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Anticipatory guidance preferences of Latina migrant farmworker mothers

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Abstract

Introduction—The purpose of the study was to learn preferences of Latina migrant farmworker (MFW) mothers' in the presentation of health education materials by discussing the strengths and weaknesses of numerous mixed-media samples.

Method—This community-based participatory study was qualitative and descriptive in design. Focus groups were conducted in Spanish in four Midwest migrant camps with a convenience sample of mothers ($n=31$). Adult learning and cultural care theories guided the study. Various modes of educational materials on various topics were presented.

Results—Mothers preferred comic book-style handouts, games, food replicas, text in English/Spanish, and DVDs, but almost all did not have media-playing equipment. They did not like black-and-white photos, or cartoon-like illustrations. Identified themes of importance were colored illustrations, sizes mothers could easily carry in purses, and limited verbiage on a page.

Discussion—Learned knowledge will be used to customize health promotion interventions that are sensitive to MFW preferred learning styles. The findings from this study can inform other interventions with Latino populations and serve as a prototype for other populations of immigrant non-English speaking mothers.

Keywords

Latino; Mexican-American; mothers; education

Latinos are the fastest growing minority group totaling 14.8% of the total population, and Latinos contribute to one-half of our nation's growth (United States Census, 2008). Of all Latinos, 64% identify with Mexican nativity or descent (United States Census). Data from the Racial and Ethnic Approaches to Community Health Across the U.S. Survey (REACH U.S.) show that when minority community residents are compared to general populations living in similar locations, they continue to have greater risk of disease, more barriers to health care access, lower socioeconomic status (Liao, et al. 2011). Latino children are especially at high risk for behavioral and developmental disorders, dental caries, environmental hazards, diabetes, obesity, asthma, lack of health insurance, and nonfinancial barriers to health care access (Flores, et al., 2002).

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Within this Latino ethnic group there is an invisible and vulnerable population, namely Mexican migrant farmworkers. There are an estimated 3 to 5 million migrant farmworkers (MFWs) employed in the U.S. of which 81% are foreign born minorities, 97% are Latino, and 66% are accompanied by their spouses and children (National Center for Farmworker Health (NCFH), 2009; United States Department of Labor, 2004; Migrant Health Promotion (MHP), 2005). The average adult education level completed is 6th grade, 20% have less than 3 years of education, and only 15% completed high school (MHP).

Parents are key players in the development of environments that encourage healthy children (Lindsay, Sussner, Kim, & Gortmaker, 2006). Self-management of health in children within a cultural milieu may require parents to acquire new knowledge and/or adapt what has previously been learned (Betz, 2006). However, the foundation for most health education programs is the cultural ideology of North America which may not be suitable for the personal and group values of Latino, Mexican families (Murray & Zenter, 2001). Necessary for support of minority families' learning is the creation of health promotion materials that are culturally sensitive and appropriate for their lifestyles (Padialla & Villalobos, 2007).

The purpose of this study was to learn MFW mothers' preferences in existing health promotion materials. This knowledge will be used in the development of educational intervention health promotion materials. The research design was qualitative, descriptive and, community-based participatory. Various mixed media Spanish modes of messaging were gathered that focused on numerous health topics. Focus groups with Latino MFW mothers residing in Midwest migrant labor camps were used for data collection and the research team asked migrant mothers' opinions about the strengths and weaknesses of each type.

Theoretical framework

The Knowles Theory of Andragogy (1984) on adult learners makes the following assumptions. Adult learners need to: (1) know why they need to learn something; (2) learn experientially; (3) approach learning as problem-solving; and (4) learn best when the topic is of immediate value. In discussing Characteristics of Adults as Learners, Cross (1981) stated that adults should have as much choice as possible in the learning program. Educational communication methods that are individualized, structured, tailored and interactive, and include a variety of formats, are more likely to increase patient understanding of material (Hackett, 2005; Trevena, Davey, Barratt, Butow & Caldwell, 2005). Matched preferred levels of information dissemination yields outcomes that are more positive and optimized uptake (Kiesler & Auerbach, 2006; Marshall, et al., 2007). When subject matter is significant, significant learning takes place (Rogers & Freiberg, 1994).

In addition, the contributions of The Cultural Care Theory of Leininger (1995) supported the need for delivery of culturally congruent nursing care with its consideration of the group's cultural values, beliefs, and lifeways. Listening to Latina MFW mothers voice in their preferences of instructional methods will lead to the design of health promotion interventions that may yield more positive outcomes. The research questions were: (1) what instructional methods do Latina MFW mothers prefer? and (2) what are the strengths and weaknesses of each of the existing educational materials presented to the group in communicating health information?

Review of Literature

Published studies have included preliminary focus groups or interviews to understand the perspective of its Mexican participants. One study ($n = 9$) used interviews to understand the mothers' health promotion and protective practices for their children (Gallagher, Gill &

Reifsnider, 2008). Another study included a focus group ($n = 14$) in a pilot to understand the beliefs of the Latina mothers in regards to weight and its relationship to health and their needs for nutritional guidance (James, et al., 2008). The learned information from these two studies helped create health programs that build on existing maternal strengths and were culturally sensitive. A third study interested in the relationship of folic acid and neural tube defects, used three focus groups to learn Latinas mothers or expectant mothers ($n = 18$) knowledge of folic acid and their consumption of folic acid rich foods and multivitamins (Mackert, Kahlor, Silva & Padilla, 2010). The results of this study informed researchers of the optimum timing of folic acid health promotion education. The researchers also suggested that those who deliver health promotion and anticipatory guidance continue to explore new strategies for engaging low health literate participants.

Intervention studies utilizing various delivery modes of health education with Latinos have been documented in the literature. A community intervention for Mexican-American women focused on portion control was conducted using visual tools such as tennis balls and decks of cards, as well as, meal sampling, recipe sharing, and measurement of portion size with kitchen gadgets (Faucher & Mobley, 2010). This pilot study although underpowered, showed that greater weight loss occurred in the intervention group ($n = 11$) compared to the standard care group ($n = 8$). A study that utilized community resources (schools, community centers, public parks, grocery stores) included both physical activity sessions, nutrition sessions, and behavioral counseling to test the efficacy of the program to promote physical fitness (Olvera, et al., 2010). No information was reported on mode of instruction in nutritional and behavioral counseling, but the activity component included activities such as Salsa dancing or basketball. In a study to improve Latinas post partum visits, prenatal partners helped mothers ($n = 221$) to identify barriers to accessing health care, and offered possible solutions to overcome the identified challenges (Marsiglia, Bermudez-Parsai & Conrod, 2010). This personal one-on-one intervention showed significant increases in adherence to post partum appointments. In a study that evaluated the used of a bilingual video in teaching immigrant Latina mothers about infant feeding, it was shown that the video intervention had a positive impact on maternal knowledge and behavior (Scheinmann, Chiasson, Hartel & Rosenberg, 2010).

Health literacy, the degree to which individuals have the ability to obtain, process, and understand basic health information and the services available to make appropriate health decisions, is more likely to be lower among non-native English speakers, immigrants, those with limited formal education, and those with low socioeconomic status (Selden, Zorn, Ratzan & Parker, 2000; Sullivan-Bolyai, Bova & Harper, 2005). As the Latino population in the U. S. continues to grow, the need for health information in Spanish will increase. However, educational materials written in Spanish may not be sufficient. Creating interventions within the context of different cultures and ethnicities requires thoughtful and caring consideration. Regardless of the language or simplicity of the instructional materials, the written word of educational pamphlets may not be understood. The existence of health disparities is often embedded within a situational and cultural content (Crawford, Story, Wang, Ritchie & Sabry, 2001). All health promotion interventions must be culturally appropriate to the milieu in which they are found, as well as comprehensible to the participants (Sullivan-Bolyai, Bova & Harper). Health promotion programs that have been culturally tailored have been shown to positively impact access to care, adherence, outcomes (Hunter, et al., 2004; Larkey, 2006; Ramos, May & Ramos, 2001).

Methods

Human subject approval was obtained from the University Institutional Review Board in expedited review. The research method used focus groups, which is a style of qualitative

inquiry that gives voice to vulnerable families (Flaskerud, et al., 2002). The mothers of MFW children were asked the strengths and weakness of various methods of nutrition education instruction and which method(s) they preferred. Methods included samples of Spanish-language health promotion programs: *audionovelas* (a story heard without visuals) on tuberculosis; *radionovelas* (radio health announcements that are delivered in a dramatic style often accompanied by music) on heart disease; a DVD program on parenting as the child's first teachers; pamphlets and small books on topics such as immunizations, stuttering, importance of reading, HIV, and sun exposure safety; educational pictorial booklets/comics on pesticides, work ergonomics, food safety, and diabetes; a food pyramid *chalupa* (picture bingo-type game); and Nasco 3-D Pyramid and *Life/form*® food replicas. The focus groups were held indoors in community rooms, a barn, and a school trailer. Advertisements for the focus groups were distributed through liaisons previously identified. The day and time of focus groups ensured that participants did not lose wages if they choose to participate.

Focus groups have been used successfully in studies that have included Latino participants in adults and children of both genders (Cooper, et al., 2001; Gomel & Zamora, 2007; Perilla, Wilson, Wold & Spenser, 1998; Ruppenthal, Tuck & Gagnon, 2005; Salazar, Napolitano, Scherer & McCauley, 2004; Wilson, Pittman & Wold, 2000). These homogenous groups provide an opportunity to inform researchers on cultural issues specific to the migrant camp environment and are well-suited for advancing understanding of potential causes of health disparities (Morgan, 1998; Ruff, Alexander & McKie, 2005). Focus group validity is based on the truth value of observations. A flip chart was used to record highlights of the focus group discussions so participants could review what had been said. By reviewing participant's comments back through the focus group members, validation, as well as trustworthiness, was achieved to assist in collecting credible accounts and summarizing group opinions (Lindloff & Taylor, 2002; Morgan). Triangulation and credibility was achieved by using the comparison of multiple sources, audiotapes, field notes, and flip-chart notations, as well as having two researchers present to decrease bias. Auditability was achieved by asking the focus group if the summation by the researchers represents the group's opinion. The final summary report was reviewed by the research team to confirm whether the report reflected the opinions of the focus group.

Cultural acknowledgement requires using *personalismo* (personal connection) and *respeto* (respect) to aid in the success of the meetings (Owen, 2001). Due to the dominant Latino population of MFWs, the moderators were of Latino ethnicity, fluent in Spanish, and familiar with Mexican culture. Research team training included review of group process skills and cultural sensitivity. In addition, prior to the conduct of the focus groups, mock focus groups were held with the assistance of faculty and graduate student volunteers and the interview guide was pilot-tested. A low-level readability English or Spanish demographic questionnaire was completed that has been translated and back-translated by native Spanish speakers. No questions were asked regarding the legality of their United States entrance status. Bottled water was offered to participants to help create a relaxed, hospitable atmosphere. Offering *respeto* to the participants facilitates a safe environment to encourage free conversation.

Procedures

Four focus groups were held in four different migrant camps. A group consensus or gestalt of the topics under discussion achieves data saturation through 3 to 5 group meetings and the sample becomes responsive to redundancy (Ruff, Alexander & McKie, 2005). Previous experience prevailed, with the majority of participants self-identifying as Latinos (Crist & Escandon-Dominquez, 2003). Each focus group session was 60 minutes and was conducted

in Spanish. Participation was voluntary and participants were able to leave at any time, but needed to stay the whole session to receive compensation for time.

The bilingual moderator lead discussions in Spanish and the principal investigator (PI) served as a facilitator, operated the equipment, monitored environmental conditions, and recorded field notes. Open-ended, discussion-generating questions were used to guide the semi-structured discussions in a conversational manner (Ruff, Alexander & McKie, 2005). The moderator followed a discussion guide written by the PI that included: welcoming remarks, an introduction, establishment of ground rules; introductory, transition and key topic questions; a summary and a conclusion (Hyeonkyeong, Wilbur, Conrad & Miller, 2006; Ruff, Alexander & McKie). Each focus group was instructed that they would see various modes of health education materials on various topics. They were asked to consider what they liked about each mode and not the content of the health promotion material. Following each session the moderator and PI debriefed to monitor the group process. All sessions were recorded with two digital voice recorders, one at each end of the table, and all equipment was tested before use (Easton, McComish & Greenberg, 2000). At the conclusion of each focus group, a \$10 Walmart gift card was offered as compensation for participation. This monetary amount was based on the average hourly wage of a MFW to avoid the appearance of coercion.

Data Analysis

The recordings of the focus groups were uploaded to a computer in their original language and then translated into English by a certified professional transcriptionist/translator unknown to the participants. The professional translator is well-versed in Latino culture. Purity of data was achieved by comparing these transcripts with audio recordings of the focus groups. Data analysis included review of the transcripts several times to develop a gestalt of the opinions of the mothers (Morgan, 1998). The “long-table approach” was used to identify categories and patterns, and then grouped in themes for each question where the printed transcripts were first read, then cut apart, scored with colored markers, sorted, and rearranged (Krueger & Casey, 2000). No computer software was used. Opinions that were similar were grouped to form themes, color-coded, and the frequency of similar words and phrases assisted in theme identification and group consensus about the educational materials presented. This analysis was compared to field notes taken by the researchers, as well as comparisons to the summations recorded on the flip charts. Verification of accuracy of the audio recordings was achieved by randomly cross-checking the transcripts against the audio recordings by a Spanish translator who was not involved in the study. Qualitative descriptive studies are reflected in the summations of the focus group questions about each of the educational materials presented. These reflect a straight description of the phenomena under study.

Results

Sample

Thirty-one adult MFW mothers who had children ages 2 to 13 years were recruited from Michigan and Ohio vegetable farms. The children’s age criterion was selected to complement other studies conducted by the research team. Descriptive data of mothers include 68% having less than a high school education, 51% had a family monthly income of less than \$1000, 61% were married or living with a partner and were 36 years old or less, 74% only spoke Spanish, and 81% worked in the fields.

Participants' comments

Auditory health education materials—Two samples of auditory health education materials, an audionovela and radionovela, started the session. The audionovela was typical of a public service health announcement with one voice reading material. The radionovela began with Latino music and then taught about cardiovascular health in a game show type format. Not all mothers liked the first audionovela announcement. One mother said, “With the radio, the program ends and that’s it. But with a pamphlet, you can take time reading it and you can read it until you understand it.” The radionovelas in the format of the health education game shows got the mothers’ attention and some of them commented that they could still engage in housework while listening.

Several of the younger mothers in the focus groups said they preferred to watch education programs on television. These younger mothers thought that the content of information received from audionovelas was important, but they felt the entirely-auditory format did not appeal to them, “It’s not for me.” One of the younger mothers said, “No, it wouldn’t attract my [attention]...I mean, without seeing it, you’re just listening to music and the music goes off and they start to talk and you’re not going to pay attention. There’s nothing to look at or attract you to the announcement that they’re giving you.”

The lack of time to listen to educational materials was also expressed by many. One mother said, “In my house in Mexico I like to listen to music, but not in my house here. I’m busy: there is no time for either the radio or the television.”

Digital Video Disc or Digital Versatile Disc (DVD)—When the research team showed an educational DVD on parenting to the mothers, the majority enjoyed the format and appeared engaged in its message. One mother said, “Well, this is our first child, and we have to know more and more to keep the children healthy and safe, and the information that we don’t have, you have to work to learn more, to improve. This [DVD] is the best for me because this way I remember more. [It’s] better than pamphlets and magazines, because I see the pictures and it gets my attention.” When asked about the actors in the DVDs whether they should look like Latinos, the answer from the mothers was overwhelmingly that did not matter.

However, one mother informed the researcher, “I have a DVD player, but I don’t have a TV... But I’ll get one.” Another mother said, “When we get back [home] this would be fine, but here we don’t have anything to listen with.” Other mothers asked about the cost and size of DVD equipment. One mother said that the DVDs were “not for me, because I don’t have anything to listen to it with unless I go to Wal-Mart and buy myself a radio or something.” Another said, “I [like the music and] talking about the story with the kids so that they hear your language. But there is no time for either the radio or the television.”

Hands-on visual props—Nasco food replicas were shown to the participants to explain their use to illustrate food portion sizes in teaching about healthy eating. Some of the mothers were amused about the textures and appearance of the food replicas which included typical Mexican foods, and commented on their small size. Their comments highlighted some barriers to making changes in healthy eating portions that can be addressed in planning the program intervention. One mother said, “I put like three times that [on my plate]... four times...” They liked how the replicas showed portions. Another mother remarked, “Yeah. Yeah. [I] definitely like [them]. We probably won’t follow it, but it’s good to know. The belly wants more! I guess we’re already used to eating [more].”

Food pyramid *chalupa* (Bingo game with pictures) was enthusiastically received by the mothers, and many asked what kind of prizes they would receive when they won. Chalupa

was a familiar game to the mothers and they said they would like to learn while playing a fun game.

Size of pamphlets or booklets—The size of the pamphlets and booklets was discussed, and the general consensus was that bigger in size was better. However, portability was also important. One mother said, [the size of the educational materials was important] “because sometimes we carry them in our purse. I like it this way [showing 8 × 10 inch and 5 × 7-inch booklets], not too big so that there’s not as much to read, and so you can take it with you.” Another mother commented, “You can bring those where you have an appointment and [read them] when you are waiting.” Another mother added, “For me it is more convenient to have a pamphlet. And you can continue reading it... because on the radio [radionovela sample of educational programming], they talk, and that’s it, and what they said is gone. But with a pamphlet, you read it, you study it, you ask yourself questions. You can reason out what you’re reading more carefully and faster.” However, another insisted that size did not matter, “I would say in different sizes, because sometimes we carry them in our purse, in the house. In different sizes would be okay.”

Printed materials -visual appeal—Mothers commented on how they wanted educational materials that they could share with their children to help them learn the names of colors and objects, and to practice reading skills. One mother said, “It (a pamphlet with many pictures) gets the attention of kids too. [I can use it] to read and watch and with the books, the children learn.”

The styles of drawings drew different comments. The educational materials with cartoon drawings were not favorites with the MFW mothers, but comic book style drawings were preferred because in their opinion, the comic book characters looked more like real people. One mother said, “I like that when you look at this picture, you can tell what they mean without even reading the words.”

Mothers were then asked about the use of text and visual illustrations. Those pamphlets with minimal use of drawings or photographs were not liked. One mother remarked, “I don’t like it because there’s too much writing.” However, more complicated drawings were favored. Another mother said, “I like [the] little details in it and everything. They’re not boring.” Several mothers said that the comic book-style educational materials reminded them of similar books sold in Mexico. One outspoken MFW mother said with noted displeasure, “[this one], it has almost no pictures!”

Even the sizes of font in the educational materials were commented on. “Even with glasses I couldn’t see these other ones.” One mother said, pointing to a larger-font pamphlet, “[I like] that the letters are nice and big.” Opinions were given on wordiness and amount of text. One mother remarked, “Yeah, but its better if it has, for example, the most important things [written down], but not everything, so that you don’t have to read too much. It should have the most important things [lessons] in it.”

Printed materials - story line—One of the educational materials shown was about HIV and had a story line of a MFW man who was considering starting a relationship with another migrant camp woman who was not his wife. In the story his friend warns him that he heard this woman was HIV positive. There was a differing of opinions regarding this type of story. One mother liked the story plot. She said, “I like the *chisme* [gossip], the drama, it’s all dramatic.” Another mother agreed. The first mother went on to say, “I’m already obsessed with the novella. It’s fantastic. It’s like a soap opera.” However in another focus group, a younger mother quickly informed the group that she did not care for the story line and said,

“I don’t like gossip. Because it’s a story about the camp, but it says a lot of [insulting] things. It makes fun [of us].”

Printed materials - use of English and Spanish—The groups were asked in what language they would prefer to have educational materials developed. The consensus was they wanted to see both languages included. One mother said, “I was telling her that my children don't know how to speak Spanish, and with this they will learn to speak Spanish. My children will understand the pictures.” Another mother said, “They would learn Spanish and I am trying to study English. We can learn in reverse too.” A third mother added, “[I like] books like this that teach in Spanish and English...It is important because now in my house, my daughter who is ten years old knows how to read in English better than in Spanish.”

Identified themes for printed materials

Theme 1 - Use of color—The use of color was important and this was reflected in preferences with booklets that had multicolored photographs or illustrations, versus health education booklets that used black and white photographs (which are less costly to be print) or two-colored illustrations. The focus groups were unanimous in their preferences for color pictures. One mother said, “The color is very important because that also helps the kids to learn colors.” Another mother added, “And because it gets your attention that way.” In general, the mothers were of the opinions that health education booklets should include more pictures, and specifically, more color illustrations drawn in a realistic not cartoon style.

Theme 2 - Portability—Many of the mothers commented that they like health promotion booklets to be easy to carry so that they can take them along in their purses to read them while they wait for things. One mothers said, “[I like this] because you can carry it in your purse.” Another agreed, saying, “[I’m] the same as her, that you can bring it wherever you want and read it.” Another other said, “For me, I like the big one, the biggest one.” Still another of the focus group mothers said, “I like it this way, not too big so that there’s not as much to read, and you can take it with you.”

Theme 3 - Balance of pictures and words—The amount of words on a page and the use of visual images were important to the group. One mother said, “[I like] this one because here it says, ‘For Mothers and Babies.’ I like when it shows how important something is. Right away I know I should read this.” Another mother commented, “[I like this because] it gets like right to it [the point]; it shows you the pictures and what it’s about. And it’s not that long.” A third other said, “[This comic book style] is cooler [than] the pamphlet (with cartoons).” When the focus groups were shown a health information book without pictures, one mother said, “I don’t like it because seeing only letters makes me tired.” Another said, “I need pictures – this would put me to sleep.” Another mother agreed, saying, “Me too, this book would put me to sleep.” Two other mothers remarked that the type size in the pictureless book was too small. One mother who was in the minority disagreed saying, “For me, I do personally I love letters. I really read a lot.”

Discussion

Nurse practitioners seek to provide health promotion education in cost effective and efficient modes of delivery. After the conduct of focus groups with the Latina MFW mothers, a general understanding was reached on what considerations should be remembered by clinicians and researchers when designing educational intervention materials. See Table 1. First, there should be a clear and quick identification of the topic to be addressed with the presented materials. Second, consideration of the content, style, and physical dimensions of

any printed educational materials should be taken into account. One mother remarked, “The most important things [should be written in the pamphlet], but not everything, so that you don’t have to read too much.” Third, inclusion of colorful visuals is essential, as well as, keeping lessons lively with hands-on materials. Fourth, time limitations of the mothers’ work should be remembered. It is also important to remember to keep the lessons fun. When fruits and vegetables are ready for picking, the work day is long. The MFW mothers seemed genuinely interested in learning how to improve the health of their families. However, the reality of working in the fields, returning home to prepare meals after a long day, and the need attend to children may make their attendance at health education classes difficult. The MFW mothers’ responsibilities (or any mother’s) must be taken into consideration when setting the schedule of health education classes. One mother said, “Sometimes, it's not because we don't want to [attend educational classes], it's because we can't, we're getting kids dinner.” Another said, “I can [come to classes] even if I’m tired, but the problem is, that there isn’t any time.”

Limitations of the chosen methodology are that the opinions obtained from the focus group are reflective of convenience samples of MFW mothers recruited from pre-selected migrant farms and that findings presented should not be generalized to all Latino MFW families or all non-English speaking mothers. The views shared in this study’s focus groups may not reflect the larger MFW or Latino population. In addition, it was not possible to secure different types of health promotion materials that focused on the same topic. It is possible a participant preferred a particular strategy because that mode was about a topic that was of interest to her, and disliked another that was not of interest to her.

Implication for Nursing Practice and Research

Health care providers must continue to use creativity to develop curriculum strategies to engage diverse audiences that are of different ethnic and racial backgrounds, have low health literacy, or are non-English speaking. To design a culturally suitable intervention, it is appropriate to secure opinions from potential participants asking which delivery methods they prefer. In addition, created modalities of health promotion materials need to be pilot tested for effectiveness within a vulnerable population. This study affirms the feasibility to conducting focus groups with MFW mothers and the ability to recruit participants in research endeavors. This information will be used to customize future health promotion interventions that are sensitive to MFW family characteristics; as such interventions are more effective than those without such customization (Sullivan-Bolyai, Bova & Harper, 2005). Future research includes study of the complexity of health literacy within this non-English speaking population. The findings from this study will inform other interventions with the Latino population, and serve as a prototype for other populations of immigrant parents.

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Table 1**Migrant Farmworker Mothers' Suggestions for Development of Health Promotion Material**

Themes	Migrant mothers suggestions
Use of color	Include many multicolored photographs or illustrations
	Did not like black and white photographs
	Did not like two-toned illustrations
	Realistic illustrations-not cartoon style
	Able to be used as reading and teaching materials for their children
	Enjoyed educational games
	Liked visual hands-on materials
Portability	Easy to carry in purse
	Foldable
	Actual size of pamphlet flexible
Balance of pictures and words	Booklet title with clear indication of content
	Include significant messages quickly
	Use photographs or illustrations to tell story without words
	Include both English and Spanish text
	Font size easy to read
	Do not include dramatic, gossip-typed storyline