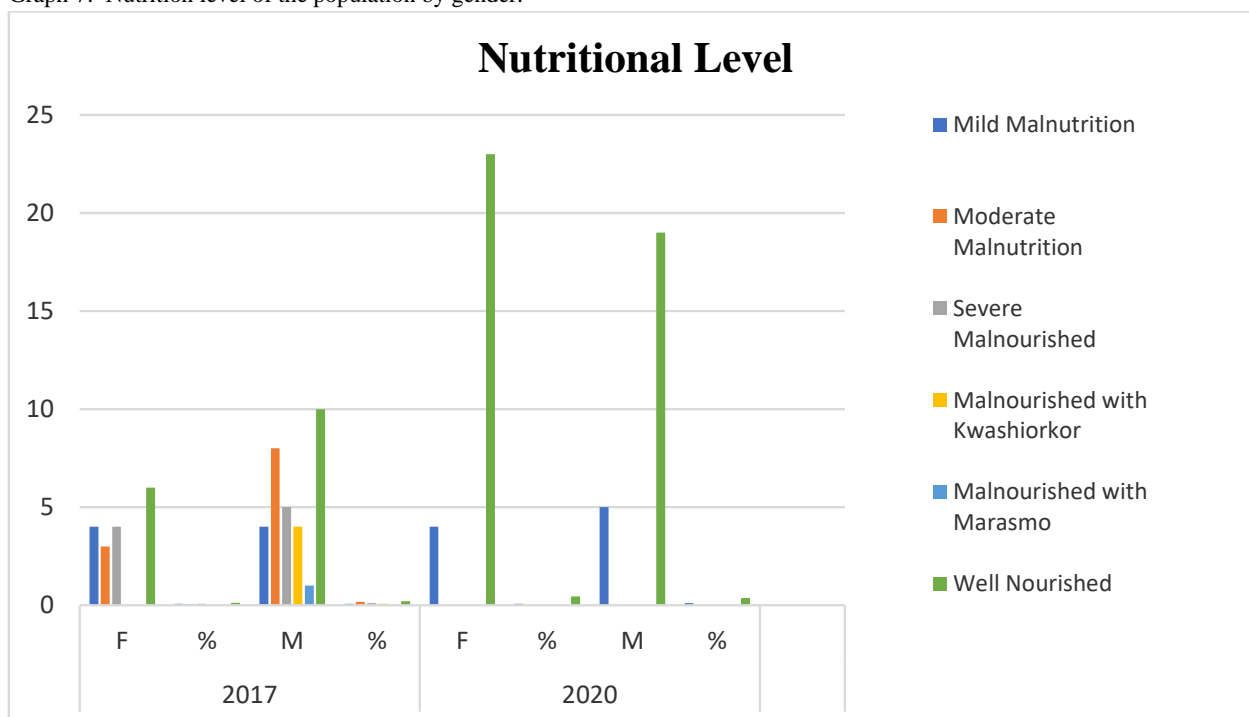
Chart 8: Nutritional level of the population according to gender

| Nutritional Level | Survey 2017 | | | | Survey 2020 | | | |
|-------------------------------|-------------|-----|----|-----|-------------|-----|----|-----|
| | Gender | | | | Gender | | | |
| | F | % | M | % | F | % | M | % |
| Mild Malnutrition | 4 | 8% | 4 | 8% | 4 | 8% | 5 | 10% |
| Moderate Malnutrition | 3 | 6% | 8 | 18% | 0 | 0% | 0 | 0% |
| Severe Malnutrition | 4 | 8% | 5 | 10% | 0 | 0% | 0 | 0% |
| Malnutrition with Kwashiorkor | 0 | 0% | 4 | 8% | 0 | 0% | 0 | 0% |
| Malnutrition with Marasmo | 0 | 0% | 1 | 2% | 0 | 0% | 0 | 0% |
| Well-nourished | 6 | 12% | 10 | 20% | 23 | 45% | 19 | 37% |
| TOTAL | 17 | 34% | 32 | 66% | 27 | 53% | 24 | 47% |

Source: Demographic survey of the population of Batey 2.

The Survey carried out in 2020 showed a remarkable and positive change in relation to the nutritional level of the children in the Batey 2. There were no cases of marasmus, kwashiorkor or severe or moderate malnutrition. It should be noted that 42 children or 82% are well-nourished, only 18% have had a mild degree of malnutrition that would heal over time. However, in the 2017, 2% of cases of marasmus, 8% of cases of kwashiorkor, 18% of cases of severe malnutrition and 24% of moderate nutrition and 16% of mild nutrition were recorded, only 32% of the children were found well-nourished.

Graph 7: Nutrition level of the population by gender.



Source: chart 8

9-Comparative analysis of: Nutritional level of the population according to Age. Years 2017/2020

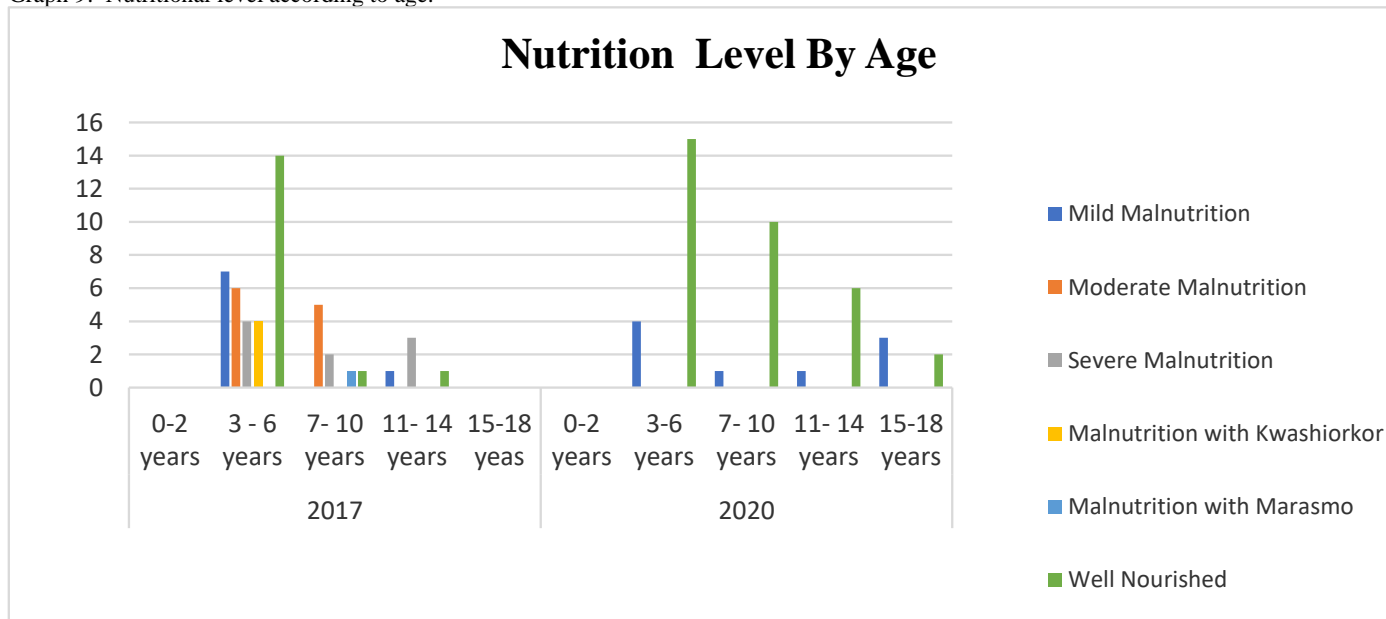
Chart 9: Nutritional level according to age.

| Nutritional Level | Survey 2017 | | | | | Survey 2020 | | | | |
|-------------------------------|-------------|------------|------------|-------------|------------|-------------|------------|------------|-------------|------------|
| | Age | | | | | Age | | | | |
| | 0-2 yrs. | 3 - 6 yrs. | 7- 10 yrs. | 11- 14 yrs. | 15-18 yrs. | 0-2 yrs. | 3 - 6 yrs. | 7- 10 yrs. | 11- 14 yrs. | 15-18 yrs. |
| Mild malnutrition | 0 | 7 | 0 | 1 | 0 | 0 | 4 | 1 | 1 | 3 |
| Moderate malnutrition | 0 | 6 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Severe malnutrition | 0 | 4 | 2 | 3 | 0 | 0 | 0 | 0 | 0 | 0 |
| Malnutrition with Kwashiorkor | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Malnutrition with Marasmo | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Well-nourished | 0 | 14 | 1 | 1 | 0 | 0 | 15 | 10 | 6 | 2 |

Source: Demographic survey of the population of Batey 2. January 2020.

According to the 2020 Survey conducted in Batey 2, 9 cases of mild malnutrition occurred in children between ages 3 to 6 years, 3 cases of this same pathology were in children aged 15 to 18 years, 1 case in 7 to 10 years, and 1 case from 11 to 14 years. However, the 2017 Survey showed that children between 3 and 6 years of age presented some degree of malnutrition, with mild malnutrition being the most prominent, despite children between 7 and 10 years, 7 had malnutrition in different grades, with 5 observed. cases with moderate malnutrition and between 11 and 14 years, 3 of the 4 cases with severe malnutrition.

Graph 9: Nutritional level according to age.



Fuente: cuadro 9

10-Comparative analysis of: Actions of the parents treating the diseases of the children, years 2017/2020

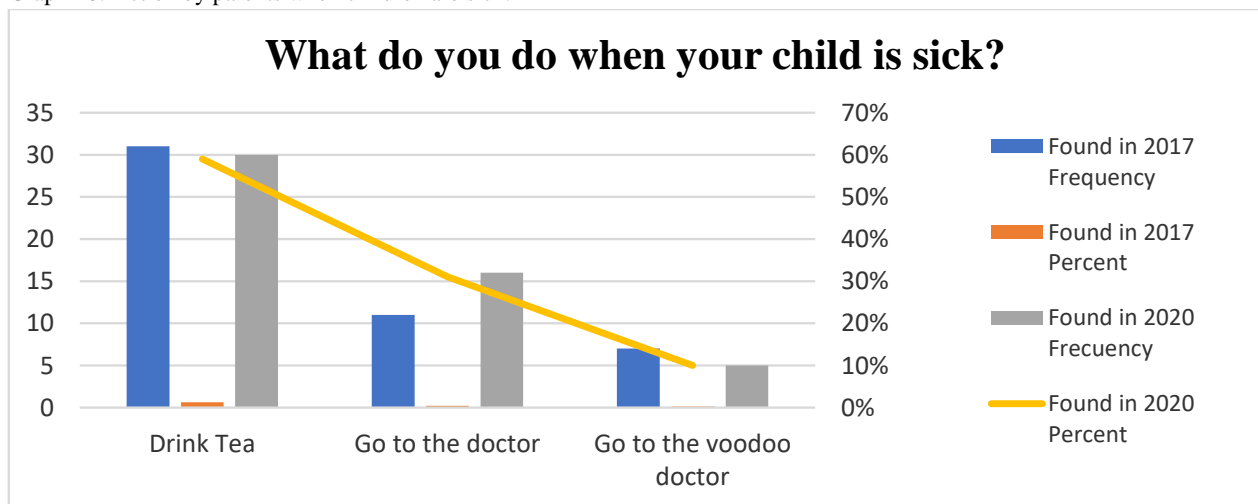
Chart 10: Actions of Parents treating children's illnesses.

| What do you do when a child is sick? | Survey 2017 | | Survey 2020 | |
|--------------------------------------|-------------|------------|-------------|------------|
| | Frequency | Percentage | Frequency | Percentage |
| Drink Tea | 31 | 63% | 30 | 59% |
| Go to the doctor | 11 | 23% | 16 | 31% |
| Go to a Voodoo Priest | 7 | 14% | 5 | 10% |
| Total | 49 | 100% | 51 | 100% |

Source: Demographic survey of the population of Batey 2.

It is noted that 59% of the children interviewed reported drinking tea at the time of feeling sick, while 31% said they go to the doctor in case of illness. Only 10% go to a Voodoo priest to be treated when they are sick. There is a very notable difference when the family visiting the medical center in 2020 which is 31% compared to 2017, when it was only 23%.

Graph 10: Action by parents when children are sick.



Fuente: cuadro 10

11-Comparative analysis of: Most frequent diseases, years 2017/2020

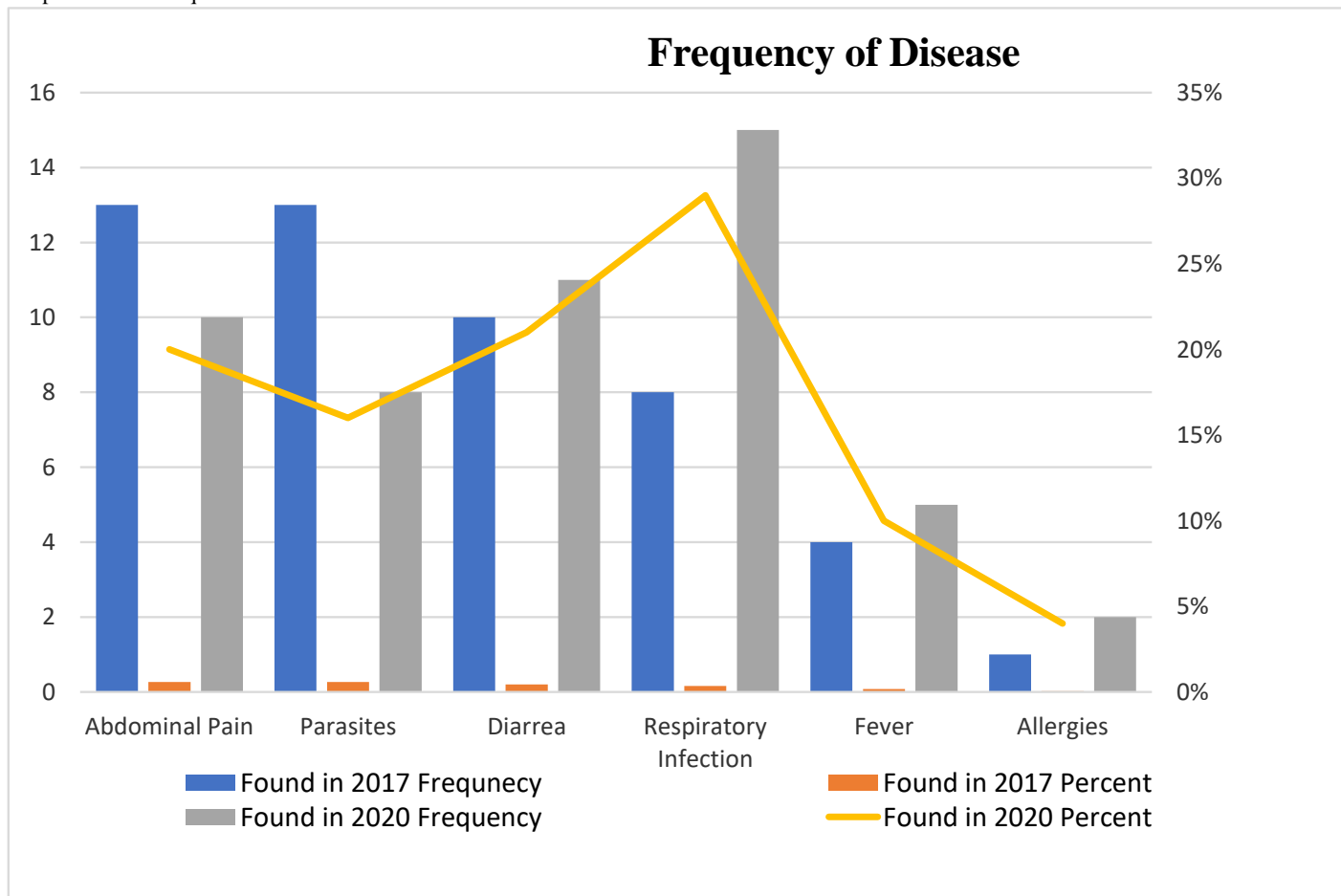
Chart 11: Most frequent diseases.

| Frequent Diseases | Survey 2017 | | Survey 2020 | |
|-------------------------------|-------------|------------|-------------|------------|
| | Frequency | Percentage | Frequency | Percentage |
| Abdominal cramps | 13 | 27% | 10 | 20% |
| Parasites | 13 | 27% | 8 | 16% |
| Diarrhea | 10 | 20% | 11 | 21% |
| Respiratory Infections | 8 | 16% | 15 | 29% |
| Fever | 4 | 8% | 5 | 10% |
| Allergies | 1 | 2% | 2 | 4% |
| Total | 49 | 100% | 51 | 100% |

Fuente: Survey demográficas de la Población Batey 2.

Abdominal cramps and parasites were the most frequent diseases identified among the child population studied in 2017, representing 27% respectively. In addition diarrhea and respiratory infections occupied a second and third place, with 20% and 16% each. However, in the 2020 Survey, respiratory infections were the most prominent with 29%, followed by diarrhea 21%, parasites 16% and abdominal pain 20%.

Graph 11: Most frequent diseases.



Source: chart 11

12-Comparative analysis of: Source of Water Consumed by the Population, years 2017/2020

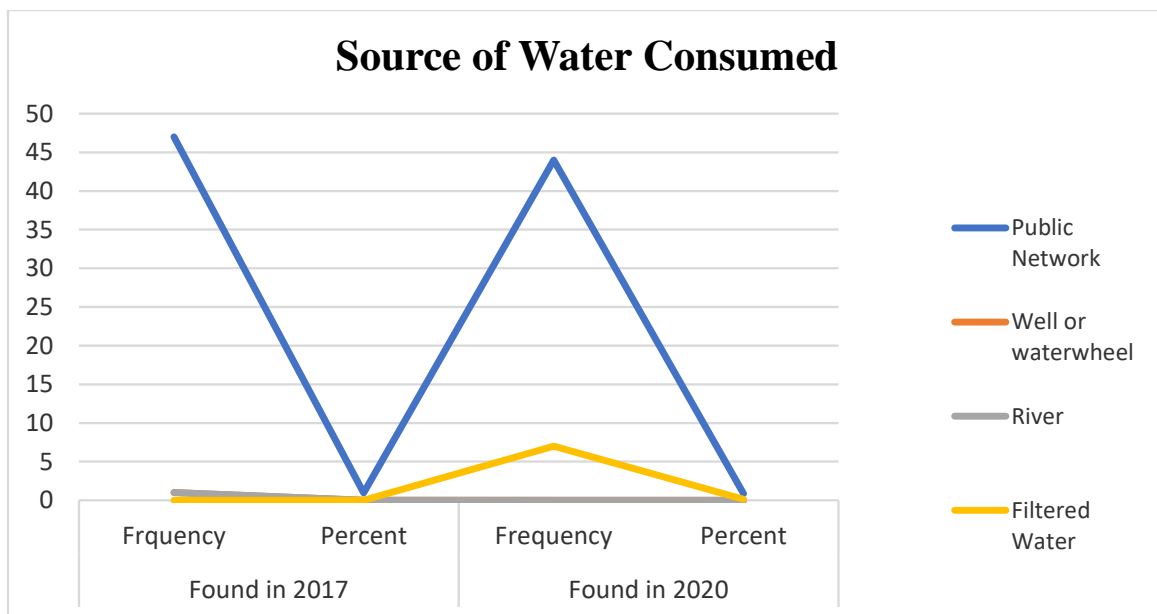
Chart 12: Source of water consumed by children

| Source of water consumed | Survey 2017 | | Survey 2020 | |
|----------------------------|-------------|------------|-------------|------------|
| | Frequency | Percentage | Frequency | Percentage |
| Public Network | 47 | 96% | 44 | 86% |
| Well or water wheel | 1 | 2% | 0 | 0% |
| River | 1 | 2% | 0 | 0% |
| Filtered Water | 0 | 0% | 7 | 14% |
| Total | 49 | 100% | 51 | 100% |

Source: Demographic survey of the population of Batey 2.

86% of children residing in Batey 2 reported that they consume water from the public network. Only 27 cases reported consuming filtering sold from the grocery stores.

Graph 12



Source: Chart 12

13-Comparative analysis of: Frequency of Food Consumption, years 2017/2020

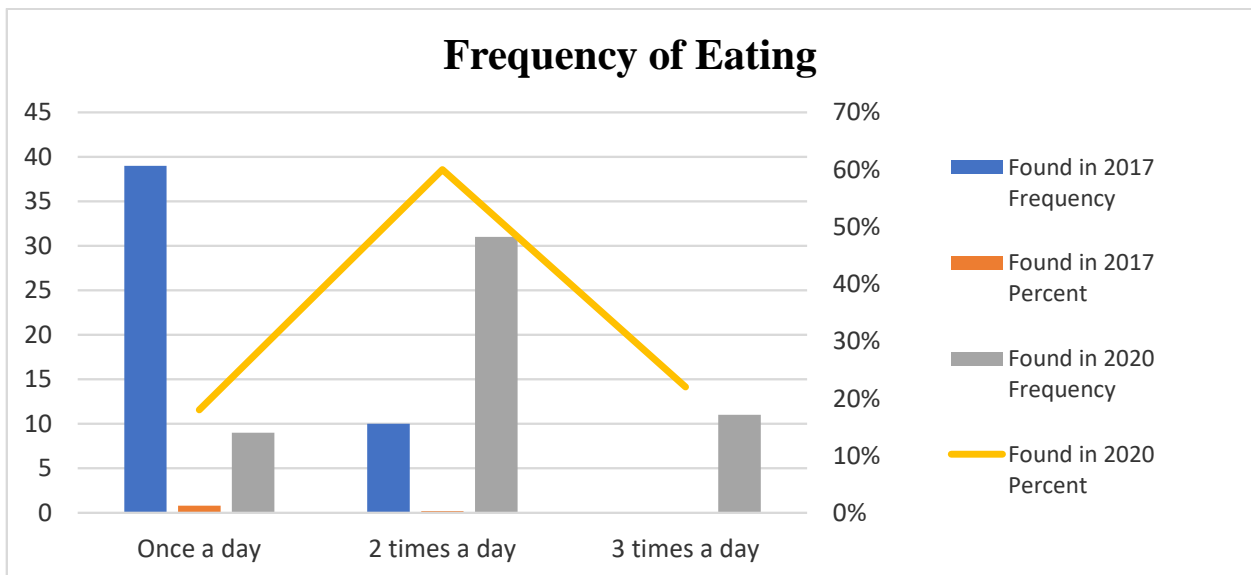
Chart 12: Frequency of eating.

| Items | Survey 2017 | | Survey 2020 | |
|---|-------------|------------|-------------|------------|
| | Frequency | Percentage | Frequency | Percentage |
| ¿How many times a day does the child eat? | | | | |
| 1 time a day | 39 | 80 % | 9 | 18% |
| 2 times a day | 10 | 20% | 31 | 60% |
| 3 times a day | 0 | 0% | 11 | 22% |
| Total | 49 | 100% | 51 | 100% |

Source: Demographic survey of the population of Batey 2.

A considerable increase in relation to the feeding frequency of Batey children is highlighted. In the 2017 Survey, 80% of the cases studied indicated that they eat food only once a day, while the remaining 20% reported that they eat 2 times a day. However, the difference is felt immediately after the implementation of the Batey 2 feeding program (Pascal's Pantry), where in the 2020 Survey 60% of children eat 2 times a day, 22% eat food 3 times a day and only 18% still eat once a day due to the extreme poverty of the family.

Graph 12: Frequency of meals for children



Conclusion

There is strong evidence that the degree of malnutrition in children has undergone a drastic and fundamentally positive change between 2017-2020.

The research study conducted in 2017 showed that the degree of malnutrition in children was critical, inhuman and unfortunate, with the presence of the parasites marasmus and Kwashiorkor. 32 children or 66% were found malnourished in 2017 with critical figures of low body weight. The reality of child malnutrition in Batey 2 was dramatic, and most of these children were severely malnourished according to their age, weight and height. This state of malnutrition was caused by low food intake and lack of nutrients in the body. In the study conducted in 2017, 2% of cases of marasmus, 8% of cases of kwashiorkor, 18% of cases of severe malnutrition and 24% of moderate nutrition and 16% of mild nutrition were recorded, only 32% of the children in 2017 were found to be well-nourished.

Chronic malnutrition and poor diet are consequences of extreme poverty. Poor feeding at an early age can lead to serious infectious diseases resulting from the intake of spoiled food and contaminated water, among others. This disrupts the correct mental and cognitive development of children, a consequence that is reinforced by the inaccessibility of an education in conditions that are endured. Child malnutrition can have consequences at various levels that accompany the affected person throughout their life. During childhood, children suffering from acute childhood malnutrition may manifest the following pathophysiology:

- a) Decreased brain tissue growth
- b) Decreased cardiac muscle mass
- c) Decrease in oxygen consumption
- d) Weight reduction renal plasma flow
- e) Anemia

In contrast, the Survey that was carried out in 2020 shows that most children are very healthy and medically well-nourished. It should be noted that 42 children or 82% of them were clinically normal in 2020 in relation to their body weight, age and height.

The Survey carried out in 2020 showed a remarkable and positive change in relation to the nutritional level of the children in the Batey 2. There were no cases of marasmus, kwashiorkor, severe or moderate malnutrition. It should be noted that 42 children or 82% are well-nourished, only 18% have had a mild degree of malnutrition that will heal over time.

A considerable increase can be observed in relation to the feeding frequency of Batey 2 children in 2020. In the 2017 Survey, 80% of the cases studied indicated that children ate food only once a day, while the remaining 20% they said they ate 2 times a day. However, the difference is felt immediately after the implementation of the Batey 2 feeding program called Pascal's Pantry. In the 2020 Survey 60% of children eat 2 times a day, 22% eat food 3 times a day and only 18% still eat once a day due to the extreme poverty of the family.

The results of the 2020 Survey show that 25% of the surveyed population has a size of 1.1 to 1.19 m², while 21% was between a size of 0.8 to 0.9.99 m². It is possible to determine a considerable growth of the child population in terms of height. This is explained by the stability in the feeding program (Pascal's Pantry) that has been carried out within the community for 2.5 years.

Recommendations

The following recommendations are aimed at improving the living conditions of children in Batey 2.

- Provide more assistance to this population on nutrition, education and healthcare, reducing vulnerability due to their undocumented status.
- Emphasize a breakfast for children, that is, instead of offering only one meal a day, we recommend that two be offered.
- Implement joint programs between NGOs, national and international cooperation agencies and government institutions to improve the living conditions of this population, in terms of housing infrastructure, services and access to education.
- Improve access to health and nutritional stability for children so they can eat at least 3 times a day.
- Develop permanent orientation and leader training campaigns.
- Promote actions aimed at reducing the vulnerability of children, both in the educational aspect, as well as in the prevention of diseases and in the improvement of hygiene, both personal and environmental.
- Promote comprehensive leadership education programs, English and Spanish courses and nutrition for children.
- Assist children in school enrollment processes to facilitate their entry to the public school closest to Batey 2.
- Find international and national scholarships for children who finish their bachelor's degree so they can go to university and then return to develop the Batey.

ANEXO
CUESTIONARIO

Entrevistador _____ Fecha _____

| | | |
|--|---|--|
| 1 COMUNIDAD/ BATEY | 1.1. Nombre _____ del niño/a _____ | 1.2. Fecha de nacimiento _____ 1.3. Edad _____ 1.4. Sexo: _____ |
| | 1.5. ¿Asiste a la escuela? <input type="checkbox"/> Si <input type="checkbox"/> No <input type="checkbox"/> <i>La escuela más cercana está a _____ KM</i> | 1.6. Peso: _____ 1.7. Talla / altura: _____ 1.8. IMC: _____ |
| | 1.9. ¿Qué hace cuando está enfermo? <input type="checkbox"/> Va al médico <input type="checkbox"/> Toma medicamentos naturales <input type="checkbox"/> Va a donde un sacerdote de vudú <input type="checkbox"/> Otros _____ | 1.10. Enfermedades frecuentes en los niños: <input type="checkbox"/> Diarrea <input type="checkbox"/> Fiebre <input type="checkbox"/> Infecciones respiratorias <input type="checkbox"/> Dolores cólicos abdominal <input type="checkbox"/> Alergias <input type="checkbox"/> Parásitos <input type="checkbox"/> Traumas o caídas <input type="checkbox"/> Otros _____ |
| 1.11. Idioma que habla <input type="checkbox"/> Creol <input type="checkbox"/> Español <input type="checkbox"/> Creol y español <input type="checkbox"/> Otro _____ | 1.12. ¿Qué tipo de agua consume? <input type="checkbox"/> Botellón <input type="checkbox"/> Red pública <input type="checkbox"/> Pozo o noria <input type="checkbox"/> Camión aljibe Río, vertiente, estero, canal, lago, etc. | |
| 1.13. ¿grado de Alimentación? <input type="checkbox"/> Desnutrición leve, moderada, severa <input type="checkbox"/> 2 marasmo, kwashiorkor <input type="checkbox"/> 3 eunutrido | 1.14. Aspecto general del niño basado en la edad, altura y sex _____ | |
| 1.15. Exploración física <input type="checkbox"/> Cabeza normal o anormal <input type="checkbox"/> Ojos normal o anormal <input type="checkbox"/> Boca normal o anormal <input type="checkbox"/> Cuello normal o anormal <input type="checkbox"/> Tórax normal o anormal <input type="checkbox"/> Abdomen normal o anormal <input type="checkbox"/> Corazón normal o anormal <input type="checkbox"/> Pulmones normal o anormal <input type="checkbox"/> Sistema esquelético normal o anormal | 1.6 Estado Nutricional basando Percentiles, IMC\Edad y género <input type="checkbox"/> Bajo peso <input type="checkbox"/> Peso normal <input type="checkbox"/> Obeso | |
| 1.16. ¿fuente de agua que consume? <input type="checkbox"/> Si <input type="checkbox"/> No | 1.18. ¿frecuencia de alimentación de los niños <input type="checkbox"/> 1 vez <input type="checkbox"/> 2 veces <input type="checkbox"/> 3 veces | |