





Stephan P. Leher
Hermann Denz

HEALTH IN BOGOTA
HEALTH AS A HUMAN RIGHT

With the collaboration of:
Julia Isabel Álvarez Rueda
and
Javier A. Castañeda






All rights reserved
© Stephan P. Leher y Hermann Denz

Cover design
Gabriel Van-eps
Diagramation
Ximena Betancourth R.
Literary editor
Kerry Bevill

1st. edition: 2005
ISBN: 958-683-800-5
Number of copies : 100

Printing:
Digiprint Editores
Bogotá, D.C., Colombia



CONTENT

CHAPTER I

NARRATION OF THE INVESTIGATIVE PROCESS

1. Presentation of the investigation Stephan Leher	7
2. Team conformation Julia Isabel Álvarez	17
3. Initial questionnaire critique and corrections Julia Isabel Álvarez	22
4. Training for the conduction of the questionnaires and interviews Julia Isabel Álvarez	23
5. Sample organization Julia Isabel Álvarez	27
6. Process of conducting the questionnaires and interviews Julia Álvarez Stephan Leher	30
7. Final questionnaire Stephan Leher	45
8. Qualitative analysis of the interviews Julia Isabel Álvarez Stephan Leher	46
9. Statistical methods Javier Antonio Castañeda	69

CHAPTER II

INTERPRETATION OF THE INVESTIGATION RESULTS

1. Analysis of the SPSS database according to the 7 health aspects of the questionnaire	73
--	----

2. Health is a function of the individual as a member of a community 118

CHAPTER III

EXTRACT OF THE INTERVIEWS:

LIFE STORIES

1. General subjects' analysis 133
2. Specific subjects' analysis 134

CHAPTER IV

HEALTH IN BOGOTA: HEALTH AS A HUMAN RIGHT

1. Historical reflections 241
2. The assessment of health as a human right. Reflections from the philosophy of law 244
3. The subject and epistemology in social sciences. 246
4. A social hypothesis and her empirical verification 250
5. Requests concerning life and health 254
6. Ethical reflections on the family life and health 257
7. Who is paying for medical expenses? 262
8. Arguments to investigate the individual state of health 266
BIBLIOGRAPHY 271

APPENDIX

1. Description of the Questionnaire HQ7A 275
2. The interview guide 303

CHAPTER I

NARRATION OF THE INVESTIGATIVE PROCESS

I. PRESENTATION OF THE INVESTIGATION

STEPHAN P. LEHER

My name is Stephan Leher, and I was born in 1956 on the shores of the Danube in the city of Linz, Austria. I first traveled Bogotá in 1995 due to friendships, the way being prepared by a company of my Jesuit brothers of Latin America during my studies in Rome. During my first incursion of this Andean capital city I studied the medical ethical problems of the university hospitals in Bogotá for a period of three months. Returning in 1997, I lived for three months in an economically challenged neighborhood in southern Bogotá wherein I perceived the ethical problems of health from a new perspective. That is, how can health be guaranteed to the population of a megapolis like Bogotá, with over seven and a half million inhabitants? And furthermore, how can health be guaranteed in all the Latin American megapolises? These questions are justified by the millions of women and men constituting the populations of these large cities. Beginning this third millennium, over half of the humanity of Latin America lives in those cities and apparently the option of living in a megapolis gives more hope, and presents more opportunities than life in rural areas. But, what is the quality of life like in them?

In Europe and the U.S.A, researchers and public health officials elaborate individual health indicators in

order to obtain sensitive information. This means that information is derived from individuals and not just general epidemiologic information like mortality and morbidity; these health indicators account for the epidemiologic information of the whole population, but lack the sensitivity for the person as an individual. Health is the function by which individuals operate and it is the individual who gives the meaning to his or her health. This is why the expression of the meaning of health should take into account the sensibility factor of the individual. Therefore, could it be possible to construct an instrument capable of measuring individual health in a megapolis like Bogotá, with both a sensibility for the individual and a statistical significance at the same time?

Viewing health within a holistic vision, as I do, there are many variables that a individual should take into account every day in order to stay healthy and attain integral health. Each individual should, for example, integrate the biological aspects such as blood pressure, weight, etc., with the psychological and social ones, such as family life, economic situation, education, friends, political, and cultural aspects. Many things facilitate this process in keeping the bio-psycho-social integrity and others, on the other hand, threaten it. The bio-psycho-social and spiritual resources of an individual for repairing, maintaining and keeping an integral personal life are limited¹, but certain variables are necessary. It is the individual who must integrate these external and internal variables that arrive at every instant to his or her brain,

1. The concept of health as an individual's activity to uphold his/her bio-psycho-social integrity is owed to the Theory of Human Medicine by Uexkuell and Wesiack (*Theorie der Humanmedizin* 1973). I owe W. Kofler, et al., the concept of the faculty of organization of health on behalf of the individual; this faculty is limited by the resources an individual possess'. (Causally unspecific Health Risks of environmental incidents, 12th World Clean Air and Environment conference, Seoul 2001).

and it is the individual who must coordinate these inputs in order to maintain the bio-psycho-social equilibrium of his or her personal integrity. Maintaining personal integrity is an individual faculty, with each effort being performed both consciously and unconsciously during each moment of life. I understand personal integrity as the state of well-being of an individual and when an individual successfully solves the demands and needs of the different aspects of health, he or she can really say, "I feel well." On the contrary, if the individual lacks the possibilities, resources, energy and faculties to maintain the bio-psycho-social and spiritual equilibrium of his or her organism, he or she may express this either by saying, "I feel bad, 'I'm sick,' or 'I'm suffering'." For this investigation into health in Bogotá, based on a holistic vision, what individuals claim as integral for their life's is therefore very important; as it is for the doctor who respects the patient's individuality and subjective perception of their own health. If In Europe it is possible to measure the health states of the individual in an integral manner with standardized instruments, will it be possible to construct, validate and use these instruments in Latin America? Along with presenting this final report concerning the investigation of health in Bogotá, I can answer in the affirmative.

In 1997 at the Central American University (CAU) "Jose Simeon Cañas" in San Salvador, I found questionnaires and investigations concerning public health for Central America. These investigations impressed me because they were interested in the health of women, men, and children of impoverished neighborhoods with high risks of disease and low levels of protection. Although these questionnaires had indicators of essential aspects for health, such as eating habits, running water, and housing, they still lacked other important aspects for health which I wanted to integrate in the standardized instrument.

This experience, of the public health studies of the CAU, was very important for me because they showed me it was possible to conduct a public health research study

with the populations of the neighborhoods of Latin America. In addition, the explicit imperative of sociologist, and Jesuit martyr, Ignacio Martín Baró was to conduct studies in Latin America with the population of the city neighborhoods and rural areas, and to not repeat the studies of university students cloning the research efforts of sociologists and psychologists from the United States in Latin America.

The development of the questionnaire took place from 1997 until 2002 with my friend and sociologist Herman Denz, Austrian coauthor of the value research in Europe, showing great interest in this effort. Many times he helped me in organizing the indicators for the diverse aspects of health, and in encouraging me to continue the project, given the importance he saw in it. At the end of this time, the questionnaire had 24 pages. I thought it was possible to conduct an investigation with a long instrument by which men and women in Bogotá could directly narrate how they solved daily problems, and how they overcame obstacles, sometimes quite severe. However, my conviction was not enough. It was necessary to find someone in Bogotá who would be interested in this research. This was possible thanks to my Jesuit brothers of the Pontificia Universidad Javeriana (PUJ), and the internal and external contacts that Father Camilo Tapias so effectively and diligently obtained. Those contacts were soon very productive. The Pan-American Health Organization, CENDEX and the Political Science faculty all agreed that Dr. Roman Vega, physician and researcher in health administration for the Economic Sciences Faculty, was the expert who could objectively judge the use of my project for the population of Bogotá. On September 6, 2002, I had my first encounter with Dr. Vega. Without delay, he studied the questionnaire, improved the questions by adapting them to the local situation of Bogotá, and began defining the indicators. His interest for the questionnaire and holistic concept of health were essential in the confirmation of the usefulness of this project. On September 10th, Dr. Vega and I presented our project to the Department of Health of the city of Bogotá

and asked for permission to conduct interviews within Bogotá. Everything was now ready for the first steps into questionnaire validation.

With the first questionnaire, made up of nine health aspects characterized by sub-aspects, we structured the interview in such a way that the interviewee was conducted through the different topics in an adequate and logical manner. In order to determine the individual's health status from his or her point of view, we began using SF36. (Questionnaire SF36 is used to investigate the health status of patients with severe chronic diseases in first World countries). We wanted to use an already validated instrument and in our judgment the fragile health status of a great portion of the population of a third world megapolis allowed us to use SF36 simply by adapting some questions. It was not necessary to adapt questions one through six: the first two questions refer to the individual's opinion of his or her health status, question three asks about physical ability, question four asks about possible problems at work due to physical problems, question five asks about problems at work due to emotional problems, and question six asks about problems with routine social activities. While questions seven through nine assume pain, SF36 was developed for patients, our questionnaire was for the whole population; we did not know if the individual had pain prior to being interviewed. Therefore, question seven wishes to establish whether the individual is in pain or not, and then questions eight through nine of SF36 followed. In order to avoid complicating this first aspect too much, and to not go over eleven questions, question ten of SF36 (problems in social life due to physical or emotional problems) was eliminated. The second health aspect of the questionnaire refers to thirty-two questions concerning medical history, health and social coverage. The third health aspect refers to forty-two questions including: sex, age, history of concomitant medication, history of alternative treatments, history of addiction to substances, pharmacodependency, suicidal thoughts,

consciousness of and attitude toward preventive health, body measurements, Body-Mass-Index, blood pressure and nutrition. The fourth health aspect refers to six questions concerning sexual history. The fifth health aspect refers to eleven questions concerning individual attitudes toward prevention of infectious diseases. The sixth health aspect refers to thirty-three questions establishing family history and socioeconomic conditions of life. The seventh health aspect refers to thirty-two questions concerning biographical, educational formation, profession, work, free time and consumption data. The eighth health aspect refers to thirty-one questions devoted to social network, violence (private, open, public and from the state) and rights. Finally, the ninth health aspect refers to four questions concerning the future and death.

Together with a collaborator from the Theology Faculty at PUJ, I conducted eleven interviews. The first interview was performed with a forty-five year old woman, wife, mother and housewife in the neighborhood of Casalinda del Tunal; a neighborhood from the socioeconomic stratum two; the stratum is on a scale from one (low socioeconomic capacity) to six (high socioeconomic capacity). We also interviewed the following individuals: a seventeen year old woman and a twenty-three man, both from Stratum two and patients at Hospital Trinidad Galán, a sixty year old woman from stratum three, three men (ages twenty-eight, twenty-one, and thirty-four) from stratum three, a twenty-eight year old man from stratum five, a forty year old man and a woman (mother of three) both from stratum one, a fifteen year old teenage male along with two ladies from the Punente Aranda neighborhood and level three. The interviews with each individual consisted of two parts: first, the questionnaire was answered, and then a thirty minute interview concerning personal attitudes was conducted. The result of the first step of the validation process was positive. It demonstrated that individuals from the different socioeconomic stratum were willing to answer the questionnaire. They understood the questions,

answered, and dedicated an hour and a half of their time. Validating and working with the questionnaire was possible.

In order to launch a sampling with the questionnaire, it was necessary to have a work team, and thanks to Dr. Vega, on September 16, 2002 I met with Julia Isabel Álvarez Rueda, who had worked as a physical therapist for twelve years before beginning postgraduate studies in health administration at PUJ. Julia became an invaluable research assistant when she embarked upon this project in February of 2003. Showing great determination and persistent energy, Julia successfully obtained the authorization and the maps necessary for our objective of individualizing housing blocks from the National Administrative Department of Statistics (DANE). In addition to keeping in close and precise contact to with me via e-mail, Julia was also responsible for the organization and coordination of our interview team. At this point, along with the inauguration of this interview team, composed of seven female interviewers and 2 male interviewers, we felt it was necessary to shorten the questionnaire before the training process began in order to make the interviews more manageable and intelligible. Julia and I were therefore fortunate to welcome aboard our project two statisticians from the Epidemiology Unit of Hospital San Ignacio of PUJ. The great interest, enthusiasm, youthful vigor, and creative skepticism of Javier Antonio Castañeda Rojas and Hernando Vanegas helped us, from our very first meeting in September, to shortening and improve both the questionnaire and the calculus of the sample size for the investigation; in this manner, we managed to obtain a 14-page questionnaire.

As of September 2003, 624 questionnaires had been answered, 624 interviews had been performed, and the transcriptions of these interviews had begun. In February 2004, training for the analysis team began with Luz Helena Montenegro, Laura Ruth Moreno and Sandra Rodríguez, two physical therapists and an odontologist who had been part of the interviewers' team, and Javier Castañeda and Hernando Vanegas presented us with the first 80 pages of

statistical tables. On February 25, 2004, Javier reported to Julia and me the first results of the correlations between the seven aspects of the questionnaire. After analyzing these correlations, we concluded that the questionnaire was validated, since the research was already generating valid information for one of the public health policies most adapted to the population of Bogotá. Forging ahead, we completed construction and input of interview data analysis in September 2004, and Julia, Javier, and I had agreed on the final structure of the publication and distributed responsibilities. The fruits of all these processes are presented in this publication.

I cannot finish this presentation without first expressing my gratitude to so many who made this publication possible: My Jesuit brother, Victor Martínez, and his family offered me their family space in Bogotá, wherein I always felt accepted with great warmth. In addition, Victor, as Dean of the Faculty of Theology of PUJ, set forth the necessary infrastructure for me to develop the investigation and actively participated in problem solving. My collaborators who never allowed me to feel like a foreigner; they were very patient with me whenever I did not understand a phrase and understood that I was living an experience of cooperation between two cultures; in my homeland I am used to arriving on time to meetings, whereas in Bogotá, I needed to accept the fact that traffic jams, the various jobs needed to support a family, as well as other incidents, would often prevent us from keeping regular work schedules. They also helped me see that the art of improvisation, along with persistent motivation, made it possible to have all tasks completed in a timely manner. For example, I learned from Julia that not getting an answer to a question did not necessarily mean negligence, lack of interest or impossibility, but rather that some time for consideration was all that was required. Many times I doubted the success of the research, not only due to a lack of money, but also from the fear of not obtaining results despite having a valid questionnaire. I found that problems

were solved effectively thanks not only to Julia's loyalty to the project objectives, patience, insistent will, and talent for adaptation, but also to her differentiating approach to problem solving. When economic resources were lacking, all team members were understanding, patient, and displayed great solidarity. Without such qualities this research would have been impossible to conduct.

We were able to begin this project thanks to the material support from the Office of International Relations of Innsbruck University. I especially wish to thank: Reinhard Aigner and the director of Innsbruck University, Hans Moser, Hans Unterdorfer, director of Raiffeisenbank Tirol for providing moral and material support, Leonhard Sparber, economist of the Jesuit College in Innsbruck, whose generosity and solidarity with Latin American needs made this project possible, The Batliner Adam foundation, and Friedrich Luhan, director of the University of Innsbruck.

I first presented my proposal for this project to my colleagues at University of Innsbruck during my inaugural lesson as a professor of the Faculty of Theology on November 16, 2002. Their reactions were quite diverse; I remember gratefully the spontaneous support from Manfred Gantner, then Vice director and present Rector of the University of Innsbruck. Some of my colleagues supported the project without reservations and with great enthusiasm. Others opposed the project on the grounds that in Europe there was not a surfeit of information concerning life in Bogotá. Also, there was some doubt whether a European could obtain the necessary information on the lives of individuals from Bogotá; could it be the case that this European researcher might subconsciously project his thoughts, emotions and fantasies concerning Bogotá's culture in order to replicate him? In short, it was necessary to fight for the trust of my colleagues in Innsbruck, as well as for that of my collaborators in Bogotá. This fight for acceptance was a challenge for a foreigner desiring to conduct this type of research. My friendship with Colombia made me a little

foreign in my homeland, but it also provided me with the opportunity of forging friendships far from home. Thank God for everything! It is necessary to present the book in English in order to reach out to the international community. I thank Kerry de Beville for his empathy and professional correction of the translations.

A BRIEF PRESENTATION OF THE
CITY OF BOGOTÁ

Bogotá D.C., the capital of the Republic of Colombia, has a population of over seven million, is situated in the Oriental Cordillera of the Andes at 2650 meters above sea level and covers an area of 374 square meters. At four degrees and thirty six seconds north of the equator, Bogotá is one of the fastest growing metropolitan areas in the entirety of South America. The mountains peaks on the eastern side of the city serve not only as examples of the natural beauty of Bogotá, but also as reference points with Monserrate Sanctuary and the Virgin ... watching over the city from their heights.

In the downtown area, we find the colonial neighborhood of La Candelaria, the International center and the Plaza Bolivar. Simón Bolívar took over Bogotá in 1819 and designated it as the capital of the Gran Colombia (now the countries of Colombia, Ecuador, Panama and Venezuela), which later dissolved in 1830. Located in the western zone are large industries, parks, sports centers, administrative offices, and the El Dorado airport. The northern part of the city is modern, full of commerce and residences and is where most of the commercial, financial and cultural activities are located. In the southern zone, the largest and most populated zone of the city we find residences, industry, commerce, and the majority of the displaced population. This displaced population of about half a million individuals is growing daily, due to a migration fueled from the traumas of violence and war lived in most of the Colombian territory, and the individual's desire to not only save their lives, but also the lives of their families.

Just as in many of the cities of Colombia and Latin America, Bogotá suffers a painful division between rich and poor. The richer population usually does not go to the poorer areas, but the poor, out of necessity, nonetheless go to the richer areas in search of job opportunities. In these conditions of extreme social differentiation, violence finds its own space; death due to accidents and violent acts constitute the second largest causes of death in Bogotá and corresponds to approximately one fourth of the annual deaths.² Yet there are many individuals, university professors, students, professionals, public workers and ordinary citizens, who are fighting so that all will have a humane life with justice, peace and dignity. Being part of these individuals and part of the research team we put together so carefully, demonstrated to me not only the real hospitality of this city to foreigners, but also that real love for one another has not perished.

II. TEAM CONFORMATION

JULIA ISABEL ÁLVAREZ RUEDA

My name is Julia Isabel Álvarez Rueda and I have lived most of my life in Bogotá. In 1989 I finished my physical therapy education at Universidad Nacional de Colombia and practiced my profession for 12 years at both public and private institutions which tended to individuals from low and middle socioeconomic classes. During the past 7 years I worked with institutionalized elderly individuals of low resources who had been indigents or at risk of indigence.

In 2001 I began a Masters in Health Administration at the Pontificia Universidad Javeriana in Bogotá and In May 2002 I had the opportunity of participating in the contest to develop a research project with displaced population in

2. Hugo Acero Velásquez y Patricia Bulla.
http://www.colciencias.gov.co/seiaal/congreso/Ponen13/ACERO_BULLA.htm

Cartagena as a research assistant for professors Dr. Román Vega and Dr. Amparo Hernández. After the project in Cartagena was finished in September of the same year, Dr. Vega contacted me about Stephan Leher, with whom I spoke on September 16, 2002 about his research project and my possible participation. The prospect of participating in a research project concerning displaced individuals, of learning more about this population of Bogotá, was quite attractive and coincided with the time I had available. All of these variables permitted my participation in this project with Stephan Leher and he had to left to do is obtain the economic resources to begin the project. In December 2002, Stephan confirmed the availability of resources in order to begin forming the interview team in February 2003.

I initially considered forming the interview team with university students. I thought about the qualities needed to develop the work of going to different parts of the city, knocking at the door of unknown individuals, and obtaining these individual's cooperation in answering the questionnaire and participating in the interview. Remembering how my own training had been a few years back, when I participated as an interviewer for the trimestral home interviews that DANE conducts, I recalled that the most frequent difficulties encountered on the field were individuals refusing to participate, prevention, fear, indifference, or simply the difficulty in finding individuals during the daytime because of the necessity of work. Therefore, I concluded that a individual who wanted to work in this field required persistence, patience, empathy, commitment and the ability to assume the responsibility of this commitment. I also considered the aspects Stephan mentioned regarding the team selection in his e-mail on January 11, 2003, which initiated the Project. He wanted the interview team composed of five women and five men, foreseeing that maybe one or two individuals could not finish the process. If no one dropped out of the team, each individual would conduct 50 interviews in order to obtain the 498 individuals in the initial sample size, as calculated

by the statisticians Javier Castañeda and Hernando Vanegas. Furthermore, the interviewers should have a good ability for establishing dialogue, creating a climate of trust, knowing how to listen and simultaneously know how to avoid expressing their own opinions, keeping to the questionnaire and following the conducting thread. The time calculated for conducting the questionnaire would be approximately an hour, while the time for the interview would be around 30 minutes.

Keeping these in mind, along with the premises given by Stephan that careful selection, good training and follow-up were keys to the success of research, I began thinking of a strategy for holding a selection process for the individuals who would make up the team, as well as finding the proper place to hold the process. I first considered Universidad Javeriana and Universidad Nacional. As usual when thinking how to get what is desired, I spoke to my friends concerning possibilities for the selection process. Luz Helena Montenegro, a friend and fellow physical therapist, suggested I compose the team with professionals, given the country's unemployment situation and the high rate of unemployed professionals. She made two observations which I found very important: first, the responsibility with which a professional could assume the tasks, given experience and maturity, would probably be more solid than a student's. Second, these professionals had a greater availability of time due to the fact mentioned previously and since they would not have to respond to a university academic load. I reflected on how I could reach these unemployed professionals and through conversations with close friends realized that I already knew many, or they could be recommended my network of friends. It is my opinion that there exists a greater sense of commitment when one is recommended by a friend and thusly will be less likely let them down. This idea of trust reciprocity was my work hypothesis and it held true until the transcript process when difficulties arose with two interviewers. Out of respect for the individuals who would come forward with

a job expectation, which may not necessarily corresponded to their professional qualifications, I considered it best not to generate expectations in an unnecessary large number of individuals in order to avoid the feeling of tight competition. Therefore, I gave all the information I had available at the time (vision of the project, contents, type of work, payment, training, doubts) to friends who could possibly recommend professionals, so that only those who had all the information and still felt interested would send me their curriculum vitae and accept an interview.

During January I received Curricula vitae from a sales representative, 18 professionals: 9 psychologists, 3 physical therapists, an odontologist, an architect, a computer engineer, a publicist, a civil engineer and a reporter. Before the interview with each, I defined some aspects with Stephan by e-mail regarding the type of contract, and the possibility of each individual managing their own time, meaning they could perform more than one questionnaire per day, as well as having the interviewers carry a presentation letter from the project with their data in order to diminish individual's fears and resistance. All of the women who heard of the project were interested and sent in the curriculum vitae, went to the interview, and even considered that this would be a learning opportunity, not just a work opportunity. However, it was somewhat more difficult finding men who were willing to take this job; many who heard the proposal felt that the likelihood of the interviewee truly opening up and discussing some very personal information with a male interviewer was almost miniscule. The intention of having an equal number of men and women on the interview team was to ensure an equitable manner of connecting and questioning. That is, the interviews would thusly include the perceptions and styles of both sexes in an equal manner. This was not possible and at the end there were 5 men and 13 women applying for a team made up of 10 individuals.

I interviewed each applicant between January 24 and February 4, 2003, in order to explain more in-depth the

manner in which the questionnaires and interviews would developed, how the sampling would be conducted, and the localities under study. Also, I gave them a copy of the questionnaire so that they could familiarize themselves with it and any doubts, and or questions, could be addressed based on available information. Finally, I informed them that the period of training, about a week, would take place in February once Stephan arrived. Through this process, I was able to solve many of the doubts the candidates had during the interviews through communication with Stephan and they made suggestions to facilitate development of the work, like the possibility of having a place where they could call to confirm the date of project initiation, duration, as well as the interviewers' data. Another suggestion was that the database contains not only the names, addresses, and telephone numbers of the individuals, who would be interviewed, but also training dates and elaborated schedules.

On February 3, 2003, I presented 14 *Curricula vitae* to Stephan. Two of the male applicants were no longer eligible by this date, due to finding job opportunities closer related to their fields; they were civil engineer and the publicist. And though the sales representative was very interested from the beginning, he was not eligible because he only had time available on Saturdays. Having been provided all the information obtained during the interview process, Stephan communicated his perceptions and we agreed on a list of the candidates February 6, 2003. Three of the psychologists were young, having just finished their studies and not having practical experience in their profession. We decided to include one of them, thinking their youthful enthusiasm, would contribute to teamwork. The individuals no longer under consideration informed through personal telephone calls and thanked for their time and efforts during this process.

The final members of our team were as follows: Sandra Rodríguez, odontologist; Luz Helena Montenegro, physical therapist; Laura Ruth Moreno, physical therapist; Carline Zárate, psychologist; Luz Elena Morales, journalist; Tirso

Alarcón, architect; Carol Sarasty, psychologist; Alfonso Montoya, psychologist; Martha Isabel Duque, psychologist.

III. INITIAL QUESTIONNAIRE CRITIQUE AND CORRECTIONS

JULIA ISABEL ALVAREZ RUEDA

On September 25, 2002, Stephan held his first meeting with the statisticians, Javier Antonio Castañeda Rojas and Hernando Vanegas, from the Clinical Epidemiology and Biostatistics Unit of the Medical School of the Javeriana University, established agreements for cooperation with the investigation, and handed them the initial eleven questionnaires he had applied to individuals of Bogotá during the first validation stage. Before our meeting of February 6, 2003, the statisticians had let Stephan know that the questionnaire was too long. The reason was that given a sample size of 545 individuals including the names of all family members, their dates of birth, etc., would not permit a statistical analysis with reasonable results. Together, we made the decision of simplifying the questionnaire by concentrating on health aspects, and reducing questions regarding access, acceptability and affectivity of health services. In the days following, Stephan eliminated ten of the twenty eight pages of the initial questionnaire and on February 10, Javier, Hernando and I further trimmed the questionnaire until we had a total of fourteen pages. During February 12 and 13, 2003, Stephan and I made the last corrections to the questionnaire and compiled a list of diseases with twenty categories in order to make them more recognizable to the interviewers and interviewees. Additionally, we added a category of “others” to facilitate the interviewee’s ease of listing diseases and or symptoms not included in our list of categories. I also made some observations on grammar and the form of some questions; I had also consulted with my friend and nutritionist, Luz Marina Salcedo about the food list so that the terminology and content were in accordance with Colombian eating

habits. The questionnaire was ordered with a decimal numeration, pages were numbered and the decision to keep the SF36, used in developed countries for oncologic and chronic diseases and already validated, was taken.

The new questionnaire had seven health aspects, thirty four sub-aspects and 132 questions in fourteen pages. The aspects and number of corresponding questions are as follows:

1. "Health from the point of view of the person," 11 questions (= adapted SF36).
2. "History of illnesses and present illnesses of the person," 17 questions.
3. "Present daily life," 30 questions.
4. "Family life," 27 questions.
5. "Place of residence, educational background and work situation," 24 questions.
6. "Social relationships," 19 questions.
7. "Questions about the future," 4 questions.

Despite the fact that five interviews were conducted during the training period, allowing the identification and modification of some questions that presented difficulties, as well as the correction of typing errors, some additional flaws were identified during the data collection process. These will be outlined in the chapter 1.4. In addition, since the final questionnaire in appendix one, at the end of this book, was not modified greatly (it has 4 extra questions and the details are as seen in Part 1.7 of this chapter), we are not reproducing it in this chapter.

IV. TRAINING FOR THE CONDUCTION OF THE QUESTIONNAIRES AND INTERVIEWS

JULIA ISABEL ÁLVAREZ RUEDA

We agreed that the training period would begin Monday, February 17 and end on Friday, February 21. The best schedule for all was from 8 am – 12 m, with a break between 10:00 and 10:30. That Monday was the first meeting between the team members and Stephan and took place at

the Theology Faculty building at Universidad Javeriana, where so kindly a room was provided for each day of training. It was not easy for Stephan to present himself and the project in Spanish. He asked the group to introduce themselves and then he thanked everyone for their will, their determination, in collaborating with this investigation and reiterating the huge importance of the training for the success of the questionnaires and interviews.

During the training, several types of materials were used, including: tape recorders, copies of the questionnaire, and brief descriptions of the questionnaire, and documents with the theory of the connecting thread for the cards to be used for the interviews. The group asked about the sampling and methods of approaching individuals to be interviewed. Luz Helena Montenegro suggested we reestablish previous contacts with neighborhood mothers, churches and neighborhood authorities. However, we clarified that the neighborhoods and areas where we would be working were not yet specified and this depended on the sampling. The group was very active on the first day, offering various suggestions, and offering to help with organization of segments once the sampling were ready. At the end of our first day of training, Luz Elena Morales, the reporter, told Stephan that she would be late on Tuesday and absent on Wednesday. For Stephan, this was a test to his authority as research leader as he had insisted from our first contact on about the importance of presence and participation on all the training sessions. Thus, he reminded Luz Elena about the agreement and commitment necessary to be part of the team. On Tuesday, February 18, we began working on handling the questionnaire and its contents. Luz Elena Morales arrived on time, and proposed that her brother help with an interview. Many doubts came up regarding form, content and length of the questionnaire; these were discussed, and some items were corrected with mutual agreement.

Despite the modification to the illnesses list, the group still felt that the questionnaire had a very specialized

language and that this would make comprehension difficult for many of the individuals interviewed. This was especially true for those from the lower stratum as they usually do not have a high educational background. Also, the language was difficult for some of the interviewers, due to the fact that they did not all come from health care backgrounds. That is, they did not feel capable of identifying many of the diseases or symptoms an individual could make reference to, nor did they feel they could help them define a more precise answer. Doubts were raised about diagnosis of present illnesses, methods of payment for health care, alcoholic beverage consumption, housing, and protection on behalf of the state.

That day Alfonso interviewed Laura, and for her it seemed important to be able to hold and read the questionnaire as they went through it, as well as answering the questions in writing. This interview took 90 minutes and at the end of the session, the group had the impression that filling out the questionnaire would take too long with each individual. As a consequence, they suggested that a previous explanation to some questions, especially the more complicated ones, could facilitate ease of completion. Stephan therefore, counseled them, telling them that with practice the time for completing the questionnaire would be shorter. During the evaluation at the end of the day, Stephan suggested we did not work as strenuously with the questionnaire at future training sessions, as he thought the group was already able to solve most potential problems on their own; this found to be valid later on during a discussion concerning concrete examples on the diverse forms of violence.

On Wednesday, February 19, we deemed the revision of the questionnaire as completed, concluding that the team was capable of solving most difficulties that could arise along the way; since at that time, they seemed to be more about semantics or the phrasing of some questions. That day we completed an exercise using tape recorders for the interviews and we began reviewing the materials on

development of the interview. Carol and Alfonso suggested we evaluate the members of the team, in order to identify their tendency's regarding control locus; the concept of control locus by Hoff et al., constitutes the theoretical basis for the interview's conducting thread, through which we wanted to analyze the quality of the communication and its ability to reflect upon individual's lives. Stephan considered this would not be needed, since each interviewer and interviewee would speak and answer just as they were, and at the end that would be evaluated as well.

On Thursday, February 20, two interviews were conducted within the team and a third with a team member's father who kindly accepted to help us. During this time, there was a division between the psychologists and non-psychologists in the group with regards to how to handle dramatic, or intimate, situations that individuals may speak of. This discussion ended when we defined the type of work the research was about and reiterated that the job was not to perform psychotherapy, despite the fact that some were psychologists, they were just going to be interviewers. In short, all that was required was that the interviewers conduct themselves with empathy and nurture their ability to obtain detailed information from situations the individuals may speak of during the interview.

On Friday, February 21, we conducted the questionnaire and interview with two more individuals: a team member's mother and a friend of mine. As a result of these interviews, we identified some errors in the questionnaire. We evidenced a tendency to focus on the problems, directing the interview towards the negative aspects as a mechanism that easily evoked significant events lived by the interviewee. Stephan and I emphasized once again that the intention was not just to speak of the problems and the way they had handled them, but also to find out how individuals confronted situations, both positive and negative. In this way, the interviewee could then confirm whether this was the usual way in which they handled situations and then have them pick the card that synthesized the

position on how they viewed their lives. In total, 4 team members conducted an interview and a questionnaire during the training period. Due to a lack of time, it was not possible for each team member to conduct an interview, nor to verify their ability for interviewing. Rather, the sample interviews and questionnaires conducted were done so by those whom we judged were already able to conduct them. Stephan's idea was that these interviews would serve as models for the other team members. Fortunately, the majority of the team learned the logics behind the conducting thread; however, Carol could not get the dynamics of this and produced very short interviews of about 3 minutes. On the other hand, Tirso had very lengthy interviews, averaging 30 minutes, but they were not guided by the conducting thread, or concrete facts of the individual's life. When Stephan left Bogotá at the end of February, the team members and I had a great feeling of trust, having worked through this part of the project, solidifying the manner in which the questionnaire and interviews should be developed. I was aware difficulties could arise during the following months regarding work organization, logistics, among team members, and that these would be my responsibility.

V. SAMPLE ORGANIZATION

JULIA ISABEL ÁLVAREZ RUEDA

We initially waited for the District's Health Secretary to release the database necessary for us to begin our investigation. However, by February 2003, this database was still not available and for this reason we went to the National Administrative Statistics Department (DANE) in order to evaluate the possibility of using one of their population databases. On February 7, I was able to speak to Amanda Soto, from statistics, who explained the contents of the database obtained from the 1993 Census; the contents could be adjusted for the needs of our research, and it was

named “Marco de Muestreo”. This database could either be sold to those interested by DANE, for a price of \$45.000 pesos, or exchanged with certain institutions with which they had agreements for information exchange services. In addition, Amanda explained that this sample corresponded to approximately 42,000 blocks identified during the 1993 Census; it was organized by sectors, which in turn had about 20 sections, which then had between 4 to 20 blocks. She also explained the usual procedure (The Readiness Procedure) followed by DANE when interviewing homes; this entailed the selection of the blocks to visit, about 50 at a time, identifying the individuals, and posteriorly select homes and the individuals for interviewing. We decided that our sample base would come from the DANE database and so purchased it before Stephan left Bogotá at the end of February 2003. In order to obtain information about socioeconomic strata, we agreed to add a question to the top of the questionnaire concerning this, as well as age and sex.

At the same time, some adjustments were made to the sample selection in accord with the statisticians. The sample that Javier and Hernando had obtained included 156 blocks; this list was handed in by Javier Castañeda on Friday, March 2.

Javier Castañeda stated that the next step was to get the blocks ready, that in this process it would be necessary to go to each block and make a listing of the number of houses or buildings in each, the exact addresses, and number of individuals residing in each. Hopefully we could also obtain their ages, sex, and positions within the home, meaning if the individual was the mother, father, aunt, children, etc. In other words, this meant we would have to conduct some sort of prior census of each of the selected blocks in order to obtain a random sample of the individuals living there and then calculate our final sample. I told Javier that visiting 156 blocks and conducting this “census”, by going to each block and knocking on each door in order to get this information would take quite some time, probably

weeks. That it was even possible that one of the selected blocks could correspond to a “super block,” as can be found in the Kennedy neighborhood, which is made up of several apartment buildings, or we could even encounter a large apartment building like those found in downtown Bogotá, or in the northern part of the city. This would make this data collection even longer. In other words, this was a long job that could not be completed by just one individual and that even if a team conducted this task, it would still take a few weeks to complete. Javier suggested that the interviewers complete this task. In response to this statement I informed him that the selection and training had already taken place, that the agreement with them was that they would be assigned a number of “subjects”, whether these were addresses, individuals or blocks, and that their task was to conduct the questionnaire and interviews, to participate in the weekly meetings, and nothing else. In short, this was not our agreement with the team and was not budgeted. The possibility of them accepting this task, not as part of the established agreement, but as a different job was suggested and I replied that I would ask Stephan about this possibility, or if a new team could be formed to facilitate this task. The team suggested looking for a individual from each block that would be willing to answer the interview, in order to avoid the readiness procedure, but Javier considered that in this way, only housewives would be found. I stated that many women also work, and that the interviewers would probably find no one at home during the week. This would mean having to make a second visit during weekends or evenings, and that this would decrease the number of housewives interviewed. We also asked Stephan to clarify this topic.

There were many meetings between Javier, Hernando and myself, as well as e-mail consultations with Stephan. Javier and Hernando suggested other sampling models. Given the time and budget limitations and statistical estimate precision, we finally agreed to develop the following proposal: increase the number of questionnaires from 515

to 624, with a 0 participation rate of about 20% given the length of the questionnaire. This design applied to the selection of individuals through three stages, which is described in chapter 1.9.

VI. PROCESS OF CONDUCTING THE QUESTIONNAIRES AND INTERVIEWS

1. FROM MARCH UNTIL AUGUST 2003 JULIA ISABEL ÁLVAREZ RUEDA

At the end of February, and after completing the training, our interviewing team was reduced to nine members. Melby Lucero Pérez called on February 28, to tell me she could no longer continue with the group because she had been employed full time with a possibly long-term contract. To compensate for the loss of one interviewer, I thought of two proposals for the meeting we would have when the block readiness procedure was completed. I asked the team members whether they preferred to distribute equally among themselves Melby's interviews, or those who wished to perform only 51 interviews and the ones who wished to help would complete the rest. The team preferred to divide the interviews amongst themselves thereby each would conduct 57 interviews instead of 51. After adjusting the sample size to 624, we found that we had 109 extra interviews to divide and again the interviewers had to make a decision; whether they would complete the 57 interviews as calculated, or perform 69 interviews, or they could also propose other ideas. In a unanimous decision, they accepted to complete the 69 questionnaires and interviews.

On April 9, 2003, once the blueprints were obtained, we were able to begin the process of polls and interviews. A first meeting was held where we supplied the acrylic pads, pencils, erasers, pencil sharpeners, block blueprints, as well as an adequate number of questionnaires, recorders, batteries and tapes.

My previous experience in polling in Bogotá for DANE, taught me the use of block blueprints to locate blocks and

segments which will be visited. These blueprints show in silhouettes the blocks with certain important streets and avenues drawn, as well as some of the neighborhood names. Therefore, in order to make good use of these blueprints, it is important to know how the streets in Bogotá are organized. Bogotá began its growth from the West, where the hills of Monserrate and Guadalupe are located; this is where the oldest neighborhoods are found. The carreras are streets running parallel to these hills and the number allocated to each increase as they grow more distant. Perpendicularly, and intersecting the carreras, are the calles; the number allocated to them increases from south to north. That same zone has some of the oldest hospitals of the city, like the Materno Infantil, the Instituto Cancerológico, the children's hospital of la Misericordia, and the oldest of all, the Hospital San Juan de Dios, which used to be called La Hortúa. Thus, the city has its carreras and calles distributed in a cartesian plane. Due to having the hills on the West, the city has had to grow mostly to the East, North and South. However, in many parts plans were not used in city development and some break with style, like in Teusaquillo neighborhood. In addition, two types of streets were created and called diagonals and transversals. The transversals go from north to south like the carreras, while the diagonals go from west to east like calles. The difference is that these streets, even though they keep the same orientation, are not completely parallel to the calles or carreras, and frequently end up intersecting them. This description briefly shows the real difficulties the interviewers had to overcome with block assignments.

The blueprints for the 1993 Census were based on aerial photographs, which were then translated into the schematics of a blueprint. All the blocks were numbered, grouped in sections, and then in sectors at that time. So, in order for the interviewers to find one of the blocks obtained from the sample based on DANE's database, to locate major streets and avenues and names of neighborhoods, it was apparent they needed to carry these

blueprints showing the block silhouettes with them on their interviews. In order to assign the blocks, I imported the observation table Javier and Hernando had sent me into an excel file. I then translated the information to organize it in blueprints of consecutive order. I then distributed the blocks, so that each group could use the blueprints independently, without having to transfer them between groups. I thought this would provide better maneuverability and organization. This way, if they had to return to conduct the interviews on a later date, they could use the same blueprints. This is why they were not located in an exact sequential order; the assignation was more based on how close-by individuals were. A weekly interview schedule was proposed and I considered that two blocks, meaning 8 interviews and questionnaires per interviewer per week was an adequate number. This also allowed me to calculate an estimated time of eight weeks to complete interviews. In order to know how the visits were going, I designed a sheet for each interviewer; this sheet had the information about the block, sector, etc. and a space for comments on specific difficulties or anything else the interviewers thought was worth sharing. I gave each a copy of this form and kept one for feedback during our meetings. Finally, I modified the form where addresses were collected for the assignment of observations by interviewer. I thought it was more practical if each of them filled out the information for each address and number of individuals per home, than if they handled different sheets. A multitude of forms would make it more difficult to review compared to just one sheet with all the information. I also considered that having the sector, section and block data previously included in these forms would speed up the process and reduce errors in data collection.

The difficulties obtaining the maps and blueprints, which had already set us behind a month, along with the difficulty of having only 5 recorders, led me to discuss with the interviewers a way to make the tasks more efficient. I proposed they work in groups, so that three groups would

have two members, and the fourth would have three individuals. This way they could easily arrange a schedule for recorder use and visit times. The proposal was accepted, and the groups became as follows: Sandra Rodríguez, Luz Helena Montenegro, and Laura Ruth Moreno who shared two tape recorders. Luz Elena Morales and Carlina Zárate worked together with one tape recorder, just as the last two groups of Martha Isabel Duque and Tirso Alarcón, Alfonso Montoya and Carol Sarasty.

The block distribution was conducted based on the sampling defined by the statisticians, in a way that each individual would have the opportunity to complete 69 questionnaires and interviews. In addition, three of the interviewers would complete 70 questionnaires and interviews in order to obtain the 624 required. Once the groups were organized, the maps were assigned and distributed along with the blocks each would visit. Taking this into account, each group would be able to work independently from the others, even if some of the maps and materials had to be shared within the groups. This is also why we suggested some of the visits were performed as a group, to save time and relax sharing of the prints. We agreed that each group would organize and schedule their work and further that meetings would be held to share experiences, to discuss the best ways to solve difficulties, and to hand in work completed throughout the week. In order to make follow-ups more efficient, all questionnaires were numbered consecutively and each interviewer had a form where they would write down the forms supplied; in this form, the duration of the interviews, in minutes and seconds, was also written down, along with comments and difficulties. The initial supply was for 20 forms per interviewer, and it was agreed that as more forms and tapes were needed they would be provided pre-numbered. Lastly, I emphasized the importance of turning in the questionnaires and interviews in a timely fashion, in order to avoid accumulation of material to review and to correct errors in filling out forms,

as well as solving difficulties found during the information collection process.

The initial idea was to hold a weekly meeting, every Friday from 8 – 10 am in the Theology Faculty building, the objective being to share positive experiences, comments on difficulties, propose solutions and to have a space to share with the rest of the team members. Given the map and block assignments, I estimated that the research would take eight weeks to complete. However, I reserved rooms for the meetings for 12 weeks, considering there might be delays. We agreed with the statisticians that once the blocks were found, the homes would be counted, and the houses with the highest nomenclature numbering would be identified. Further, in each house the interviewer would ask who were the last two individuals whose birthdays were most recent, and ask them to help us with the questionnaire and interviews.

Our first meeting was held on April 25, 2003, and we mostly discussed difficulties and possible solutions. I took note of all situations stated in order to consult the statisticians and Stephan. Final decisions would be communicated at the next meeting. During the second meeting, most of the difficulties were still present and are described as follows: Sandra stated as a difficulty receiving negative answers in the first house with the highest numbering, as well as in several of the following houses. Her first question was, should she continue from house to house, in descending order, until she found two individuals willing to answer the questionnaire? Her second question was related to the last individual with a birthday, because in one case, the last individual with a birthday was a brother who only arrived late at night to sleep, because he studied and worked, and that it would be just as difficult to find him on the weekends. For the first scenario, Sandra chose to complete the questionnaire at the houses where individuals offered to help her. She had also chosen to complete the questionnaire with the individuals who received her, even though they were not the ones with the latest birthdays.

She made these decisions based on the thought that even if she returned another day, the situation would not change and she would lose these two homes in the sample. So, she wanted to know if these questionnaires and interviews could be included and if the situation arose again what she should do.

Luz Elena found that in one block, the highest nomenclature was for a closed group of homes; she was denied entrance. She asked then if she could conduct the interviews and questionnaires at a nearby block. She also reported that in another sector, after obtaining the first questionnaire and interview in the house, she could not obtain the second and thus she had completed it in another house. The same had happened to Carlina who was performing questionnaires and interviews on the same block. They both wanted to know if these interviews and questionnaires would be valid.

One of the blocks assigned to Laura, in the Carvajal neighborhood, had become a commercial and industrial zone, the once houses were now shops or billiard halls and no one lived in them. However, she had noticed that the next block did have residential housing and thus she completed the questionnaires and interviews there. Martha found a block with just four houses and only one lady was willing to help her. This lady then took her to a house in the next block and introduced her to another individual. Martha was able to complete her interviews this manner on two different blocks. She also wanted to know if these data would be valid, or if it would be lost.

At this first meeting we discussed different difficulties and doubts, although most had only conducted two interviews. It was still premature to consider that these difficulties would arise repeatedly in the process. I informed the team that I would consult with Stephan and the statistician, and I would let them know the following week. In the meantime, they should just follow the same methodology. I made a summary of these problems, the solutions that the interviewers had employed, and I sent them to

Stephan and the statistician. During the following days we consulted about these doubts. The decision was to keep the methodology, but in case of need, the criteria could be more flexible. Also, it would be necessary to document all these changes, as well as document the sectors, sections and blocks whenever changes were made.

For the second meeting on May 2, 2003, Stephan, Javier, Hernando, and I had the following solutions for the problems expressed by the interviewers:

- In case no one collaborated with the questionnaire and interview in the house with the highest nomenclature, they should follow in descending order until obtaining the interview. If this was impossible, or if there was a case like the closed house groups, a nearby block of the same stratum could be used, making the proper annotations in the control form.
- If instead of a house, the highest nomenclature were in a building, the apartments on the second floor should be chosen. If these denied their cooperation, apartments on the next floor could be used. If no one in the building was willing to cooperate, the previous process should be followed to find houses or buildings.
- Regarding the selection of the two with the most recent birthdays, if one denied to cooperate, the interview could be answered by someone else from the family. If this was not possible, then the other interview should be completed in the next house with descending nomenclature. Since initially it was considered that only two houses would be chosen from each block, with two interviews per home, with the new modifications and for statistical effects, the following annotations should be written on the control form: 1) a block could have home 1 and home 2, whenever both interviews were completed in each home; 2) the block could have home 1, home 2, and home 3 if in one of the homes it was only possible to obtain one interview, and the second was obtained at a different home; and 3) home 1, home 2, home 3,

and home 4, if it were only possible to obtain one interview per home. In the extreme case that parts of the interviews were obtained on one block and the rest on another, it should also be annotated so the statisticians could make the appropriate adjustments later in the statistical analysis.

By this second meeting, the interviewers had regrouped as follows: Martha began working with Alfonso, Carol worked alone, and Tirso postponed his work for a month because he was called to work as resident architect. He explained that having just graduated, these jobs were very important in his professional career, but that he was committed to the research and would catch up with the interviews and questionnaires on the following month. This initially created some difficulties in Martha's work, especially in the completion of questionnaires and interviews because she shared blueprints with Tirso. In the end, they organized their work and were able to cover all the blocks and sections assigned.

Carol stated that she had some friends in some of the neighborhoods assigned to her, and that she had decided to take advantage of this in order to find certain places and reach certain individuals. The zone she initially picked was composed of individuals who left very early and returned late in the evening, even on weekends. She made an association between these homes being from stratum 2 and the need to work even on weekends; this complicated the completion of the interviews and questionnaires within the planned criteria. She also stated that the birthday situation was not working, since many times individuals did not remember these dates for the rest of the members of the family and also observed that many refused to answer the questionnaire and to participate in the interview because they could not read or write, despite the fact that she told them this was not a prerequisite. On one block she decided not to complete the interviews because her friends told her that sector was too dangerous and that it was best if she did not go there. Due to this she asked if it

was possible to complete the data collection in a different block near the one included in the sample, after making sure they were of the same socioeconomic stratum. Since it had been agreed with Stephan and the statisticians that these changes were possible if the annotations were made, and taking into account that Carol's security was vital, we agreed that this change would be acceptable.

In this same meeting, some of the interviewers reported that working in couples or groups generated distrust in some individuals, while in others it gave individuals the sense of a team's work. During the discussion, opinions were divided on whether individuals should be informed about the length of the questionnaire and interview, since this could provide a better attitude in individuals, thus providing better answers and greater quality. Others also thought that this could stop individuals from participating from the beginning. The interviewers made many comments regarding the content of the questionnaire, its length, the interviews, and the way they had conducted them, as well as individual's reactions. Even though they had only completed approximately four interviews, they all had the impression that the questionnaire was too long and tedious; these also influenced the interview, since individuals would tell them that it had been too much time and were not willing to continue. However, they also stated that the questionnaire helped in the conduction of the interview, since it provided information that could be used to increase the depth of the answers. Also, the interviewers reported that some individuals had spoken of very traumatic or difficult situations and as such, they did not wish these to remain recorded. They also noticed during the questionnaire that some individuals had many difficulties in life, but that during the interviews, this was not evidenced, meaning there were discrepancies between the answers for the questionnaire and the interview and that there was no way to document this; it was suggested that the interviewer could record a message stating this after leaving the house. This proposal

was then discussed with Stephan, who agreed with this recorded message and this I informed them on the third meeting.

From April 25 until May 8, we held six meetings, one every week. The following five meetings were held every other week, concluding with a final meeting on August 8, 2003, date when I received most of the missing material. By then I had already reviewed 286 questionnaires and interviews, and I had made the corresponding observations. Almost all of the difficulties were detected during the first two weeks, and thus, the solutions agreed upon by the interviewers, the statisticians, Stephan and I, were enough to solve new situations that arose in the following weeks that were not very different from those initially detected. Regarding the conducting thread, some of the interviewers used it, some did not; however most of the interviews were good. After reviewing the material (after the first 20 questionnaires and interviews were completed), I was able to notice there had been some differences regarding the way the conducting thread was being used. On one hand, I could see that Carol was performing really short interview, while Tirso had very disperse interviews. These differences were discussed during May as I reviewed more material, in order to obtain a better homogeneity in the use of the conducting thread. I tried to have Carol model herself by listening to other interviews, however, it was not possible for her to modify her style, even though she repeated the first 20 questionnaires and interviews.

2. SEPTEMBER 2003: MEETINGS WITH
THE INTERVIEWERS
STEPHAN P. LEHER

After handing in the last interviews in September 2003, I met with each of the interviewers. Julia and I, along with Luz Elena and Carlina, visited some of the neighborhoods where the interviews were performed. These were from the socioeconomic stratum of 1 and 2. They showed me some of the houses, of which I photographed.

We did the same with Martha and Alfonso, which were stratum 3 and 4. With Carol and Tirso I visited some houses in neighborhoods from stratum 4 and 5. The following are summaries of my meetings with the interviewers: The first difficulty we had to overcome was finding the block shown on the map. In regards to this situation, Luz Elena reports how she overcame this problem, “It was about adjusting, right...like adjusting a little in everything, because when you first learn to see the maps, what they drew like a street were sectors where I found gardens and not homes. In the beginning it was like that...seeing things like that and it does not correspond, or blocks that don't exist, that sort of things. With the individuals there were usually no problems... I think that meeting the individuals went well as they told me at the point of greeting whether they would consent to the process or not.

Alfonso thought that wearing a lab coat would give him appearance of working with the health sector and thusly help open doors; the other interviewers went dressed as usual. They would present the letter from Universidad Javeriana and explain what this research was about and quite often the presentation of the letter from the university was enough to facilitate the interviewer because it was Universidad Javeriana conducting the research. Also, showing the maps and blueprints helped clarify why they were there and why the interview was in this sector, section or block. A high percentage of the individuals spoke with the interviewers, but the majority said they did not have time to cooperate. Individuals also stated either that they were not in the mood, they had appointments, or to just return after a couple of days. In the higher stratum individuals spoke of lack of time and were less interested, or if they cooperated, they did so with a lot of restrictions. This occurred with stratum 4 and on.

A lot of individuals did not ask the female interviewers to come in, so they ended up doing the interviews on the street or doorways. The male interviewers were asked inside more often, but the female interviewers seemed to

create a better environment for the interview; this is what Martha reported, who was working with Alfonso at first. At the end, Alfonso was working with Carol. The interviews were performed mostly without additional microphones, even though external microphones did not scare individuals. Carlina worked with Luz Elena, and they were also afraid at the beginning because it was not easy to just arrive and knock on a door. There were many kind individuals who invited them into their homes, while others would speak through doors or fences or little windows.

In order to analyze the information on how the interviewees were received, we constructed a special format at the beginning of each transcription for every interview. The format has a space for the interviewer's name and then five spaces to indicate when the interview took place, either a weekend, weekday, morning, afternoon or evening. At the end, they would write whether this was the first, second, or third visit to the house, as well as the number of times the interview had been attempted and the number of the house and block; the construction of this format was the result of my interviews with the team members. Since each interviewer transcribed their own interviews, they were able to rely on their memory to complete this format. When the interviewees could not remember, they explained this on the format.

There were many individuals willing to cooperate, but a large number of individuals did not want to help, especially when they noticed how lengthy the questionnaire was. On the other hand, through the interviews, the team members were able to notice things about the individual's life, make empathy, and even generate trust. There were some individuals who gave very lengthy, detailed, answers on their health and this was also difficult to handle. On occasion, after a few interviews, the team members developed headaches due to the great emotional load that arose from listening to so many heartrending narrations of economic and social hardships; these narrations affected both the individuals and the interviewees.

The poorer sectors were the ones that impacted the interviewers the most, but it did not affect the team members alike. The female interviewers who had children were very affected when going to neighborhoods where they saw children who were hungry and needy. They had the impression of stealing their time with their mother, since Sundays were the only day of the week when she could be with her children; many times they questioned themselves, “What am I doing here?” At the end, nonetheless, they felt the individuals interviewed were happy because they could speak to someone about their hardships. Martha said, “One of the experiences affecting me was at one of the houses of a neighborhood called Jerusalén, at a sort of...what here we call an “inquilinato”; a lot of individuals, a lot of families living in a house. I think there were 6 families in a 6 by 12 square meter home with three floors and I was at the third floor interviewing a very young mother when the children arrived and sat around a small table where we were. It was around eleven in the morning and they offered me some cocoa and cake, a flour cake and I ate it very slowly so that it would last through the interview. When I finished, I set the plate aside, said thank you and the children began fighting over the plate. At first I didn’t understand this and then I noticed they were fighting over the crumbs on the plate. I felt awful. Terrible! Imagine I was taking away what they would have eaten. I ate it, not so much because I was hungry, but out of courtesy. That left me feeling very sad and wishing I had brought something, sweets or chocolates, I don’t know, but something because they are me so much.” Luz Elena said, “Because you know that here individuals live a lot of things and I heard many complicated stories. Individuals who had met me just 30 minutes earlier told me of their lives, their frustrations, loves, joys and even successes because their hearts were open to this. For me, that amazing, it was beautiful.”

Carol was the youngest of the interviewers and she had very short interviews. She was not as affected by individuals as the rest of the female team members. She did

not feel so much for the needs and lives of the poor, nor did she feel enriched by having contact with individuals. This is very important to note in order to remember the criteria in team formation and intensive training phase.

Apparently most individuals understood the language of the questionnaire. Luz Helena said, "Sometimes there were individuals with whom I had to change one word for another simpler so they could understand, but there were others who understood the language used. Usually individuals tended to tell a lot of things while answering the questionnaire and when it was time for the interview they no longer wanted to talk. Especially when there had been violent situations in their lives, they were usually afraid to speak." All the interviewers stated the questionnaire were too long. For example, a lady said to Carlina, "No, this is too long...too many questions...and... no there's still all that to do!" Carlina, in order to calm the lady, "No, don't worry, we're almost done, this we can finish quickly. I'll help you, you can keep answering..."

The questions on the conducting thread were essential in guiding the interviewers; the conducting thread was useful in receiving and accumulating a greater amount of information from the circumstances of the narrations. Also, as part of the interviewing method, four cards with different colors were used with specific questions, the objective of these will be explained further along. There were some difficulties with the language used for the sentences on the cards, not all individuals were accustomed to the dialect. Carlina stated, "I think the cards were very easily understood by some, but for others, even after giving precise explanations, they would have great difficulty in answering...in many cases individuals couldn't find the words to answer." Not only were there problems with the dialect used, but it was also the case that individuals in the lower socioeconomic classes are not used to thinking about themselves in the philosophical terms the cards asked for. Laura stated, "As a matter of fact, individuals here talk a lot, the problem is that they are not used to

analyzing their own lives, making an analysis where you said, “I am myself, my own influences, my determinations! Out of the individuals I interviewed, maybe 5% thought in these terms, the rest did not. The ones would do not understand would yes to everything, both internal and external influences? I don’t think it was out of distrust, I think they just looked at it and think, what is this for, what is this? In other words, they had neither done this, nor did they know clearly what determined their lives.” The statistical analysis will show that only 5% truly understood the cards and I agree with Laura that sticking to the conducting threads is not always in the best interest of the interview, but that is a need for flexibility and adaptability. Laura goes on to say, “But then...in the midst of the enthusiasm and the conversation one would talk, which I felt was extremely important and I would let them talk as long as they wished.” Nevertheless, it was common as Laura says, “That all of a sudden an individual would exclaim good, well then...I’m sorry, I’m leaving, I’m going inside...good bye.” Taking these circumstances into account, an average of fifteen minutes per interview seemed a great success, when considering the individual had already spent an hour responding to a lengthy questionnaire. About the process for the interviews, Carlina said, “How Julia handled this was very important. She was very, I think wise in handling it, very fair, very calm in everything and I think that was fundamental....fundamental for completing this stage at least.”

The interviewers were very satisfied with this experience in the end. They experienced something very intimate in the lives of 68 individuals. Most of the team was sensitized through the processes of the interviews, the questionnaires, and they learned a lot about themselves. If one not only goes into these neighborhoods and meets these individuals, but also comes away from these encounters a more sensitized human being, then this fills me with joy! This can serve as a research model for the

future; health professionals, teachers, students, go to your neighborhoods with your science and research your world!

VII. FINAL QUESTIONNAIRE

STEPHAN P. LEHER

The final questionnaire used contained seven aspects of health from the questionnaire we used in our polls. This was also named CS7A from the Spanish, Health questionnaire's seven aspects. The first aspect was the modified SF36 with the eleven questions, just as we used it. The second aspect remained, "History of illnesses and present diseases of the individual," with the sub aspects, "diagnosis, treatment, access to health services and efficacy of treatment". But this aspect now has 19 questions, two more than before. The first question needed a grammar correction of the verb, so the individuals interviewed would understand we were referring to previous diseases they may have suffered. We made the diagnosis sub aspect more precise by asking if it was easy to diagnose this disease. The second additional question of the second aspect of the final questionnaire asks in an explicit manner about present illnesses. With these corrections, the difficulties found by the interviewees and the interviewers described before would be solved. The third aspect, "Routine daily life," remained the same, including its sub aspects, "Medication, consumption of nicotine and/or alcohol, preventive behavior, nutritional habits, and sexual life." Two questions were redefined, two questions were added, and so now the third aspect now has 32 questions. The two additional questions resulted from the fact the general practitioner in Bogotá is the one who performs the vaginal cytology, not the gynecologist, and it is also the general practitioner who orders a mammography, which is performed by the gynecologist. The fourth health aspect, "Family life," still has six sub aspects, "children, pregnancies, abortions, housing, access to public services, quality of public services, and participation in socio-economic decisions." Four questions were

improved and one was about abortion. One question asks if the individual had an income, in order to be able to ask how the income is distributed. The fifth health aspect, “place of residence, educational background, and work situation,” kept its three sub aspects, “social participation, training and rights.” Of the 24 questions, only one question on the type of educational background required improvement. The sixth health aspect, “social relations,” still had four sub aspects, “social network, quality of social relationships, civil security, and human rights: civil, social, and cultural;” All this is asked in 19 questions. The seventh and last aspect is, “questions about the future,” and remained with the initial four questions. Also, we kept the last two questions for the interviewers at the end of the questionnaire.

VIII. QUALITATIVE ANALYSIS OF THE INTERVIEWS

1. TRANSCRIPTIONS

JULIA ISABEL ÁLVAREZ RUEDA

In Mid-May 2003, only a few weeks after beginning the task of interviewing, the interviewers proposed they do the transcriptions themselves, since many times they had to perform them in the street with music and other noises interfering with process; they felt it would be easier for them to remember the interviews if they could do this in the quite of their homes. I consulted with Stephan concerning this and he was in complete agreement, but he did ask that, for now, all efforts should be concentrated primarily on completing the questionnaires and interviews. I felt Stephan wanted to further motivate the interviewers by giving them ownership of their interviews.

At the team meeting of September 3, 2003, it was agreed that the interviewers would complete the transcriptions of the interviews they each had conducted. A format was created containing interview number, house number, block, section and sector, as well as the duration of the interview, name of the interviewer, if it had been

conducted in the weekend or weekday, in the morning, afternoon or evening, if it had been the first, second or third visit to the house, and finally which interview attempt number this was. In order to ease organization efforts, each document would have the same interview number and name of the interviewer. By September 30, they had begun transcribing the interviews and I proposed a biweekly plan for turning in these interviews, and tapes, that were transcribed in order to gradually review these. Each interviewer transcribed at his or her own rhythm and by December, Martha Isabel and Carol had finished, while the rest were halfway done. By February 2004, most had finished their transcriptions while only a few had yet to complete theirs; the remaining few were completed in March.

Stephan returned to Colombia in February 2004, and we had a meeting with the entire staff to exchange impressions about the transcription process, to make the agreed and pending payments, and to thank everyone for their cooperation.

Finally, we had only 565 transcriptions because Tirso Alarcón had the opportunity to take a job related to his profession as architect, which did not allow him to complete the transcriptions in a timely manner.

2. INTERVIEW ANALYSIS TRAINING STEPHAN P. LEHER

In September of 2003, I thought about the formation of the interview analyst team. I initially wanted to make up a team with five individuals, after all, analyzing 624 interviews is no easy task. At the end of my meetings with each interviewer in September 2003, I asked Alfonso, Martha, Sandra, Luz Helena and Laura, about the possibility of their interest in this task and they all declared a willingness to participate. I informed them that I would make my final decision about this in January of 2004. During the following months I re-evaluated the group and finally chose to compose the team of only three individuals; I felt that by doing this the work would be more harmonious.

The quality of the analysis is obtained from its harmony and concordance. The demonstration of a harmonized analysis is evidenced through the fact that each analyst within the team reaches the same decisions and results independently and to obtain this analysis and result capability, teamwork is required.

Therefore, I invited the two physical therapists, Luz Helena and Laura, and the odontologist, Sandra these positions. I personally communicated this decision to Alfonso and Martha during my visit in February 2004. Unfortunately, Alfonso did not accept this decision, even though he did not openly express it. Instead, he told Martha that he preferred to transcribe Tirso's interviews and then contacted Tirso, asked for his tapes, but never completed the transcriptions. He never answered my e-mails, and to date, he has not turned in the missing 59 interviews. Due to this terrible event, the analysis was performed with only 565 interviews.

The training process began on February 5, 2004, at the Theology Faculty of Universidad Javeriana. The analysis team was made up by Luz Helena, Laura and Sandra. Julia, who was still my research assistant, aided in the coordination of the analysis team and its processes while I was responsible of the training. The team agreed that the most appropriate schedule was Monday to Friday, from 4:00 to 6:00 p.m., and further that it would take place between February 5 and 25, 2004, in the conference rooms kindly reserved for us at the Theology Faculty. It was difficult for me to accept that in Bogotá it is not as easy to be punctual as in Central Europe. The chaotic traffic situation, work requirements, study requirements and other things represent real and unforeseeable factors that make it impossible to be on time. It was sometimes difficult for the team members to wait 30 minutes for another member. How could we minimize frustration due to "empty time"? Talking and trying to understand the reasons for not being on time helped to calm the impatient and in the beginning it was especially difficult for me to keep true to the idea of

only working with the entire team present. The objective of the training process was to have a harmonized team and continuing the training process together was a vital condition to obtain this. The interview analysis training took place with 10 transcribed interviews and an analysis handbook. For each analysis the following format use: A form was filled out by the analysts with the corresponding interview number, sector, section, block and house where the interview took place. They also recorded the duration of the interview and the interviewer's name and if the interview had been completed on the weekend, weekday, in the morning, afternoon, evening, as well as if this was the first, second or third visit to the house and the number of interview attempts at that home.

A. Interview sequences, general and specific topics

The first step in the qualitative analysis was to establish the interview sequences. A sequence is defined as a complete part of an interview with the following characteristics:

- Only one general topic with coherent content. The words are sequenced in such a manner as to express a determined content. The sense determines the sequence and by sense it is meant that there is a definite beginning and end. The beginning is characterized by a new topic relative to the one spoken about in the previous sequence and the end is characterized by a change in topic. It is irrelevant if the change in topic was brought about by the interviewer or the person interviewed.
- The sequence is marked on its first and last phrase according to the numbering used in the transcription. Usually, the sequence begins with a phrase from the interviewer (ET) and ends with a phrase from the person interviewed (EN) to safeguard the integrity of the sequence. The duration of the sequence is measured by the number of exchanges between the interviewer (ET) and the interviewed person (EN). The

duration is an indicator of the importance given to the topic discussed during the sequence.

The documentation of the topic is the next step in the analysis. The task in this step is to describe the content of the sequence with very few words. The questions are, “What are being discussed in this sequence? What is the topic of the sequence? The analyst team compiled a list of topics and each topic was assigned a number. This number was written on the format for documentation of the analysis of the interview. The compilation of this list began during training and it continued through the weekly meetings with the coordinator until the interview analysis was completed. The sequence topics sometimes showed diverse aspects of one general topic. For example, the general topic of family life was specified with the topic of parents’ divorce. The topic of violence was then specified with topics on family violence, common violence or violence from the state or organizations confronted with it. The analysis documents these specific topics as well as the general topics. Examples illustrate in a better way what is meant by topic. Below are two interviews in which we show how the sequences and topics were established. Despite the fact that all those interviewed are to remain anonymous, these two individuals gave their explicit permission to publish their interviews, along with their names, in this book.

In order to illustrate what is a sequence and what is a topic, I am showing here the first four sequences of an interview:

First Interview:³

ET1 We will move on to part of the interview where I ask you to please remember a situation of your life, past or present, where you had to make an important decision for your life, any situation ... (EN thinks)...think

3. All interviews are anonymous and we neither indicate their numbers.

of a situation where you had to make an important life decision and tell me about it.

EN1 An important one, well yes, about my parents.

ET2 When?

EN2 That was 10 years ago.

ET3 What happened?

EN3 ...No wait, that was when I was 15, when my dad left the house, and that was it, we had to assimilate it, but my mother wanted to separate, and since we're four siblings, well...for two of us to go with my dad and two to stay with her. But then I had to choose with my younger brother (she corrects herself) with my older brother pick who left with him (father) and who stayed with her (mother), for me it was hard but I stayed with my mother just the same.

ET4 But did he (father) give the option of who went with him or did you all have to stay?

EN4 No, he said: "who wants to go with me?" well, obviously none of us was going to say, yes dad we're going!

ET5 Was that hard?

EN5 Of course! Quite hard because I lasted a year because that was when I was 15 and the four of us stayed with my mom.

ET6 Who supported the home financially?

EN6 He did (father).

ET7 Your mother had never worked?

EN7 No, my mom Works with him but because of that separation because they didn't get along.

ET8 After the separation, did he keep working with her?

EN8 Yes, after the separation they kept working together, in tourism, and even though they don't live together he keeps helping at home.

ET9 I see, ehmm... during that year, did he keep going to the house?

EN9 Yup, he's always gone to see what we need, even though we're older, the three eldest and the youngest, he helps too.

ET10 And during this process, what else was important?

- EN10 Important in that process of my life?
- ET11 Yes...
- EN11 ...Ehhhhmmm..., important, working, but choosing if...
- ET12 But were you studying in school at that moment?
- EN12 I also had to chose because, ehm...I thought it was more important to work and help at home because my dad was leaving, but it wasn't going to be the same, and so I also thought about working, but I still chose studying... first graduate from high school and then be able to work.
- ET13 And who influenced that decision, just Johana or your mom or your family?
- EN13 No, just me, just me.
- ET14 Making the best decision? Keep studying?
- EN14 Yes, just me and my older brother, just me and my older brother (repeating), that's it.
- ET15 And that happening at that moment when you tell me you were fifteen at the time of separation, do you think that has also affected other situations in your life?
- EN15 Yes
- ET16 Like what?
- EN16 Like, like the loneliness, I don't know, it is not the same having a dad reside you and then not anymore, leaving, you know you have to go on with life, and obviously we have his support, but well, going on with my mom, but at those times I felt very lonely..... (Lowers her face and stays thinking very sad).

When analyzing this interview, as a team, during the training process, we came to the following sequences, general topics and specific topics:

- Sequence 1: From ET1 until EN5; General Topic: Family life. Specific topic: effects of the parents' separation for the 4 siblings, meaning making the decision "leaving with the father o staying with the mother". This is why the subject's sequence is: "Effects of parents' separation". In the same direction points

the fact that in phrase ET5, the situation is described as “difficult”.

- Sequence 2: from ET6 until EN9; General Topic: Family life. Specific subject: Financial support for the home.
- Sequence 3: from ET10 until EN14; General Topic: personal decisions. Specific subject: Decision: studying or working.
- Sequence 4: from ET15 until EN16; General Topic: Family life. Specific subject: effects of parents’ separation.

The following is the first three sequences of a second interview:

Second Interview:

ET1 Eh, let’s think of some, you are going to remember some event in your life, something that happened, when you had to make a decision, based on that you tell me this event, and then we review it.

EN1 An event in my personal life?

ET2 Yes

EN2 Or like what?

ET3 Whatever you like, something you remember; it’s to know, for example, one says...well I made a decision, or this happened when I was for example....studying or when I came to Bogotá, something happened....and look this problem happened and I did this... I made this decision...it’s in order to know what you decided to do and based on the decision, if anyone made you or if you decided yourself, like your husband told us a short store of his life.

EN3 I wasn’t paying attention.

ET4 Ja, ja, ja.

EN4 I was concentrated over there.

ET5 “Playing the piano in the kitchen”⁴.

4. Idiomatic expression meaning: to be distracted.

- EN5 Eh...well... mostly, I've been...I've been worried about the eye accident, yes, because I was very young...and...
- ET6 How old were you?
- EN6 I was like...9 years old.
- ET7 Very young!!
- EN7 And my whole life I've lived that, it has been like a trauma for me, yes?
- ET8 And what happened? Did you fall? How did it happen?
- EN8 Eh... once we were playing, and another girl came running, and she hit my eye with her head, and well it kept going because my nose broke too and hey sent me...
- ET9 And you went to the doctor...what happened?
- EN9 It was careless, careless, yes, and with time I started looking like cross-eyed, yes.
- ET10 And you were in the rural area?
- EN10 In a rural area, and I began looking cross-eyed, and when I went to the doctor he told me what happened and that's when they started so I would go to the pathologist, the ophthalmologist, and then they told me I had lost, that I had a cataract, and that they had to do surgery; and then when I went to the doctor he did the operation and all, but, but it was, it was not well done.
- ET11 How old were you?
- EN11 I was like, like what, 16 or something like that, I don't remember very well exactly, but the case is that they did the surgery and didn't tell me I had to be careful or anything, and I just was careful for 8 days and went back to work, and that did me wrong, and the doctor never answered, and when we went to look for him, he was gone.
- ET12 How did you pay for the expenses of the surgery...out of your own pocket?
- EN12 Yes, my dad, my dad, he paid, my dad paid for all that; but that was all lost, because when I got here to Bogotá, they took me over to the Barraquer my parents, because supposedly the best surgeons were

there...yes? And they had a doctors' meeting, but it was too late because I had already lost two things, the retina and something else, and there was nothing to do, and then they told me they had to take my eye out so that the infection wouldn't go to the other eye and... yes that was terrible for me, but I had to accept it and they did that at the clinic...the clinic what? ...I forgot the name, it was here in Bogotá. But oh well, they did that and since then, from then until now, my life has been sad, well sad because I couldn't study well, I couldn't do what I wanted, then...

ET13 But working yes, that didn't limit you for work, or did it limit you for work?

EN13 Well working yes, but it has been bothersome anyway and well...we're going on and getting over it, trying to survive like this one way or another, I've been able to move on ... yes?

In this interview, the team found the following sequences, general topics, and specific topics:

- Sequence 1: from ET1 until EN8; general topic: Accident. Specific topic: Eye Accident.
- Sequence 2: from ET9 until EN11; general Topic: medical treatment. Specific topic: medical treatment for the eye accident.
- Sequence 3: from ET12 until EN13; General topic: Accident. Specific topics: Effects of the eye accident, effects on work, effects on health, medical treatment for the eye, emotional effects, social effects.

B. Control quality of the individuals for each interview sequence

The interest guiding this part of the qualitative analysis of this investigation is in finding the individual differences and personality features. I base this on the fundamental theory reflections of Hoff, Lempert y Lappe⁵.

5. Hoff, E., - H., Lempert, W., y Lappe, L., Desarrollo de la personalidad en biografías de trabajadores cualificados, Berna, 1991.

The structural model described by these authors avoids from the beginning the paradigms of the “homo clausus”⁶, meaning the scientific-theoretical conceptions of unilateral behavior and/or personalism in maintaining reciprocal interaction. In the situational paradigm, the explanation of causality, of which factors determine human behavior are associated with the assumption that stable behavior and actions depend on the consistency and stability of exogenous factors.⁷ In these objectivist conceptions the effects of work environment on personality are noted “as a strict determination of subjects through demands and objective conditions.”⁸ Thus, “they are left out of consideration by their own structure and dynamics of the personality” and “the effect that, through their actions and behaviors, they provoke on their environment, also affecting their work relationships”⁹ are not considered either.

In the personalist fundamental explanation paradigm, the internal contents, impulses and “*traits*”¹⁰ serve as the causes of behavior and individual action. This causality postulates that the temporal consistency or stability of human action is the result of a time-stable characteristic psyche.¹¹ In the subjectivist, or psychological approach, a personal field or personality is conceived. In the center is “the faculty of acting in an autonomous manner (strength

6. Hoff, E. – H., Trabajo, Tiempo Libre y Personalidad. Muestras significativas científicas y cotidianas. Heidelberg – 2 – 1992, 17.

7. Ibid. 17s.

8. Hoff, E. – H., Lempert, W., y Lappe, L., Reflexiones teóricas sobre Socialización para el Análisis del Trabajo, la Empresa y la Profesión, en: Mundo Social 33 (1982) 508 – 536, 511.

9. Ibid. 512.

10. Traits: French voice meaning characteristic features.

11. Hoff, E. – H., Trabajo, Tiempo Libre y Personalidad. Muestras significativas científicas y cotidianas. Heidelberg – 2 – 1992, 17.

of self, identity, activity, human competence or the like)”¹² This personalist vision of the causality of control is seen in the consequences of human development, from birth until death, as previously established by the organism, as an inherent law of it.¹³ The objective work situation and the effective socialization factors in the work environment are sensibly uncared for and this marks whether or not the personal faculties can be developed, or on the contrary, tend to atrophy.¹⁴

Hoff sees the unilateral direction of determination as, “the environment through the person” in personalism, or “the person through the environment” of behaviorism, based on a strict manner of separately, handling both the “endogenous” and the “exogenous.”¹⁵ In the interactionist paradigm, the person is both active and reactive; the internal psychic dynamic is seen as a cause and consequence of the permanent exchange between the “internal,” the “external,” and is defined as dialectic.¹⁶ The concept of “interaction” applies to reciprocal relationships that influence each of the parts, being influential, influenced, and treated equally.¹⁷ This reciprocity describes, instead

12. Hoff, E. – H., Lempert, W., y Lappe, L., Reflexiones Teóricas Sobre Socialización Para el Análisis del Trabajo, la Empresa y la Profesión, in: *Mundo Social* 33 (1982) 508 – 536, 512.

13. Hoff, E. – H., Trabajo, Tiempo Libre y Personalidad. Muestras significativas científicas y cotidianas. Heidelberg – 2 – 1992, 17.

14. Hoff, E. – H., Lempert, W., y Lappe, L., Reflexiones teóricas sobre Socialización para el Análisis del Trabajo, la Empresa y la Profesión, in: *Mundo Social* 33 (1982) 508 – 536, 513.

15. Hoff, E., Conciencia del Control. Representaciones fundamentales de la propia Persona y del entorno en jóvenes Trabajadores, in *Kölner Zeitschrift für Soziologie und Sozialpsychologie* 34 (1982) 316 – 339, 319.

16. Hoff, E. – H., Trabajo, Tiempo Libre y Personalidad. Muestras significativas científicas y cotidianas. Heidelberg – 2 – 1992, 18.

17. Ibid.

of a sample action exchange, the causal relationship of both parts and is understood as the specific of interaction.¹⁸ “When one assumes a permanent interaction between person and environment,” one can deduce from this that the theoretic conception of the person-environment and the environment-person relationship, as being “both parts are related as committed to each other, and in their dynamic flow they interact mutually.”¹⁹

It is no longer a hypothesis that the adult individual lives as a being both inside and outside of society. Reflecting upon this and upon how the individual is influenced by society, theoretical and social investigations have proven that individuals understand their relationship between themselves and the environment in different ways and these can be categorized with the control quality terms established by Hoff et.al.²⁰ The theoretical instruments are conceived by Hoff with the help of a wider concept of “Locus of Control” or Conscience of Control, used by psychologists in the sixties. This concept is more detailed when questioning whether “individuals who, in a reasonable manner, think both endogenous and exogenous factors are responsible for their own behavior”²¹, actually exist. The concept of subjective control is applied by Hoff and Hohner as a synonym of Conscience Control Concept.²² The concept

18. Ibid.

19. Hoff, E., Conciencia del Control. Representaciones fundamentales de la propia Persona y del entorno en jóvenes Trabajadores, in *Kölner Zeitschrift für Soziologie und Sozialpsychologie* 34 (1982) 316 – 339, 319.

20. Ibid., 316 – 339, 317. Leher, P. St., *Dialog im Krankenhaus* 1995.

21. Hoff, E., Conciencia del Control. Representaciones fundamentales de la propia Persona y del entorno en jóvenes Trabajadores, in *Kölner Zeitschrift für Soziologie und Sozialpsychologie* 34 (1982) 316 – 339, 316.

22. Hoff, E. – H., Hohner, H. – U., *Métodos para la comprensión de la conciencia del control*. Berlin, 1992, 4.

of control, later referred to by Hoff as “Personal control,” is reported as a question, “how I” see myself as an object and subject of my environment (or both at the same time)”²³, which will be conceived as the “broad vision, with which individuals assume their relationships amongst themselves and the environment; like a fundamental representation of a superior order in which possibly other dimensions specific to the personality and attitude find their explanation.”²⁴ The concept of subjective control represents an exhaustive judgment about the structure, the elements and the matter of specific evaluations of control; In other words, visions, evaluations, clarifications and the reciprocal link as a whole. The manner in which the factors influence the individual and the environment link is described through the vision of causality, as well as the location of the influential sources. This complexity constitutes and individual sample characterized with specific relations of the personality, of the elements of conscience and control, the image of all representations, “in which the relationship between the person and how their social and material environments are reflected.”²⁵

“The form that serves the purpose of criteria to judge others is the Interactionist. From this point of view, the other two paradigms seem erroneous.”²⁶ We speak of a

23. Hoff, E. – H., *Socialización Profesional. Hacia la unión de la investigación sociológica y psicológica*, in: Hoff, E. – H., Lappe, L., Lemper, W. (Editores), *Biografía Laboral y Desarrollo de la Personalidad*. Bern 1985, 15 – 40, 22s.

24. Hoff, E., *Conciencia del Control. Representaciones fundamentales de la propia Persona y del entorno en jóvenes Trabajadores*, in *Kölner Zeitschrift für Soziologie und Sozialpsychologie* 34 (1982) 316 – 339, 317.

25. Hoff, E. – H., Hohner, H. – U., *Métodos para la comprensión de la conciencia del control*. Berlin 1992, 6s.

26. Hoff, E., *Conciencia del Control. Representaciones fundamentales de la propia Persona y del entorno en jóvenes Trabajadores*, in *Kölner Zeitschrift für Soziologie und Sozialpsychologie* 34 (1982) 316 – 339, 320.

judgment on an ethical standpoint. In ethics, we deal basically with value judgments about human relationships within the interior of these. The link between person and environment, as represented in the fundamental interactionist vision, characterizes an evaluation sample in which “the action is understood as ‘expression’ and space of reciprocal exchange (not as a result) of the influences between individuals and environment.”²⁷ The models of representation, both the complicated multicausal like the additive-determinists, will be omitted here in favor of a systemic vision of reciprocal influences. The possible fundamental samples should then be described and should be understood as basic hypothetical forms. Empirically, there can exist in one individual various types of conscience, or intermediate forms, which can be derived from the basic hypothetical forms.²⁸ The personalistic paradigm obeys a basic vision that explains the individual’s behavior only from endogenous facts and the situationist reflects a vision by which the environment allows the determination of self behavior; with the juxtaposition of these results the basic vision “determinist-additive”. The resignation of an explanation of own behavior can be categorized as a fundamental fatalist vision.²⁹ This fatalism can be defined as the abdication of all tentatives to understand the world as explainable and orderly, as the abdication of one of the tentatives, or as the belief in a world that is neither explainable nor orderly.”³⁰

27. Hoff, E. – H., Hohner, H. – U., Métodos para la comprensión de la conciencia del control. Berlin 1992, 10.

28. Hoff, E., Conciencia del Control. Representaciones fundamentales de la propia Persona y del entorno en jóvenes Trabajadores, en *Kölner Zeitschrift für Soziologie und Sozialpsychologie* 34 (1982) 316 – 339, 326.

29. *Ibid.*, 316 – 339, 322.

30. Hoff, E. – H., Trabajo, Tiempo Libre y Personalidad. Muestras significativas científicas y cotidianas. Heidelberg – 2 – 1992, 63.

The fundamentalist vision sees the source or Locus of control only outside, or only inside and Hoff is emphatic when stating that “a determination is possible not only unilaterally from outside, but also independently from inside, without this meaning the person should be viewed as a subject.”³¹ Here, individuals can mention “not just external catastrophes (i.e. natural), but also internal (i.e. Psychological diseases). Or in order to mention less spectacular examples as an analogy to sudden external changes like the climatic ones, “internal variations could be provoked by good or bad mood, humor, etc.”³² “Individuals who have a fatalist control of conscience see themselves as objects, with the endogenous and exogenous influences as being inexplicable, unforeseeable, and not modifiable.”³³

In the fundamental vision that is strictly determinist, “only the external or the internal factors are made responsible unilaterally for the behavior in a given situation.”³⁴

“The basic strict determinist-external form sees only a minimal part of oneself in the individual behavior; this is understood by the subject as determined only by the environment and external factors affecting the person, or in other words, in an external monocausal way.”³⁵ When a individual assumes in one situation the place of an object and in another the place of a subject, one cannot speak of an interactionist basic vision only because the determination has changed direction. For example, dependent only on strictly segmented areas of life such as work

31. Hoff, E., *Conciencia del Control. Representaciones fundamentales de la propia Persona y del entorno en jóvenes Trabajadores*, in *Kölner Zeitschrift für Soziologie und Sozialpsychologie* 34 (1982) 316 – 339, 323.

32. *Ibid.* 324.

33. *Ibid.* 326.

34. *Ibid.* 327.

35. Hoff, E. – H., Hohner, H. – U., *Métodos para la comprensión de la conciencia del control*. Berlin 1992, 9.

(external influence), or “free time” (internal influence).³⁶ “This form of conscience control provides security, contrary to the fatalist sampling, the world seems orderly and contrary to the interactionist vision, seems structured in a very simple way.”³⁷

Hoff et al.³⁸ unite the descriptions of the five fundamental representations as follows:

1. The fatalist vision believes in the determining power of coincidence, fortune, serendipity, bad luck, or life’s own destiny. The behavior and its consequences are not associated in a causal manner with the factors inherent to the person or the environment; at least these factors cannot be précised; both life and behavior appear more as remote and unexplained, incalculable and unpredictable.
2. The external vision is characterized by having the external factors of influence, such as other (powerful) individuals, institutions, material condition, etc, seen as the factors determining life. Behavior is reactive and its consequences are seen here as externally dictated, similar to that seen in a psychological vision of “situationist” or “mechanicist.” Individuals with this monocausal reasoning see themselves as objects of their environment.
3. The internalist vision represents, in a way, the opposite of the aforementioned. Here, the endogenous factors of influence, such as talent, will, aptitude, abilities, motivation and efforts, are seen as the essential causes of own conduct and consequences. It is all a figure of thought, which in psychology can be denominated as “personalistic” or “organist.” Individuals see themselves unilaterally as subjects of their environment. They explain their actions

36. Hoff, E., *Conciencia del Control. Representaciones fundamentales de la propia Persona y del entorno en jóvenes Trabajadores*, in *Kölner Zeitschrift für Soziologie und Sozialpsychologie* 34 (1982) 316 – 339, 327.

37. *Ibid.* 327s.

38. Hoff/Lempert/Lappe, (Editores) *Desarrollo de la Personalidad en Biografías de Trabajadores Cualificados*, Bern, 1991, 132s.

in a determinist or monocausal way, and in this sense, share their basic externalist views, which are also determinist or monocausal.

4. The determinist-additive vision goes beyond the monocausal figures of reasoning mentioned above. Here, exogenous and endogenous convictions run parallel, along determinist, in finding their basis on diverse experimental situations, or determined life aspects, such as work and free time. A more defined variable consists in individuals seeing themselves determined by themselves and others within the same aspects or situations.

5. The interactionist vision, presented as the most complex and defined, contains reasoning for a reciprocal relationship, as a permanent and mutual influence of endogenous and exogenous factors in behavior. Individuals with this representation are not just subjects or objects, or even partially subjects and objects, but rather see themselves in the same context as subjects and objects. The expression of this, as well as other visions, can be seen in conversations with the individual interviewed.

Control quality	Characteristics
Fatalist	The sequence is determined by unpredictable influences.
External	The sequence is determined by external influences.
Internal	The sequence is determined by own influences.
External and internal: Determinist-additive	The sequence is determined by all the influences together. There are internal and external influences, but they have no connection to each other. Depending on the situation, one type of influence may be more important than another.
Interactionist	The sequence is determined by all the influences together. In the same situation are internal and external influences. The internal and external factors influence each other mutually in the behavior.
Impossible evaluation	There are no concrete influences on the interviewed person.

If the sequence is determined by unpredictable influences, the quality of the sequence is fatalist. If it is determined by external influences, the quality is external. If the sequence is determined by internal influences, the quality of the sequence is internal. If the sequence is determined by all the influences together, but with no mutual connection between them, the quality of the sequence is determinist-additive and if the sequence is determined by all the influences together the sequence is interactionist. This quality is always observed intersituationally; the internal and external factors influence each other in the behavior. If there are no concrete influences, it is not possible to evaluate the quality of the sequence.

In order to avoid confusion in the investigation, this study is only about the investigation of personality traits during a determined timeframe in a individual's biography and in no way deals with demonstrating causal circumstances between traits and socialization trends. In order to understand such circumstances extensive research is needed, like those conducted by Hoff, Lempert y Lappe.³⁹

The investigation of control qualities, seen from the analytical process, has high ethical relevance. Without freedom and personal responsibility, there is no individual human action. The control qualities represent the diverse qualities of human action. These differences must be taken into account when building a democratic society, based on mutual respect, peace, and justice and a determinist behavior is not very useful in the construction of social peace, equality and justice; the determinist behavior controls and does not listen, or perceive conflicts of interest. Proving this ethical hypothesis will be one of the tasks of the content analysis.

39. Hoff/Lempert/Lappe, (Editores) Desarrollo de la Personalidad en Biografías de Trabajadores Cualificados, Bern, 1991, 132s.

*Control quality of the first four sequences
of the first interview*

- Sequence 1: Interactionist quality.
- Sequence 2: External quality (Father dominates).
- Sequence 3: Interactionist quality (“My brother and I”).
- Sequence 4: Internal quality (“alone”, sadness).

*Control quality of the first three sequences
of the second interview*

- Sequence 1: Determinist-additive quality.
- Sequence 2: Determinist-additive quality.
- Sequence 3: Determinist-additive quality.

C. Behavioral quality of the interviewer

The interviewer should be highly interested in the pure event and process descriptions, as well as thought content.⁴⁰ This personal interest of the interviewer, just as the evaluations, interruptions, subject changes, etc. would diminish during the interview. The documentation of the interactions between the interviewer and the individual, regarding the interviewer’s behavior, or interaction style, was to be based on the following style characteristics:

We have four behavioral qualities: sensible balanced behavior (1), mechanical behavior (2), directive behavior (3), and judgmental behavior (4).

1. What is understood by “balanced behavior” is an interviewing conduct oriented to the predetermined topics in the conducting thread, not necessarily the sequence of topics, showing great interest for the topics presented without interruptions, following intently and asking questions to detail the subject. Balanced questions typically represent the questions of the interview’s conducting thread. Questions 2-6 are questions for obtaining details, asking about the “how” of situations already stated.

40. Ibid.

2. The “mechanical behavior” occurs when the interviewer reads very quickly the questions of the conducting thread detailing topics. A “mechanical balanced behavior” sets the rhythm for the interview, but is unable to change rhythm, or speed, according to the needs and comprehension of the interviewed subjects.

3. The “directive behavior” occurs when the interviewer interrupts the individual in such a way that the topic recently mentioned disappears from conversation, or an object of discussion is provided that is not part of the conducting thread, nor was it evoked by the individual interviewed.

4. The “judgmental behavior” of an interviewer is present when the interviewer uses certain expressions that to the interviewee represent confrontations to their personal feelings. That is, opinions, convictions, or personal judgments from the interviewer that occur without the individual being interviewed requesting or asking for them.

In interviews 1 and 2 we can only observe quality number one, “balanced behavior.”

Although this chapter presents the preparation of the investigation, I give in the following chart the results of the behavioural quality of the interviewers:

Behavioural Quality	Balanced	Mechanical	Directive	Judgmental
Frequency of the total of the 6729 sequences	5823	231	536	104
Percentage of the total of the 6729 sequences	87%	3.5%	8%	1.5%

It is a good result to get 87% of “balanced” interview behaviour. This is a good result for the quality of the interviews and for the credibility of the interviews. If all of the sequences in all of the 565 interviews would have been labelled with the quality of balanced interviewer behaviour

this result would have contradicted probability. As the interviewer, a individual of a high professional standards, it is natural that factors like stress, fatigue, or traffic jams, have a negative influence on the behavioural quality in the interviews.

D. The card chosen by the interviewed individual

If it was possible, the card chosen was noted.

E. Topic and interpretation of the note

At times the interviewer, after the interview, recorded or wrote a note and the task in this step of the analysis consists of describing the content of that note in a concise manner. The questions to answer are: What is discussed in this sequence? What is the topic in the sequence? What is understood by topic has already been shown with concrete examples. If in the note the interviewer gives a personal interpretation of the interview's contents that should be documented on the format.

3. INTERVIEW ANALYSIS PROCESS
JULIA ISABEL ÁLVAREZ RUEDA

The interview analysis process began at the end of March 2004. During April we held weekly meetings, setting aside time to solve together doubts on defining general and specific topics. For this, during the first sessions, some parts of interviews that had been individually reviewed and produced uncertainty in topic assignment were analyzed. In April, the revision and analysis process rhythm was different; Laura reviewed a greater amount than Luz Helena and Sandra and thus a greater number of topics in April were proposed by Laura.

During the training period, I had suggested to Stephan that we use an alphanumeric format, designed in Excel, that would allow an unlimited number of topics, and that each of the analysts could create inputs individually. The format had two sheets in Excel, one for general topics and

the other for specific topics. Each sheet had several segments corresponding to the alphabet in ascending order and each letter of these had an independent number assigned, beginning with number 1. This way, when assigning a name or phase to the general or specific subject, this could be easily located with the first letter with which the order had been designated. Since in Spanish, an article is used before each substantive (like “the”), we omitted the articles so they all would not be categorized under “T”. One of the first general topics during the training period was “friends,” and categorized under the letter “F” and number “1”.

Letter	Number	Topic name
F	6	Friends

Each of the analysts was to individually categorize each of the general and specific topics to be added, so I proposed how to use the blank spaces and to inform the rest of the team which topics had been added. Also, during this period we unified topics since some had categorized the same topic with subtle differences. For example, “feeling like a burden on the family,” “feeling they are a burden on the family,” and, “claiming custody of the son,” “claiming custody of the daughter.” We decided to unify these cases, as in this example, “claiming custody of the child.” In the first month we defined most of the specific topics and we noticed they were much more than the general topics: general topics: 30, specific topics: 637. In May, we noticed that not many new topics were arising, just as the number of doubts diminished, so we began holding the meetings every other week. Laura had analyzed most of the interviews assigned, while Luz Helena and Sandra were halfway done. By June, Sandra and Luz Helena completed the analysis of most of the remaining interviews and by August 11, 2004, all formats had been given to Javier for input and posterior statistical analysis.

Throughout these months, six interviews were analyzed simultaneously and individually by each of the analysts and in order to evaluate the harmony and consistency of the analysts, we looked for coincidences and discrepancies in the decisions made regarding length of sequences, choice of general and specific topics, as well as the quality of the interviewer and individual interviewed. The three analysts usually coincided in the definition of general and specific topics, except for the fact that Luz Helena tended to assign a larger number of specific topics per sequence. In other words, she agreed with her team mates on the topics they assigned, but usually had an extra one or two topics per sequence. There were some disagreements on categorizing the interviewer's quality. For example, Luz Helena and Laura coincided in qualifying the interviewer as balanced, while Sandra considered it to be directive. After discussion, we all agreed the interviewer's quality was directive. Finally, as the sessions went along, I noticed most of the differences were of form, not of content. They usually categorized the topics in a similar manner, but with different wording, such as an extra article or preposition. In other cases, the difference was in the word order. In most of the cases, they agreed on the general topics and also the specific topics.

IX. STATISTICAL METHODS

JAVIER ANTONIO CASTAÑEDA

In this section are presented the procedures used for determining the number of individuals interviewed, the sample size, and the method used for selecting the sample of individuals answering the interview.

1. SAMPLE SIZE

One of the most important elements guaranteeing the validity and confidence of the results of a study is the

determination of the sample size.^{41/42} Some of the factors that influence the sample size calculation, when one wants to perform estimates through confidence intervals, are the levels of confidence desired in the estimate of an interest value in the population, the variability of the variable, or the characteristic of the study and the degree of precision with which one desires to perform the estimate.⁴³ In order to determine the sample size, the first step was to determine the type of variables, or characteristics of greater interest, which for this research are ordinal variables of five categories: the qualification of the personal status of health with options for answering as excellent, very good, good, regular, and poor. After this, based on the sample size formula developed by Jeffrey F. Bromaghin⁴⁴; the second step was determining the initial estimates of frequencies for each of the categories the variable could take. Given that we did not have this information, we took the scenario that requires the largest sample size, which is presented when a value of 0.5 is assumed as the frequency of any of the five categories. For example, if we refer to the qualification of the personal status of health, we assume the scenario that one of the categories will have the opinion of 50% of those interviewed. In order to complete the determination of the sample size, an error degree no larger than 0.051 and a confidence interval of

41. Lachin J.M., (1981). Introduction to Sample Size Determination and Power Analysis for Clinical Trials. Controlled Clinical trials. Vol. 2.

42. Castañeda Javier A., Pérez Adriana, Gil Jacky Fabián., (2000). Tamaño de la Muestra en Análisis de Sobrevida. Revista Colombiana de Estadística. Vol. 23, No.2.

43. Castañeda Javier A., Gil Jacky Fabián. (2004). Una Mirada a los Intervalos de Confianza en Investigación. Revista Colombiana de Psiquiatría. Vol. 33, No. 2.

44. Bromaghin J.F., (1993). Sample size determination for interval estimation of multinomial probabilities. The American Statistician. Vol. 47, No. 3.

95% were established. For these, replacing the values in the Bromaghin formula, the value calculated for the sample size was 624 individuals.

2. METHOD FOR SELECTING THE 624 INDIVIDUALS

At the beginning of this investigation we wanted to obtain large levels of segregation in the analyses, in order to be able to provide conclusions according to sex and for age in the different socioeconomic stratum. This high level of segregation would have meant an increase in the sample size and due to limited resources (economic resources, logistics, time, etc) this was impossible to cover. Given the aforementioned limitations, the research team led by Stephan Leher had to determine one unique quality of the population of Bogotá as the most relevant and through that we could obtain representatively in our sample. Thus, taking into account the frequency of inhabitants per stratum in Bogotá and the accessibility to the different stratum, the sample sizes were obtained as shown on table 1.

Sample size by socioeconomic stratum according to size and accessibility in Bogotá: Table 1.

Socioeconomic stratum	Sample size by stratum
1	17 (2.7 %)
2	295 (47.3 %)
3	185 (29.6 %)
4	96 (15.4 %)
5	27 (4.3 %)
6	4 (0.6 %)

After establishing the number of individuals per stratum in the sample, a design was used to select randomly, in three steps, the 624 individuals. In the first step, blocks were chosen (blocks were chosen proportionally to the

sample size by stratum, meaning, the larger the size of the stratum, the larger number of blocks from this stratum). In the second step homes were chosen and in the third step individuals were chosen. The selection scheme used is described below:

1. *First stage:* Block selection. In this step, 156 blocks were randomly chosen out of the total number of blocks registered in the year 1993. After a block was chosen, it was geographically located on the maps available of the city.
2. *Second stage:* Home selection. Once the block was geographically located through the maps, the next step was to select the homes within each block. With the use of random numbers, two homes were selected from each block.
3. *Third stage:* Individuals selection. After choosing the homes, the individuals (over 13 years of age) who would finally answer the questionnaire were chosen. The questionnaire was applied to the two individuals whose birthdates were closest to the date the home was visited.

After completing the previous three stages, a random sample of 624 individuals over the age of 13 who lived in the city of Bogotá was obtained. It is important to point out that the sampling strategy allows us to have representativity of the socioeconomic stratum of Bogotá, but it does not allow us to draw conclusions for each of the six strata. This way, it is only possible to interpret the results in a global manner, without being able to draw conclusions for determined groups, such as age groups, socioeconomic stratum, groups by sex, etc.

CHAPTER II

INTERPRETATION OF THE INVESTIGATION RESULTS

I. ANALYSIS OF THE SPSS DATABASE ACCORDING TO THE 7 HEALTH ASPECT OF THE QUESTIONNAIRE¹

1. PERSONAL PERCEPTION OF HEALTH STATUS: THE LATENT VARIABLE “HEALTH OF THE PERSON.”

We began the analysis with the first 11 variables of the CS7A questionnaire, which constitute an adaptation of the SF36 questionnaire. We established a “latent variable” which we labeled “health of the person”. As stated in the questionnaire (see Annex 1) and in the interview guide (see Annex 2), this first module of the questionnaire was named, “Personal perception of health status,” as we believe the individual’s point of view is precisely the focus of our research. The variables corresponding to the first and second questions were not changed; these are indicators of the personal opinion about the general health status. The three items for question 3 of the questionnaire were transformed into the following three variables: variable 3_1 is called “intense activities,” variable 3_2 is “moderate activities,” and variable 3_3 is “bathing/showering, or getting dressed.” These three variables are indicators of

1. For the database see: <http://systheol.uibk.ac.at/leher/>

physical capacity during an average day. The three values for each of these variables were coded as follows: for the variable “intense activities” 2 points were awarded for the first statement (very limited), one point for the second (somewhat limited), and zero points for the third (not limited at all). The variable “moderate activities” was awarded four points for the first statement, two for the second, and zero for the third. For the “bathing/showering or getting dressed” variable, six points were awarded for the first statement, three points for the second, and no points for the third statement. At the end, we made one compound variable for these three, which we named “physical capacity.” For this variable, there are corresponding values from zero to 12 points. The following table shows the values for the compound variable “physical capacity” which correspond to the three items for question 3.

Activities	1. Very Limited	2. Somewhat limited	3. Not limited at all
Intense activities such as running, lifting heavy objects or participating in contact sports	2	1	0
Moderate activities such as moving a table, vacuuming, or riding a bicycle	4	2	0
Walking, bathing or showering, dressing yourself	6	3	0

The three items for question 4 were transformed into three variables which indicate the ability to cope with the physical demands at work or during average routine activities. The answers corresponding to question 5 show the ability to cope with emotional demands. Question 6 is an indicator of the ability to cope with social demands. The

two possible values for question 7 determine the values for questions 8 and 9 as follows: If the answer to question 7 is negative, questions 8 and 9 receive values of zero. Question 8 corresponds to the variable “physical pain” and question 9 corresponds to “difficulties with work due to physical pain.” We created seven variables for the 7 items in question 10. We have grouped them into a new variable which is an indicator of psychological well-being and vitality. The three items of question 11 are indicators for the personal perception of the health status.

The first step in the creation of a possible latent variable “health of the person,” consists of examining if these variables we considered are a valid measurement of the real “health of the person.” The scaling procedure is the factor analysis to test, if these variables are one-dimensional (“formal validity”).

The results of the factor analysis allow us to calculate the variable “health of the person” with the following items: “personal perception of the health status,” “comparison of present health status with that of the year before,” “physical capacity/ ability,” “coping with physical demands,” “coping with emotional demands,” “coping with social demands,” “well-being,” and “personal appreciation of the health status.” The factor analysis also showed that the variables “physical pain” and “difficulties with work due to physical pain” measure physical pain and not the health status from a personal perception. Individuals who suffer pain do not associate this fact with their conception of health. The statistic shows a strong correlation between the dimensions “health of the person” and “pain”. We found a strong correlation between the variables “health of the person” and “physical pain in the past four weeks” ($r = 0.557$). The variable “health of the person” and the variable “difficulties in work due to physical pain during the last 4 weeks” also have a strong correlation ($r = 0.604$). Both coefficients are significant ($p < 0.05$). We calculated the latent variable “health of the person” as a factor score (weighted sum of the answers). The weights are the loadings transformed

by regression analysis (Beta-weight). The mean of the new variable is 0.

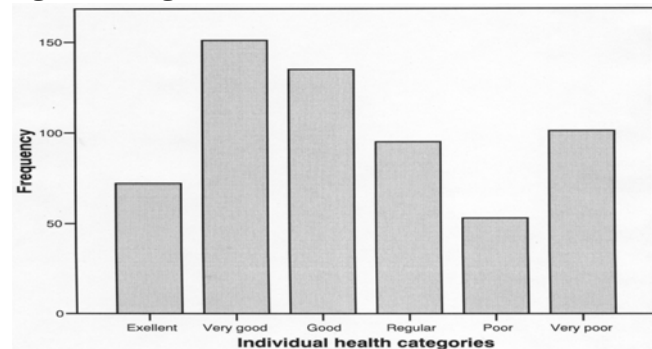
The results are grouped in 6 stratum, as seen in the following table:

(Due to missing data we have 607 individuals in the analysis.)

Individual health	Individual health value	N (people out of 607)	Percent (of 607)
Excellent	$\leq -1,00000$	72	11.9
Very good	$-.99999 - -.50000$	151	24.9
Good	$-.49999 - .00000$	135	22.2
Regular	$.00001 - .50000$	95	15.7
Poor	$.50001 - 1.00000$	53	8.7
Very poor	$1.00001 - 1.50000$	101	16.6

This data must be interpreted with great attention as almost 17% of the population has very poor health. These individuals do need very special attention. Having almost 9% of the population of Bogotá with poor individual health requires responsible dedication in order to reduce this percentage. If 26% percent of the population has health problems, it indicates that the entire society has a problem that needs great attention and the will to change these poor life conditions.

We present the results of the above table in the following bar diagram:



2. HISTORY OF ILLNESSES AND PRESENT ILLNESSES OF THE INDIVIDUAL

The interviewers utilized the questionnaire in such a way that they could record past and present illnesses of each individual. The following table shows the frequency and percentage of past and present illnesses. The diseases are organized from most frequent to least frequent.

Ord	Past and present illness	Frequency	Percent
1	Dental diseases	249	40
2	Diseases of the organs of the senses	187	30
3	Digestive diseases	164	26
4	Musculo-skeletal diseases	151	24
5	Immunopreventable infectious diseases	144	23
6	Acute respiratory infections	131	21
7	Cardiovascular diseases	109	17
8	Accidental lesions	108	17
9	Diseases of the genito-urinary apparatus	92	15
10	Skin diseases	89	14
11	Tropical diseases	43	7
12	Chronic respiratory diseases	40	6
13	Nutrition diseases	35	5
14	Neuropsychiatric diseases	34	5
15	Maternity diseases	30	4.8
16	Others	30	4.8
17	Diabetes Mellitus	29	4.6
18	Malignant neoplasms, carcinoma	10	1.6
19	Congenital malformations	8	1.3
20	Sexually transmitted diseases (STDs)	6	1
21	Infection with human immuno-deficiency virus (HIV)	1	0.2

Forty percent of the 624 individuals interviewed reported a dental disorder. This result is not surprising as it is almost an empiric verification of a spontaneous thought. The category “dental diseases” and the other 20 categories of the questionnaire are not very specific. We do not know from the questionnaire the specific disorder the individual suffered, or is suffering, because the category “dental diseases” and the other categories represent groups of illnesses and not specific diseases.

The interviewer showed individuals the question about illnesses together with a list. This list names specific illnesses corresponding to 21 groups of diseases listed on questionnaire. The group “dental diseases” corresponds to illnesses such as cavities, periodontal diseases and the category “others.” The group of “diseases of the senses of the organs” was exemplified with myopia, cataracts, and glaucoma; this list also has the category “others.” The examples for the group of digestive diseases included peptic ulcer, duodenitis, ulcerative colitis, pancreatic, hernia, intestinal obstruction, hepatic cirrhosis and “others.” The group of muscular-skeletal diseases had examples such as rheumatoid arthritis, osteoarthritis and “others.” The examples for infectious immunopreventable diseases were toserina, poliomyelitis, diphtheria, measles, tetanus, meningitis, hepatitis and malaria. The group of acute respiratory infections included upper and lower respiratory infections, otitis media, pneumonia, acute tonsillitis and others. Accidental lesions included traffic accidents, crashes, poisonings, falls, burns, drowning and others. Examples for cardiovascular diseases are myocardial infarction, rheumatic cardiopathy, hypertensive cardiopathy, ischemic cardiopathy, angina, and cerebrovascular disease, diseases of the pericardium, endocardium, myocardium or others. The group of illnesses belonging to the genito-urinary apparatus included nephritis and nephrosis, benign prostatic hypertrophy and others. Tropical diseases were African trypanosomiasis, Chagas, schistosomiasis, leishmaniasis, lymphatic filariasis,

onchocercosis and others. Chronic respiratory diseases considered were chronic obstructive pulmonary disease (COPD), asthma, chronic tonsillitis and others. Diseases related with nutrition are: proteic-caloric malnutrition, iodine deficiency, vitamin A deficiency, vitamin B deficiency, anemia and others. Neuropsychiatric diseases are major affective disorders (depression), bipolar affective disorders, psychosis, epilepsy, alcohol dependency, Alzheimer's disease and other dementias, Parkinson's disease, multiple sclerosis, drug dependency, post-traumatic stress disorder, palsy, and "others." Maternity diseases included postpartum hemorrhage, puerperal sepsis, eclampsia, hypertensive disorder, obstructed delivery and others. In the category of sexually transmitted diseases, syphilis, Chlamydia, gonorrhoea, pelvic inflammatory disease and other STDs were included.

A. Treatments and therapies: requirements

336 individuals require treatment or therapy for the management of their diseases; this represents almost 54% of the interviewed individuals, more than half. The following table shows what these individuals need:

Therapy	Frequ.	%	Therapy	Frequ.	%
Pharmaceutical medication	253	40	Psychotherapy	8	2
Surgery	16	2.6	Diet	15	4
Chemotherapy and or radiotherapy	1	-	Alternative therapy	9	3
Rehabilitation	21	3	Others	13	4

Forty percent of the individuals interviewed need pharmaceutical medication. 2.6% require surgical procedures, 3.4% rehab, 2.4% a diet.

B. Treatments and therapies: access

If individuals receive what is necessary for the management of their disease it indicates access to the health system. The following table indicates how many individuals receive what they require:

Therapy	Individuals requiring	Receiving all needed		Receiving part		Not receiving	
Medication	253	91	36%	55	22%	37	15%
Surgery	16	2	13%	5	31%	6	38%
Rehabilitation	21	10	48%	1	5%	6	29%
Diet	15	6	40%	7	7%	0	0%

The table shows that only 36% of individuals who need medication are getting them fully. 22% receive partial treatment and 15% do not get the medication required. Seventy individuals (28%) in need of therapy did not answer if they receive what they need.

A problem with this data is that 28% of the individuals who indicated a need for medication did not answer if they were receiving them or not, or if they receive partial treatment. A possible solution to this problem could be the answer to the question about currently taking medication (question 29 of the questionnaire). 215 of the interviewed individuals reported currently taking pharmaceutical medication. The table above shows that thirty seven individuals who need medication were not receiving it. The sum of the 215 who take pharmaceutical medication and the thirty seven who do not receive medication which they need is 252. That is almost the number of individuals who need medication as indicated in the table above. Therefore we can suppose that the seventy individuals who did not answer in the table above do receive, or receive in part, the pharmaceutical medication which they need.

In the socioeconomic strata 1 and 2 fewer individuals receive what they require, compared to those in socioeconomic stratum 3. In the same manner, individuals

in stratum 3 receive less than those in stratum four, five and six. We find a negative correlation between stratum and the access of medication, but the correlation is not very close. However, due to the small number of individuals in each subgroup, it is not possible to conclude if individuals who do not receive the treatment needed are also those with the poorest health status. How individuals pay for their medical expenses is another important indicator for access to the health system.

C. Payment of medical expenses

The following table shows the responses of the 624 individuals interviewed to the question, “How do you pay for your medical expenses?”

Who pays?	Frequency	%
Subsidized Insurance Company	93	15
Health management organization	412	66
Prepaid medicine	40	6
Yourself	150	24
Your family	139	22
Plan for the integral attention for the population displaced due to violence	6	1

Since the individuals could check all the options available, the sums of the percentages exceeding 100%. Of the 412 individuals enrolled in an HMO, 98 also pay themselves and 102 also get the family to pay:

Who pays	Frequency
Health management organization	412
Only HMO	212
HMO and yourself	98
HMO and family	102

Law 100, of 1993, defines a health system with two simultaneous groups: the contributive for citizens with a sufficient economic level, ability to pay, and the subsidized for citizens without this economic capacity. In order to differentiate who can afford to pay and who cannot, the population was classified into six socioeconomic levels through an interview. The entity responsible for this classification is the System for Identification and Classification of Potential Beneficiaries of Social Programs (SISBEN). The population was classified into one of six strata (one being the lowest and six the highest). Strata three to six are assigned to the contributive system and stratum one and two to the subsidized group. When a family is classified in levels one or two, a Subsidized Insurance Company (ARS) must affiliate the family and give it a card in order to access the health system. Ninety three individuals indicated affiliation to an ARS. This corresponds to 15% of the interviewed individuals. Of these ninety three individuals, five belong to stratum one and sixty five to socioeconomic stratum two. These seventy individuals have a legitimate right to the ARS. But there are twenty one others who are in socioeconomic stratum three, and two individuals from stratum four, who do not have the legitimate right to be affiliated with the subsidized group. Since this is a very small number within the subgroups, this result must be interpreted with extreme caution, but the result is very interesting.

The members of the contributive group pay part of their monthly salary in order to finance the system, while the affiliates to the subsidized group pay nothing. Their share is covered by the nation, the states and the towns. Both groups (contributive and subsidized) have mandatory health plans (POS) which are different and have different coverage's. While the contributive group covers almost all illnesses, the subsidized leaves out a great number of pathologies. The affiliates to the contributive system pay their share to a health management organization (HMO/ EPS) which acts as a mediator between the State and the

user. These EPS tend to be private entities associated with large private Spanish or American health companies, or in a smaller quantity, small EPS that arose from workers' cooperatives from different sectors.¹

412 of the individuals interviewed, in other words 66% those interviewed, are affiliated with an EPS. Ninety eight indicated having medical expenses that they must pay for themselves. These individuals are distributed proportionally among the age categories. 102 of the affiliates to an EPS reported having a family member who pays for their medical expenses. 30% of the individuals, both those under eighteen years of age and those over 60, indicated that their medical expenses are paid by a family member. Forty individuals pay for their medical expenses with prepaid medicine and six pay through an Integral attention plan for displaced population due to violence. 150 of the 624 individuals interviewed indicated that they pay their own medical expenses. Ninety eight of the 150 are affiliated to an EPS and forty have prepaid medicine. There are twelve individuals who are called "vinculados;" these "vinculados" are individuals who have not been able to access the health system, either due to not completing the interview or not being affiliated to an ARS despite having the right to one; this sector only has two alternatives, either pay for private insurance, or remain without health coverage. Twelve "vinculados" represents 2% of our sample. This rate of 2% is considerably lower than the percentage of individuals who are "vinculados" nationally. There are twenty million vinculados in Colombia.

The difference between the group means among the variable "individual health" and the individuals affiliated to an ARS is highly significant ($p = 0.014$). The difference between the group means among the variable "individual health" and the individuals affiliated to an EPS is not significant. It can be said that the individuals affiliated to an ARS have poorer health than those affiliated to an EPS. However, this cannot be blamed on the ARS; rather it is a sad consequence of poverty. With a significance of 5%, there

is an association between individuals affiliated to an ARS and individuals who only receive part or nothing of the treatment needed ($r = 0.492$).

D. Accidents

The following table indicates the types of accidents individuals have suffered, the frequency of the accidents and the percentage represented:

Type of accident	Frequ.	%	Type of accident	Frequ.	%
Traffic accident	71	36	Criminal aggression	8	4
Accident at home	43	22	Accident in leisure time	45	23
Accident at work	21	10	Others	10	5

187 of the interviewed individuals have suffered one or more accidents: 177 suffered one accident. Nine have suffered two accidents and one has suffered three (traffic accident, accident at home, and criminal aggression). Three of the nine who suffered two accidents, suffered a traffic accident and an accident at home. Two individuals have suffered a traffic accident and an accident at work. One individual suffered an accident at home and some other accident. One suffered an accident in leisure time and some other. One more individual suffered a traffic accident and some other. The other individual suffered a traffic accident and a criminal aggression. Thirty eight of the 187 individuals who suffered accidents have some sort of limitation as a consequence. 16 (42%) of these thirty eight individuals with a limitation, have a limitation due to a traffic accident. Six have limitations due to an accident at home, eight due to an accident at work, two due to a criminal aggression, and six due to an accident in their leisure time. The following table documents the types of accidents, the frequency and the percentage of suffering a limitation due to that accident:

Type of accident	Frequency	Frequency of limitations	% of limitation
Traffic accident	71	16	23
Accident at home	43	6	14
Accident at work	21	8	38
Criminal aggression	8	2	25
Accident in leisure time	45	6	13

As seen in this table, work related accidents present the highest percentage of limitations, followed by accidents due to criminal aggression and traffic accidents. The ability to work of the fifteen individuals, almost 40% of those with accidents, has been reduced to less than 30%. The ability to work of six individuals (16%) has been reduced to 30%, and of nine individuals (24%) has been reduced to 50%. The ability for another nine individuals (24%) is reduced to more than 50%. Work related accidents cause the highest rate of reduction of the ability to work: 67% of individuals with a limitation due to these accidents have a reduction of over 50% in their ability to work. Traffic accidents, criminal aggression and accidents at home leave 50% of individuals with limitations and with a working ability reduction of over 50%. Twenty individuals (53%) of the thirty eight who had a limitation due to an accident have sustained economic losses because of the limitation. Only six of these individuals with economic losses due to their limitation, meaning 30%, receive some sort of economic aid. Four of these receive aid from family, one from friends, and one from private insurance. Only one individual's aid covers 100% of the losses; for the others, the aid only covers 50% of the losses. 156 of the 187 individuals who have suffered accidents have been able to return to their work life completely; twenty two have done so in part and four have not been able to work again.

The following table shows the frequency and percentage of reintegration to working life, five (3%) individuals did not answer this question:

Reintegration	Frequency	% from 187 Individuals with accidents
Complete	156	83
In part	22	12
Not at all	4	2

Seventeen of the thirty eight individuals who suffer a limitation due to an accident have been able to return completely to their work-life, while fourteen have done so in part and four have not been able to return to work. The greatest problems encountered when attempting to return to work are for individuals whose limitations are due to accidents in their leisure time, i.e. traffic and work related. From this data it can be concluded that due to the negative effects on the integrity of individuals, the most damaging accidents are work-related, traffic accidents and criminal aggressions.

3. CURRENT DAILY LIFE

A. Nicotine and/or alcohol consumption

120 of the individuals interviewed, smoke currently. This represents 19% of the interviewed population. Seventy two individuals (12%) smoke up to five cigarettes a day, forty five individuals (7%) smoke from six to twenty cigarettes a day, and only two individuals smoke over twenty cigarettes daily.

The following table shows the present consumption of nicotine:

Consumption of nicotine	Frequency	% from the 120 smokers
Up to 5 cigarettes daily	72	60
From 6 to 20 cigarettes daily	45	38
Over 20 cigarettes daily	2	2

229 individuals have smoked in the past, approximately 37% of all interviewed and the fact that half of these have stopped smoking is good news. However, it is also the fact that ninety seven individuals still smoke. Also, it means that 23 individuals are “new smokers.”

Of the individuals who smoked in the past, 112 or 18% smoked on average up to five cigarettes a day, eighty individuals (13%) smoked from six to twenty cigarettes daily and seventeen individuals (3%) smoked over twenty cigarettes a day. From this data, it can be concluded that not only half of the individuals have stopped smoking, but also that the current smokers have considerably reduced their nicotine consumption.

The following table shows nicotine consumption in the past. (20 individuals who used to smoke did not respond):

Consumption of nicotine	Frequency	% from 229 smokers
Up to 5 cigarettes daily	112	49
From 6 to 20 cigarettes daily	80	35
Over 20 cigarettes daily	17	7

108 individuals interviewed (17%) drink an alcoholic beverage at least once per week and thirty nine of these presently smoke as well. This means that 30% of smokers also drink an alcoholic beverage at least once per week and 60% of smokers do not. Sixty four individuals, (60%) of those who drink alcohol, drink up to eight beers per week. Twenty two individuals, (20%) drink up to two beers per

day and eight individuals drink up to three beers a day. Twenty two individuals drink an average of one bottle of liquor per week and eight drink on average two bottles per week. Three of the eight individuals who drink two bottles of liquor per week also drink up to two beers per day. Those who drink on average one bottle of liquor per week also drink beer.

The following table shows the present alcohol consumption:

Beer consumption	Frequency	% of 108 individuals
Up to 8 beers per week	64	60
Up to 14 beers per week	22	20
Up to 21 beers per week	8	7

Licquor consumption	Frequency	% of 108 individuals
On average 1 bottle per week	22	20
On average 2 bottles per week	8	7

In the past, 206 (33%) individuals drank some sort of alcoholic beverage at least once per week; only eighty one individuals who drank in the past, still drink. This means a 50% reduction in the alcohol consumption, the same as with nicotine consumption. Seventy nine individuals, (38%) of those who used to drink beer, drank on average up to one beer daily. Seventy four individuals, (36%) of those who drank beer, consumed between two and three beers daily and sixteen individuals drank more than three beers daily. It can also be said that those who still drink, also drink less than before. There is no significant association between the consumption of alcohol and "individual health".

B. Depression and communication

103 individuals of all interviewed, (16.5%) have at some point thought about ending their life. The difference between the group means between “individual health” and those who have ever thought about ending their life is highly significant ($p = 0.000$). This fact shows the validity of looking at the health status from the point of view of the individual. If the individual says they are unwell, the individual is also sad and depressed, and sometimes thinks of committing suicide. If 16.5% of the population of Bogotá has ever thought about ending their life, it is an alarming sign. Poverty and depression are directly related. In order to overcome depression, it is also necessary to overcome the precarious conditions of life. In other words, it is necessary to overcome poverty. There is also a significant association between the intent of suicide and physical pain. Fortunately, fifty seven individuals, over half, have been able to talk to someone about their intentions to commit suicide. Unfortunately, these conversations were unable to mitigate the physical pain.

C. Preventive behavior

Over half of the women interviewed (52%) visit the gynecologist every year. 13% go to the gynecologist only in case of illness. 17% never go to the gynecologist. 5% only go every three years and 10% go every two years. Unfortunately, men’s preventive visits to the urologist are inverse to women’s preventive practices. Over half of the men interviewed, (55%) never go to the urologist. 25% visit their urologist only in case of illness, 15% go every year, 4% every two years, and 1% every three years.

The difference between the group means between the variable “individual health” and the frequency of women visiting their gynecologist and men their urologist is highly significant ($p\text{-value} < 0.001$).

The following table shows women and men’s preventive behaviour:

Visit	Never	Every 3 years	Every 2 years	Every year	Illness
Gynecologist	77	18	40	204	52
Urologist	125	3	8	33	58

The condition of one's dentures can serve as an indicator of the individual's health. An individual with a complete denture, or almost complete, shows good preventive behavior. One can assume that this individual regularly brushes their teeth. 199 individuals, (32%) of all interviewed have complete dentures. Thirty three individuals, (5%) do not have any of their teeth. Ninety nine individuals, (16%) conserve up to twenty teeth and 281 individuals (45%) still have more than twenty teeth. 2% of the 624 individuals interviewed did not respond. The condition of an individual's dentures is significantly related to the age. This result seems logical.

D. Health risk factors

One health risk factor is the *Body-mass-Index* (BMI). This index is calculated with the individual's weight and height. The formula is: $BMI = \text{kg}/\text{m}^2$. A BMI below nineteen indicates a condition of being underweight. A BMI of 19.1 to 26.9 is considered normal. Overweight is indicated by a BMI between 27.0 and 29.9. A BMI between 30.0 and 39.9 indicates obesity. A BMI above forty indicates a high grade of obesity. The following table shows the frequency of these categories for the interviewed individuals. Unfortunately, only data for 564 individuals was obtained.

Underweight	Normal weight	Overweight	Obese	High grade obesity
40	428	70	24	2
7.1%	76%	12%	4%	0.4%

About 7% of the population is underweight, 12 % are overweight, 4% are obese, and 76% have a normal weight. It is interesting that there is no significant association between individual health and BMI. This means individuals feel well, even if they have a weight problem.

310 individuals interviewed know how their blood pressure is. Thirty seven of the 310 indicated having high blood pressure, 257 normal, fifteen low blood pressure and one did not know. Thirty two of the thirty seven individuals with high blood pressure are not satisfied with that level, four individuals with high blood pressure are satisfied and one did not care. It is not surprising that individuals with a normal blood pressure are satisfied, while only half of those with low blood pressure are satisfied. Thirty of the thirty seven individuals with high blood pressure take pharmaceutical medication. Seven of the fifteen individuals with low blood pressure take pharmaceutical medication and twenty seven of the thirty seven with high blood pressure indicated suffering from a cardiovascular disease. The problem observed is that 50% of those interviewed do not know how their blood pressure is. A great percentage of individuals with high blood pressure knew they had a cardiovascular disease and so take medication. 20% say they still do not get everything and 3% say they do not receive any of the therapy necessary for the management of their disease.

E. Nutritional habits

The following table shows the diet for individuals interviewed: (Unfortunately, only data for 560 individuals was obtained)

Food	Daily	2 or 3 times week	Once per week	Less than once per week	Never
Meat	99	310	116	28	10
Chicken	51	344	127	35	6
Fish	8	65	132	279	79
Yoghurt, milk or cheese	358	100	53	30	21
Sausages, mortadella, processed cold meats	24	63	95	224	156
Ham	14	45	67	232	201
Eggs	168	259	97	27	11
Sardines or tuna	7	62	150	257	82
Potatoes, pasta, yucca (manioc root) or plantain	370	149	28	10	3
Beans, peas, lentil beans or chickpeas	161	232	114	27	8
Vegetables (other than legumes)	298	170	63	16	14
Arepas ("corn pancakes")	79	95	167	166	54
Corn	12	46	108	287	106
Fruit or natural fruit juices	440	77	21	18	3
Bread	437	78	18	14	14
Rice	512	30	5	8	6
Butter	36	16	30	54	419
Oil (cooking)	484	43	13	13	7
Sweets like chocolate bars	105	96	87	174	96
Cocoa drinks	198	159	88	62	51
Coffee	326	103	50	39	42
Refined sugar, brown sugar loaf or honey	473	32	13	16	26

From a European point of view the nutritional situation in Bogotá looks quite good.

The following table shows the diet according to groups of food from most to least frequent:

Food	Daily	Per week			Never
		1 o 2 times	Once	Less than once	
Rice	91%	5%	1%	1.4%	1%
Oil, refined sugar, brown sugar loaf or honey, bread, fruit or natural fruit juices	80%	10%	3%	2.7%	2%
Yogurt, milk, cheese, potatoes, pasta, manioc root or plantain	65%	22%	7%	3.5%	2%
Coffee	58%	18%	9%	7%	7%
Vegetables (other than legumes)	53%	30%	11%	3%	2.5%
Eggs, beans, peas, lentil beans or chickpeas; cocoa drinks	32%	38%	18%	7%	4%
Sweets like chocolate bars	20%	17%	15%	31%	17%
Meat	18%	55%	21%	5%	1%
Arepas ("corn pancakes")	14%	17%	30%	29%	10%
Chicken	9%	61%	23%	5%	2%
Butter	6%	3%	5%	10%	73%
Sausages, mortadella, processed cold meats	4%	11%	17%	40%	28%
Ham	2.5%	8%	12%	41%	28%
Corn	2%	8%	19%	51%	19%
Fish, sardines or tuna	1%	11%	25%	48%	14%

91% daily eat rice. 80% daily consume oil (used for cooking), refined sugar, brown sugar loaf or honey, bread, fruit or natural fruit juices. 65% daily eat yogurt, milk, cheese, potatoes, pasta, manioc root or plantain. 53% daily eat vegetables (other than legumes) and 30% at least consume vegetables once or twice per week Can we look at this data and say that the big majority of the population of Bogotá does enjoy a good daily diet? I think we can say this. Only 18% of the population is daily eating meat and 55% can afford to eat meat two times a week. A good diet

should be composed of 20% proteins, 30% fat and 50% carbohydrates. It seems to me that the majority of the population follows this kind of diet, which is very healthy. We have to suspect that it is also due to poverty that the meat consumption is that low. But, from the European perspective, it seems that Colombian food habits are rooted in a long tradition of very healthy nutritional customs. Unfortunately the above data indicates that about 10% of the population cannot participate in this healthy diet and suffer nutritional deficits.

F. Sexual life

373 (60%) of those interviewed have an active sex life. Again, it is logical to associate sexual activity with age. The largest frequencies of sexual activity were found in the 30 to 45 year old group. The association of gender and a active sex life is highly significant ($p= 0.000$). 57 % of women compared to 72% of men have an active sex life. It is interesting that there is no significant association between active sex life and socioeconomic stratum. The difference of the group means between the variables “individual health” and “active sexual life” is highly significant ($p = 0.018$). Individuals who do have an active sex life have a better individual health. Of the individuals who do not have an active sex life, 12% do not wish to have sexual activity, 60% do not have a partner, 2% are not interested, and 26% have other reasons for not having an active sex life. More than 85% of individuals with a partner refer to having a good, or very good, communication with their partners, 9% have poor or very poor communication, and 6% do not speak in any way with their partners about this subject. 26% of the individuals interviewed are very satisfied with their sexual life, 47% pretty satisfied, 18% are somewhat satisfied, 5% are not very satisfied, and 4% are not satisfied at all with their sexual life.

The table shows satisfaction with sexual life.

Satisfaction	Very	Satisfied	Somewhat	Not very	Not at all
Frequency	160	284	11	30	24

372 individuals, almost 60% of the 624 interviewed, are afraid of getting AIDS. What is surprising is that only 219 of those 372 individuals who are afraid of getting AIDS have an active sex life. 153 individuals who do not have an active sex life nevertheless are afraid of getting AIDS. We know that 340 individuals protect themselves from getting AIDS. 115 of them do not have an active sex life and not having an active sex life is a very effective way of not getting AIDS. 146 individuals have an active sex life and do not protect themselves from AIDS; this is an alarming number and requires intense informative activities about the danger and risks associated with AIDS. 308 individuals have a partner or are married. 340, (52%) of all individuals interviewed use protection to avoid getting AIDS. However, only 48% of the women do so compared to 68% of men. A significant association exists, in that men protect themselves significantly more than women from getting AIDS. In order to protect themselves from AIDS, 110 individuals use condoms, three ask their partner to get tested, 136 are faithful to their partner, forty three use condom and faithfulness, two use condoms, faithfulness and get tested, twenty seven use some other type of protection for AIDS, four individuals use condoms and some other type of protection, fourteen use fidelity and some other type of protection, and one uses a condom, testing, fidelity and some other type of protection.

4. FAMILY LIFE

A. Marital status

622 of the 624 interviewed answered the question, "What is your marital status?" 243, almost 39% are single, 199 (32%) are married, 109 (18%) live together and 71 (11%) answered other.

The following table shows the marital status for those interviewed:

Marital status	Single	Married	Living together	Other
Frequency	243	199	108	71

The difference of the group means between the variables “individual health” and the marital status of the individual is highly significant ($p < 0.001$). Those who are single report a poorer individual health than those who are married or living together. Those who are married have the best individual health. With a significance of 5%, there is an association between gender and marital status ($p = 0.009$). Women and men are equally benefited from marriage or living together. However, there are 5% more women who are single than men and therefore, more women have poorer health. It is also interesting, and significant, that 7% of women report “other” as their marital status compared to 14% of men. In this category, men show a better health. It was a fault in the questionnaire not asking whether or not the individual was divorced, or separated, because this category could also correspond to the categories single or other. However, now we cannot distinguish them.

B. Children

383, (62%) of those interviewed have had children. 39% of those who have children have two, 22% have one child, 16% have three, 13% have four, and 3% have five. Seven individuals reported having six children, three reported having seven, one reported having eight, seven reported nine children, five reported having ten children, one reported eleven and three reported having twelve children.

The following table shows the frequency of children:

Number of children	1	2	3	4	5	6	7	8	9	10	11	12
Frequency of those interviewed	84	149	61	50	12	7	3	1	7	5	1	2

Individuals who have children report a significantly better health than those who do not have children. This fact shows again the importance of family in health. Eighty three of the 383 individuals, who have had children, have at least lost one child by death. Of these eighty three, fifty two have had one child die, twenty have had two children die, three have had three die, and three have had more than four die. Six individuals, who have had children die, did not indicate how many children they have had. The difference in the group means between individuals who have children and the socioeconomic stratum is highly significant ($p = 0.021$). In the lower socioeconomic strata there are more individuals with children than in the higher strata. But there is no association between the number of children and the socioeconomic strata. There is no association between the number of the deceased children and the socioeconomic stratum either. There is a high significant association ($p = 0.002$) between the individuals who have a deceased child and the age of the individual interviewed. This association is logical, since individuals who are older may already have deceased children.

383 individuals, (62%) have children, 366 live with their children, forty eight live with one child, 144 live with two children, forty seven live with three, thirteen live with four, and two individuals live with five children. The difference in the group means between the age and the number of children who live with the individual is significant ($p < 0.001$). The older the individual, the fewer children live with them. This fact seems quite logical. The number of children living with the parents does not have an association with socioeconomic stratum. Eighty three of the 366 individuals, who live with their children, have had an ill child in the past four weeks. The difference in the

group means between the number of children who live with their parents and the children who have been ill in the past four weeks is highly significant ($p = 0.019$). There is no significant association between the children who have been ill in the past four weeks and socioeconomic stratum.

C. Pregnancies

Seven of the 368 women interviewed were pregnant three of the pregnant women have already had children, two are single, two married, two live with their partner, and one woman has another marital status. One woman is 18 years old, two are twenty, one is 22, one 23, and one is 38 years old.

D. Abortions

Twelve wives, or partners, of the 225 men interviewed have had an abortion. Three of these men are single, 6 married, 2 live with their partner, and one has "other" marital status. Nine of the men, whose partners have had an abortion, have already had children. All twelve men have accepted their partner's decision to have an abortion. Sixty one women, almost 10% of the women interviewed, have had an involuntary abortion. Fifty six of have had children, and five have not. There is apparently no association between abortion and socioeconomic stratum. Twenty five women of the 368, almost 6.5%, of those interviewed, reported having a voluntary abortion. The following table shows the age and the number of the twenty five women (number W) who had a voluntary abortion:

Years Age	13	15	18	20	21	22	23	24	25	26
Number W	1	1	1	3	1	1	3	1	2	4

Years Age	29	30	32	34	40	41
Number W	1	2	1	1	1	1

One can see that very young women, thirteen to fifteen years old, have had abortions. Most of the twenty five abortions, sixteen, were performed on women in their twenties. Only four women in their thirties had abortions and two women in their forties.

In twenty cases, a physician practiced the abortion, in three cases a nurse or midwife, in one some other individual, and in one case, the woman performed the abortion herself. Nineteen of the twenty five women who have had a voluntary abortion, have also had children. Apparently there is no significant association between the number of children and abortions. One can say that the abortions do not occur because the woman already has too many children. There is no significant association between abortions and individual health or socioeconomic stratum.

E. Housing

182 individuals interviewed currently live with three other individuals and 120 with four individuals. 107 individuals live with two other individuals, and fifty live with one individual. Seventy nine individuals live with five, twenty nine with six, nineteen with seven, eleven live with eight, and six individuals live with 9 other individuals in their home. Most homes are made up of three or four individuals.

The following table shows the frequency of the type of residence:

Rented house	93	Rented apartment	83
Family house	108	Own apartment	70
Own house	254	Elderly home	2
Other			9

There was no significant difference in the group means between these types of housing and the individual perception of the health status, nor was there a significant difference between housing and socioeconomic stratum.

There was no significant difference in the group means between housing and the variable “difficulties paying the public services”. There was no difference between housing and the variable “enough to live”.

F. Economic situation

The following table shows the responses to the question, “Is it enough to live with your resources?”

Is it enough to live:	Very well	Well	Regular	Poor	Very poor
Percentage of the 624 interviewed	7%	48%	38%	5%	1%

The following table shows the data for the question, “Do you have difficulties paying your rent or public services?”

Difficulties paying rent/services:	Never	Rarely	Usually	Almost	Always
Percentage of the 624 interviewed	34%	35%	22%	8%	0.3%

It is unnecessary to say that there is a highly significant association between the data in the two tables. 352 individuals answered their housing is two square meters. This information may not correspond to the reality of the individuals living in Bogotá. Evidently, neither the individuals interviewed, nor those interviewing understood properly the question, “How many square meters is your house?” There is a highly significant correlation between the number of homes or families in the building where the individual lives and the number of individuals living in the same building ($r = 0.165$). This association seems logical, the more homes, the more individuals. 319 individuals have a house just for their family. 169 individuals share a house with another family, fifty three individuals live in a house with two other families, twenty individuals live with three other families, eight individuals live with four other

families, and thirty six individuals live in a building with five other families, or even up to 40 families. There is no significant association between the number of homes and the socioeconomic stratum.

G. Classification of socioeconomic stratum

Naturally, the answers to question seventy three, “To which socioeconomic stratum does your house belong,” correspond to the sample size by socioeconomic stratum according to size and accessibility as presented by Javier Castañeda in the first chapter of this book. For practical reasons, we present the table again:

Socioeconomic strata	Sample size by strata
1	17 (2.7 %)
2	295 (47.3 %)
3	185 (29.6 %)
4	96 (15.4 %)
5	27 (4.3 %)
6	4 (0.6 %)

The housing conditions for 110 individuals are very good, for 366 they are good, for 133 they are regular, for 10 poor, and for one very poor. Unfortunately, there was no significant association between socioeconomic stratum and many important indicators.

H. Access to and quality of services

Almost 90% of those interviewed have running water, electricity, telephone and sewers. 79% of those interviewed have natural gas. 99% have electricity as their means of lighting and 0.3% gets electricity illegally. 95% of the individuals interviewed cook with gas, 0.3% with coal, 0.5% with gasoline (oil), and 3.8% with electricity. For 96%, the

amount of drinking water is enough for consumption. For almost 29% of those interviewed, the quality of the drinking water is very good, for 66% it is good, for 4% regular and for 0.3% bad. There is no significant association between socioeconomic stratum and the very important indicators for access to, and the quality of services.

The factor analysis shows uni-dimensionality of the variables “access to public services,” “sufficient water provision” and “quality of drinking water.” We calculated the latent variable “life conditions” as factor score (weighted sum of the answers). The loadings then were transformed by regression analysis.

I. Economic contribution to the household

The questionnaire asked how the economic contribution is distributed in the household. Multiple answers were possible and the percentage that the individual, the partner, or others contribute was asked. 152 men, (66%) of the 229 interviewed, indicated economic contribution to the household. The following table indicates how much these men contribute.

Economic contribution to the household in %	Men	% of contributing men
100	84	55
80 - 95	10	7
60 - 70	6	4
50	20	13
20 - 40	22	14
10 - 15	10	7

119 women, (30%) of the 395 interviewed, indicated contributing economically to the household. Thirty eight were responsible for 100% of the contribution.

Economic contribution to the household in % Women
% of contributing women

Economic contribution to the household in %	Women	% of contributing women
100	38	32
70 - 90	19	16
50 - 60	21	18
30 - 40	16	13
5 - 25	25	21

Men who live with their partners contribute significantly less to the household than married men. The same is valid for women and it is interesting to see that women who live together with their partner contribute the same percentage to the household as single men do. Among the 624 individuals interviewed, men's contribution (whether they were men interviewed or the partners of women interviewed) was distributed as follows: eighty four make 100% of the economic contribution to the household. This means that 37% of the men are responsible for the economic support of the household. Eleven men contribute 90%, twenty two contribute 80%, two contribute 75%, and twenty men contribute 70%. One man makes 65% of the economic contribution to the household, thirteen contribute 60%, one 55%, and 124 contribute 50%. This means that a little over half of the men, (54%) make a 50% economic contribution to the household. Thirty two men contribute with 20% to 40%, twelve men contribute between 5% and 15%, and one man contributes with just 1%.

The following table better visualizes this information:

Economic contribution to the household in %	Men	Percentage of the 624 interviewed
100	84	17
75 - 90	35	6
50	124	20
20 - 40	32	5
5 - 15	12	2

Men and women below the age of eighteen usually do not contribute economically to the household. However, there were two interviewed who made economic contributions from 80 to 90%.

J. Participation in socioeconomic decisions

The table below shows how the individuals interviewed take other's opinions into account when making decisions in the household. Since there were no significant differences between men and women, only the average is presented. Six individuals (1%) did not respond.

Participation	Always	Almost always	Sometimes	Hardly ever	Never
% of interviewed	59%	19%	13%	5%	3%

108 women of the 395 interviewed do not have any type of income while thirty eight men do not have an income.

There is no gender difference in the degree of autonomy in the decision of how to spend the money earned. Men and women decide with the same degree of autonomy how to spend the money. Men do not have a considerably larger amount of autonomy than women when making decisions on how to spend the money earned with their work. Probably it is not so much autonomy, instead it is more that men and women share equally. The following table shows this reality:

Autonomy	women	% of women	men	% of men
Yes	204	52	133	58
In part	62	16	51	22
No, not at all	7	2	4	2

On the other hand, there is no significant association ($p = 0.788$) between gender and the degree of conflicts, or discussions at home. The following table indicates the

frequency of men and women, and the percentages for the 395 women and 229 men interviewed:

Frequency of conflicts or discussions at place of residence	Women	% of women	Men	% of men
Never	94	24	63	27
Sometimes	239	60	130	57
Regularly	37	9	24	10
Often	18	5	8	4
Permanently	5	1	3	1

One can say that there is not a big difference in the frequency of conflicts or discussions between men and women in their homes. This association is not significant though. Whether or not conflicts exist is a delicate question, especially if the partner or other member of the family is present during the interview. If the individual is capable and wishes to communicate the answer to this question to the partner, there is a high probability that the answers will be adapted to their needs of protection. The following observation contradicts the hypothesis that most women who were alone with the interviewer did not answer differently than those with others present.

5. PLACE OF RESIDENCE, EDUCATIONAL BACKGROUND AND WORK SITUATION

A. Origin

623 of the individuals interviewed were born in Colombia, while one was born in Venezuela. 344 of the 623 individuals born in Colombia were born in Bogotá. The 279 individuals interviewed who were born in Colombia and came to live in Bogotá were born in 221 different cities from the national territory of Colombia. From Medellín came six individuals, from Tolima and Ibagué four, from Tunja and Pereira three. The following table indicates the variables:

Why move to Bogotá?	Frequency	Why move to Bogotá?	Frequency
Voluntarily	134	Anxiety	1
Lack of work	57	Violence	27
Depression	1	Health problems	7
Fear	2	For other reasons	56

134 individuals came to Bogotá voluntarily, while 151 came for other reasons. Individuals came to live in Bogotá due to unemployment in their original place of residence, or due to violence. Of the fifty six individuals who indicated “other”, we do not know the reason for moving to Bogotá. Reading the interviews, it seems many of these came to Bogotá for family reasons, for example marriage.

The analysis of the reasons for coming to Bogotá and the ages of the individuals show that the number of individuals under 18 years of age, who came due to violence, or other reasons, is twice than in other ages. This fact allows us to say that violence causing displacement has grown a lot in Colombia in the past ten years. Corresponding to this fact, the percent of individuals moving to Bogotá voluntarily grows with age, until the age of 60 when it decreases again.

B. Education

The following table shows the types of educational background that the 581 individuals who answered this question have:

Type of education	Individual(s)	%
None	4	0.6
Elementary	173	28
High school	191	31
Technical/vocational	109	18
University	72	11.5
Postgraduate	27	4.3
Masters	5	0.8
Doctorate	0	0
Post doctorate	0	0
No response	43	7

There is no significant association between type of educational background and gender. It cannot be said that men have a higher level of education than women.

The following table shows the educational level individuals would like to have:

Type of education	Individual(s)	%
None	0	0
Elementary	2	0.3
High school	14	2.2
Technical/vocational	50	8
University	164	26.3
Postgraduate	95	15.2
Masters	30	4.8
Doctorate	22	3.5
Post doctorate	83	13.3
No response	164	26.3

There are no significant differences between the hopes of men and women with regard to the educational level desired. With this data it can be demonstrated individuals' great desire to advance in their educational formation; 64% of those interviewed hope to attain their educational goal. This data shows, in my opinion, the sad reality for many in Bogotá of not being able to access the educational goal desired.

More proof that the population of Bogotá seeks to improve their educational background is the fact that 150 individuals, (24%) of those interviewed, are studying. Forty eight, (76%) of those under eighteen, are studying. Likewise, seventy seven (40%) under 30 years old, twenty (10%) under 45 years of age, and five (5%) under sixty are studying. The fact that 10% of those studying are between the ages of thirty and forty five demonstrates the great efforts and sacrifices individuals in Bogotá perform in order to achieve their educational goals. In addition it demonstrates the need to await a certain age in order to be able to achieve them. The environments of their places of study are good, or very good, for ninety five of the 150 individuals

who are studying. This means that 63% of the students reported a good, or very good, quality environment. For thirty four individuals, the quality of the environment is regular, for ten it is poor, and for three very poor. The difference in the group means between the type of educational background and the individual's perception of health status is highly significant ($p < 0.001$). The higher education an individual has, the better their individual health.

C. Work situation

The work situation is as follows:

Situation	Individuals	%	Situation	Individuals	%
Independent worker	190	30	Unemployed	172	28
Employee	174	28	Other	87	14

A rate of 28% of unemployment seems severe, meaning it should have consequences on the individual's health status. The difference in the group means between individual health and current work situation with $p = 0.060$ is barely significant. Unemployed individuals do have a poorer health than those who are employed. The work situation of eighty seven individuals, (14%) of the 624 individuals interviewed, unfortunately is not specified. We only can suspect that many women, who are working as cheap domestic workers, belong to this unspecified category. Unfortunately we also failed to include the category "housewife."

Seeing these results, it is not surprising that only 22% of the 624 individuals interviewed reported having achieved their professional goal. Of the 485 individuals who have not achieved their professional goal, 70% hope to achieve it.

364 of the 624 individuals interviewed currently have an independent job or are employed. 372 individuals answered the question about how many hours per week

they work. There are eight more individuals working than indicated in the previous table. Eighty eight individuals (14%) work more than forty eight hours per week. 156 individuals (25%) work full-time, which is forty eight hours per week. Seventy six individuals (12%) work half-time (24 hr/wk), and fifty two (8%) work less than fifteen hours per week. This data allows us to say that to an unemployment rate of 28%, one must add a sub employment of at least 8%.

The following table shows the weekly hours of work for the 372 individuals with a job:
(66% of all respondents)

Work	Over 48 hours	48 hours	24 hours	Less than 15 hours
Frequency	88 (14%)	156 (25%)	76 (12%)	52 (8%)

To the question, "How many hours in average do you work per week, including household work," 586 individuals answered. In their responses, it is seen that a considerably larger number of hours is indicated; 20% of the 624 individuals interviewed reported working between 60 and 80 hours per week. 23% of the 624 individuals interviewed do not have a vacation day during the year, 18% have between one and fourteen days, 25% have fifteen vacation days per year, and 12% have up to thirty days for vacation per year.

The following table shows the vacation days per year:
(Fifty five individuals did not answer this question)

Days per year	None	Between 1 and 14	15	From 16 to 30	Up to 60	Up to 120
Frequency	145	119	146	76	29	54

53% of individuals with a job have one job, 3.4% have two, and 0.6% and 0.8% have three to four jobs respectively. 40% of individuals working do not have a stable job, while

60% do. For individuals who hold steady or stable jobs, the work environment is good or very good. For 30% of individuals who have a job, the quality of the environment is normal, for 4% it is poor, and for 1% very poor. It can also be seen that those who do not have a stable job have poorer working conditions. The association between a stable job and good quality work environment is highly significant ($p < 0.001$).

The difference in the group means is significant ($p = 0.005$) between the individual health and a stable, or unstable job. If you have a stable job your health is much better.

D. Satisfaction with work

The factor analysis has demonstrated that the variable “do you like your work” with the answers “very much, a lot, regular, little or not at all,” the variable “your contributions are recognized by your co-workers” with the answers “a lot, somewhat, or not much,” the variable “do you take part in decisions at work” with the answers “always, almost always, often, hardly ever, and never,” measure the same dimension that can be called “satisfaction with work.” So we calculated the variable “satisfaction with work” as a factor score (weighted sum of the answers). The loadings then were transformed by regression analysis. There is a highly significant association between the variables “satisfaction with work” and “perception of the health status” ($r = 0.419$).

6. SOCIAL RELATIONSHIPS

A. Social network

For 73% of the 624 interviewed, the circle of friends is made up by more than three friends. For 20%, it is made up of one or two friends, and 7% have no friends.

The following table shows the friendships:

Friendship circle	More than 3 friends	One or two friends	None
Frequency	456 (73%)	124 (20%)	42(7%)

The difference in the group means between the variable “circle of friends” and “individual health” is significant ($p = 0.009$). Between the variable “circle of friends” and “present illnesses” there is no significant association.

B. Quality of social relationships

In 80% of the cases, all the friends decide together what will be done. In 11%, the interviewed individual is the one who decides and in 3% a different individual decides. 3% do not know who determines the plans for the group. With a 5% significance level, there is an association between the circle of friends and the answers for who decides in the group ($p < 0.001$). In groups with more than three friends, 86% of them decide together. In groups of one or two individuals, there is a tendency that the individual interviewed is the one to determine the plans for the group. In 22% of the groups with one or two friends the individual interviewed decides and only in 68% do all decide together. The classical way to interpret this state of affairs is, “In a large social network it is necessary to decide together.” So individuals who tend to decide for themselves have a smaller social network.

The following table reproduces these results:

Who determines/decides in the group	One of two friends	More than in the three friends
All together	68%	86%
Oneself	22%	9%

C. Violence

The interviewers showed individuals a list with examples of three types of violence: family violence, common

violence, and violence from the government or organizations against the state/ government. Below is a copy of the list.

FAMILY VIOLENCE

1. Rejection	7. Prohibition to leave household.	13. Limiting social contact
2. Threats	8. Humiliation	14. Fear of the partner
3. Beatings	9. Sexual violence	16. Threat of abandonment
4. Offensive language	10. Neglect	17. Threat of taking children away
5. Injustices	11. Exclusion in decision making process	18. Limited contact with family members (parents, siblings, etc).
6. Feelings of abandonment	12. Denial of property	19. Possessiveness (Wanting to know where, how and with whom you are)
20. Others, which?		

COMMON VIOLENCE

1. Fraud	8. Kidnapping
2. Theft	9. Torture
3. Armed robbery	10. Discrimination
4. Physical abuse	11. Displacement
5. Psychological abuse	12. Work exploitation
6. Sexual abuse	13. Economic exploitation
7. Rape	14. Others, which?

VIOLENCE FROM THE GOVERNMENT, OR ORGANIZATIONS AGAINST THE STATE

1. Unequal treatment of women
2. Reduced access to social compensation
3. Lack of possibilities or access to education and formation
4. Abuse by the police or military
5. Arbitrary arrest
6. Irregular payment of salaries
7. Lack of State assurance of a minimal income
8. Lack of public security
9. Civil war, guerrilla, militia, paramilitary groups
10. Others, which?

180 of the 624 individuals interviewed were victims of some form of family violence. 112 were victims of common violence, and thirty three of violence from the government, or organizations against the state/ government. The following table presents these facts:

Type of violence	Individuals	Percentage from 624 Individuals
Family violence	179	29
Common violence	255	41
Violence from the government or organizations against the state/ government	80	13

There is only significant association ($p = 0.001$) between socioeconomic stratum and family violence, not between socioeconomic stratum, common violence, and violence from the government or organizations against it. The difference of the group means between a history of common violence, violence from the government, or organizations against the state/ government and individual health is not significant ($p = 0.650$).

The following table documents family violence within each socioeconomic stratum (Estr.), the individuals interviewed per stratum (Pers. int.), the frequency, and the percentage (%) of the form of violence in each stratum.

Estr.	Pers. Int.	Frequency of family violence	%
1	17	5	29
2	295	98	33
3	185	44	24
4	96	26	27
5	27	5	16
6	4	2	50

Due to a small number of individuals in the groups, only data for stratum 1 to 4 could be analyzed. It could be

said that in these four stratum there is family violence in almost 30% of the families, a terrible fact. The difference in the group means between family violence and the personal perspective of individual health is not significant ($p = 0.136$).

This result is surprising and requires an interpretation. The family is the main resource for individual health, and if there is a lack of protection, individuals find themselves in a state of maximum vulnerability. In the interviews, many women with a history of family violence reported getting a separation from their husband in order to protect themselves and their children—thus creating better health conditions for the children. This may explain why, despite a high percentage of family violence, the individual health conditions are not affected. However, this interpretation is hypothetical given the investigational method, which is punctual, and does not allow temporal references concerning when family violence occurs. This observation is also valid for all interpretations that imply any diachronic consideration. We have a high level of violence. How did the individuals react who suffered the violence? The following table shows the relative data:

Type of violence	Silence	Reporting it	Public denunciation
Family violence	78	19	3
Common violence	75	21	4
Violence from the government or organizations against the state/ government	85	14	1

A silent majority cannot report publicly or denounce the violence suffered. Given this fact, it is sadly clear that due to unawareness, violence cannot be punished and stopped. This fact has consequences for the entire society of Bogotá. Six of the 180 individuals who were victims of family violence publicly denounced the event. Five of the 117 individuals who were victims of common violence

denounced it publicly and one of the 33 victims of Violence from the government or organizations against the state/ government denounced this publicly. In only thirteen of these cases was the guilty party found, arrested and sentenced.

The following table shows whether a family member of the 624 individuals interviewed has been a victim of any type of violence:

Family member is victim violence	Individuals	Percentage from of 624 interviewed
Family violence	129	21
Common violence	245	39
Violence from the government or organizations against the state/ government	83	13
Traffic accident	155	25

The results of the last two tables are very similar. We can say that the violence reported for oneself is about the same amount as that suffered by other family members.

22% of the 624 interviewed have had someone in their family who died in the past year, and of these 132 family members who died, 7% suffered a natural death, 10% died because of an illness, 1.4% died due to an accident, and 2.4% (17 family members) died due to homicide. The guilty parties for these homicides were never discovered, arrested, or sentenced according to the questionnaire.

D. Civilian security

The following table shows the quantity and percentage of the 624 who have been victims to some type of corruption:

Type of corruption	No.	%	Type of corruption	No.	%
None	469	75	Bribery	24	4
Arbitrary act	55	9	Nepotism or favoritism		
			by others	33	5
Theft	70	11	Others	6	1

40% of those interviewed report feeling effectively protected by the state (police). Thrity four individuals (5.4%) report being the author, or accomplice, of a violent act. Of these thirty four individuals, seventeen have participated in a violent act once, eleven two or three times, and five individuals more than three times. In five instances, the violent act was family violence, twenty one were personal violence, and six times the violence was political or state violence.

E. Social participation

We do not understand why there are only 227 individuals (35%) of the 624 interviewed who answered the question of whether they exercise their right to vote in local, regional and national elections. We suspect that the concentration and will in order to answer this question already lacked at the end of a long questionnaire.

The following table documents the frequency of the responses to the question, “Do you exercise your right to vote?”

Election level	1. Always	2. Almost always	3. Regularly	4. Rarely	5. Never	Total
Local	90 = 37%	30 = 13%	14 = 6%	28 = 12%	65 = 29%	227
Regional	73 = 32%	33 = 15%	12 = 5%	22 = 10%	86 = 38%	226
National	104 = 46%	36 = 16%	15 = 7%	23 = 10%	49 = 22%	227

70% of the 624 interviewed stated that there are not enough women running for elections; this is reported by 76% of the women and 68% of the men interviewed.

The next table documents the frequency of the responses to, “Do the representatives elected by the individuals take care of the needs of the citizens?”

Election level	1. Always	2. Almost always	3. Regularly	4. Rarely	5. Never	Total
Local	90 = 1.6%	16 = 3%	107 = 19%	222 = 39%	209 = 37%	227
Regional	6	17	98	210	230	561
National	10	29	111	209	202	561

We can say that the attitudes of the citizens towards their elected representatives are characterized by great skepticism. 7% of the 624 interviewed say that the rights to freedom of opinion, speech, press, and freedom to coalition (i.e. form political parties, join labor unions, etc.) are always guaranteed in Bogotá. 17% stated that they are almost always guaranteed, 31% stated not always, 24% stated rarely, and 20% said they are never guaranteed in Bogotá. 20% of the population of Bogotá denies the existence of civilian, social and political rights in Bogotá.

The following table shows the situation of the political rights:

Political rights guaranteed	Always	Almost always	Not always	Rarely	Never
Frequency	45 (7%)	104 (17%)	192 (31%)	152 (24%)	120 (20%)

7. QUESTIONS ABOUT THE FUTURE

19% of the 624 interviewed see a very positive future, 50% see it as positive, 22% are neutral, 9% are negative, and 1% are very negative. To a European observer, these results are amazing; that there are many individuals with a great deal of needs, yet only 70% of the population sees a positive future and only 22% have a neutral outlook.

The following table shows individual's thoughts about the future:

Thoughts	Very positive	Positive	Neutral	Negative	Very negative
Frequency	121 (19%)	307 (50%)	134 (22%)	53 (9%)	7 (1%)

The same positive attitude can be seen towards children and grandchildren. 34% believe their children and grandchildren will do much better, will have a much brighter future than they did, 44% believe they will be better, 8% believe it will be the same, 12% think it'll be worse, and 1.3% believe it'll be much worse for them. 26% of the 624 interviewed never think about their death, 44% think rarely

about their death, 19% think often about their death, 8% think almost always about their death, and 3.5% think about their death always. 30% of the 624 do not feel frightened or afraid when they think about their death, 16% is somewhat afraid, 13% more or less afraid, 10% a lot, and 5% very afraid. There is no significant association between the answers to the questions about the future and the individual health.

Conditions during the interview

The interviewers were alone with the individual during the development of the questionnaire in only 40.7% of the 624 interviews. In 44% of the interviews there were interruptions during the questionnaire application.

II. HEALTH IS A FUNCTION OF THE INDIVIDUAL AS A MEMBER OF A COMMUNITY

1. SUMMARY: SIGNIFICANT CORRELATIONS BETWEEN THE LATENT VARIABLE "HEALTH OF THE INDIVIDUAL," AND OTHER VARIABLES

A. Individual health and history of past and present illnesses of the Individual

We remind the reader that the latent variable "health of the individual" expresses the individual's perception of health status. The difference in the group means between the variable "individual health" and individuals with cardiovascular diseases, Diabetes mellitus, and digestive diseases is highly significant (all: $p < 0.001$). The difference between the group means is also highly significant between individual health and nutrition diseases ($p = 0.005$), acute respiratory diseases ($p = 0.028$), and tropical diseases ($p = 0.038$). The difference in the group means between the variable "individual health" and individuals with genitourinary, musculo-skeletal, chronic respiratory and neuropsychiatric diseases is also highly significant ($p < 0.001$). The difference in the group means between the variable

“individual health” and dental diseases is significant ($p = 0.023$). The difference in the group means between the variable “individual health” and maternal diseases is almost significant ($p = 0.39$). If there is a history, or presence, of the illness there is less individual health. There is a strong correlation between the subjective perception and the objective facts. The difference in the group means between the variable “individual health” and the individuals who need a therapy for the management of their illness is highly significant ($p < 0.001$). The difference in the group means between the variable “individual health” and the individuals who currently take medication is not significant ($p = 0.243$). The difference in the group means between the variable “individual health” and the individuals who receive everything, part or nothing, of the necessary therapy is significant ($p = 0.026$). Individuals who do not receive everything of the necessary therapy, or who receive nothing of the necessary therapy, have a worse “individual health” than the individuals who do receive everything necessary. We have already stated how individuals affiliated to an ARS have worse health than those affiliated to an EPS. This fact is not caused by the ARS, but it is more a sad consequence of poverty and poor life conditions.

B. Individual health and present daily life

The difference in the group means between the variable “individual health” and the individuals who smoke is not significant; neither is the difference between “individual health” and the average number of cigarettes consumed by the smokers. The difference in the group means between the variable “individual health” and the individuals who smoked in the past is highly significant ($p = 0.004$). The difference in the group means between the variable “individual health” and the individuals who drink alcoholic beverages is not significant. The difference in the group means between the variable “individual health” and the individuals who have ever thought about ending their lives

is highly significant ($p = 0.000$). The difference in the group means between the variable “individual health” and the frequency with which women go to their gynecologist and men to their urologist is highly significant ($p < 0.001$). To interpret this fact, one must examine the association between this preventive behavior and individual’s educational background. The association is significant ($p = 0.001$). The better the educational background (higher level) the more preventive behavior there is. The educational level needed to have this preventive behavior is that of a technical/vocational education and not of a university, or postgraduate study. In order to obtain a better level of preventive behavior, we need to educate the population more!

The difference in the group means between the variable “individual health” and the number of teeth individuals conserves is highly significant ($p < 0.001$). The difference of the group means for the variable “pain” and number of teeth conserved is also significant. Individuals who conserved more teeth have better health than those with less teeth conserved. It seems logical that individuals with fewer teeth conserved have more pain than those with more teeth. The number of teeth conserved can be seen as an indicator of preventive behavior. Good preventive behavior means better health. Better health means more teeth and less pain. We have already stated how interesting it is that there is no significant association between individual health and the BMI categories, meaning individuals feel good despite possibly having a weight problem.

We have also stated that the difference in the group means between the variable “individual health” and the variable “active sex life” is highly significant ($p = 0.018$).

C. Health and Family life

Marital status

We have already stated that the difference in the group means between the variable “individual health” and the marital status is highly significant ($p < 0.001$). Singles

have poorer individual health than individuals who are married or living together. Of all, married individuals have the best individual health.

Children

The difference in the group means between the variable “individual health” and the individuals who have had children is highly significant ($p < 0.001$). We have already stated that if the individual has had children, their perception of individual health is significantly better than the health status of those who have no children. This fact shows once again the importance of family on health. It is quite interesting that there is no association between children living with the individual and socioeconomic stratum, or between having children and stratum.

We had also reported that there is no significant difference in the group means between abortions and individual health. Apparently, there is no association between abortion and socioeconomic stratum. We have already spoken about housing and health, and there is no need to add that the process of classification of individuals into the different stratum is not very sensitive to the individual’s living conditions. There is no correlation between the average number of individuals in the household and the individual’s perception of individual health. The difference in the group means between the variable “individual health” and the socioeconomic stratum is significant ($p = 0.042$).

D. Individual health and place of residence, educational background and work situation

The difference in the group means between the variable “individual health” and the educational background is highly significant ($p < 0.001$). The more education an individual has had, the better their health status. The difference in the group means between the variable “individual health” and present work situation is barely significant ($p = 0.060$).

E. Satisfaction with work

Between the variables “satisfaction with work” and “individual perception of health status” there is a highly significant association ($r = 0.419$). The more an individual is satisfied with their work the better their health status. There is a significant difference in the group means ($p = 0.005$) between individual health and a stable or unstable job. The results show the importance of stable job-relations and satisfaction with the job for the individual health.

F. Individual health and social relationships

This analysis allows us to show that friends are important for the individual health; there is a significant relation between health and the number of friends. When an individual has no friends, but does have four family members who live with them, these four are socially and emotionally better able to compensate for the lack of friends. The frequency table for question 112 clearly indicates that individuals feel excluded, lonely, and unwell without friends. Concerning the individual health family members can make up the loss of friends. The difference in the group means between family violence and the individual perception of individual health is not significant ($p = 0.136$). We have also said that the difference in the group means between the variable “individual health” and a history of common violence, and violence from the state is not significant (0.650).

2. SUMMARY: SIGNIFICANT CORRELATIONS BETWEEN THE VARIABLE “PHYSICAL PAIN” AND OTHER VARIABLES

In chapter 2.1.1, we saw that the variables “physical pain in the last four weeks” and “difficulty with work due to pain in the last four weeks” have a strong correlation with the latent variable “individual health,” apparently, individuals in Bogotá differentiate between physical pain and their perceptions of health status. Physical pain and their perceptions of health measure two different dimen-

sions, not the same one. What variables are associated with physical pain? Answering this question seems important for education on individual health. Knowing which variables are associated with physical pain is important in order to know where to create the possibility for expression of pain in the society of Bogotá, and in order to learn to associate this with health. 288 individuals, of the 624 interviewed, have suffered physical pain in the last four weeks. This means that almost half of the population had suffered some type of physical pain and this fact deserves maximum awareness.

The following summary presents the significant associations ($p < 0.05$) with a significance level of 5% between the variable “physical pain in the past four weeks,” the variable “work made difficult by physical pain in the last four weeks,” and other variables from the questionnaire. I will not present each p-value for every variable, only when there is a barely significant association. Usually, when there is an association between one of the variables of pain and a variable in the questionnaire, there is also an association with the other pain variable. There is an association with the variable “currently receiving everything necessary for the management of the disease” ($p = 0.036$ for variable eight and for variable 9 ($p = 0.022$)). Those who receive everything necessary have less pain. There is an association between the variables “physical pain” and “traffic accident” ($p = 0.004$). There is an association between variable nine (work made difficult by physical pain) and the variable “traffic accident” ($p = 0.002$). There is an association between “physical pain” and “criminal aggression” ($p = 0.032$). There is an association between “work made difficult by physical pain” and “criminal aggression” ($p = 0.05$). There is an association between “physical pain” and “to what extent has your working capacity been reduced” ($p = 0.004$). There is an association between “work made difficult by physical pain” and the variable “to what extent has your working capacity been reduced” ($p = 0.001$). There is an association between the

variable “physical pain” and the variable “how many cigarettes do you smoke” ($p = 0,031$). Interestingly, smokers have physical pain, but do not associate this with their health.

There is an association between “physical pain” and the variable “have you ever thought about ending your life” ($p < 0.001$). Individuals suffer physical pain and know their health is poor. There is an association between individual health and the variable “have you ever thought about ending your life.” There is an association between the variable “physical pain” and the variable “how many teeth do you conserve, or how many teeth do you have” ($p < 0.001$). Having less teeth equals less pain; interesting how it does not equal worse health. There is an association between the variable “work made difficult by physical pain” and “how many teeth you still have” ($p < 0.001$). With growing age, there are fewer teeth and thus less strength to work.

There is an association between the variable “physical pain” and “marital status” ($p = 0.016$). However, the groups are too small and thus one cannot state that singles are in more pain than those who are married, or living together. There is an association between the variable “work made difficult by physical pain” and the variable “marital status” ($p = 0.001$). It seems individuals living together have more difficulty due to pain than singles. There is almost an association between the variable “physical pain” and the variable “death of a child” ($p = 0.055$). However, is the cause of this association just an individual’s growing age? The variable “physical pain” has an association with the variable “age groups” ($p = 0.042$), and the variable “work made difficult by physical pain” has a highly significant association with the variable “age groups” ($p < 0.001$).

There is an association between the variable “work made difficult by physical pain” and the variable “death of a child” (0.009). There is an association between the variable “physical pain” and “resources are enough to live” ($p < 0.001$); the more economic resources, the less pain.

There is an association between the variable “work made difficult by physical pain” and “resources are enough to live” ($p < 0.001$). There is an association between the variable “physical pain” and “difficulties paying public services” ($p = 0.000$). The frequencies here are clearer, the more difficulties there are mean that much more pain. There is an association between the variable “work made difficult by physical pain” and the variable and “difficulties paying public services” ($p < 0.001$).

There is an association between the variable “physical pain” and the variable “circle of friends” ($p = 0.003$); the more friends, the less pain. It is interesting that this coincides with an association between “individual health” and “circle of friends.” There is an association between the variable “work made difficult by physical pain” and the variable “circle of friends” ($p = 0.006$).

There is an association between the variable “physical pain” and the variable “common violence” ($p = 0.036$). There was also an association between “common violence” and “individual health.” Individuals suffer enormously from common violence, however, there are not enough subjects in each of the groups and it may be best not to extrapolate these associations. Still, the associations are very interesting.

There is an association between the variable “physical pain” and “death of a family member in the past year” ($p = 0.045$). There is no association between existing pain and pain as a cause of feeling sick. There is an association between the variable “work made difficult by physical pain” and the variable “Hay asociación entre la variable “labor dificultada por el dolor físico” y la variable “death of a family member in the past year” ($p = 0.007$).

3. HEALTH IS A FUNCTION OF THE INDIVIDUAL AS A MEMBER OF A COMMUNITY

We agree on the definition of health as the physical and mental wellbeing of an individual who is living in a

social and ecological environment.² Health is a state of physical, emotional, mental, social, cultural, economic, etc. wellbeing. There are many important aspects which contribute to this state of wellbeing. The individual is the one who knows best their state of wellbeing. It is the individual who is responsible to integrate all the different aspects of health into a functioning state of affairs. Nobody can take the place of the individual who works consciously, or unconsciously, every instant of their life in order to integrate all aspects of health in order to maintain their organism functioning. It is therefore clear that we have to ask the individual about their health if we want to get information on their wellbeing. Health professionals have either already learned this lesson, or still have to learn, that their privileged source of information are individual themselves, and no one else. Medical data, sociology, ecology, all the information of human sciences, cannot substitute the information we get from an individual who is telling us about their history or condition of health.

We started our investigation with eleven questions about the health of the interviewed individual as seen from their point of view and we compared this data on the individual perceptions of health with objective data of many quantitative indicators. We saw that the individual is able to judge their state of health and that this information is in line with objective data. The information we got about detriment at work, due to physical problems, to emotional problems, to routine social activities, and to pain, tells us that detriment to work capacity due to pain and diminished normal social activities is very precious. In a short period of questioning, we get a lot of biological, psychical, social, economic, etc. information.

2. Román Vega Romero, Amparo Hernández Bello, Sergio Torres Valdivieso, Nelson Ardón Centeno. En: Investigaciones en seguridad social y salud. Número 5 / Enero-diciembre de 2003. Bogotá. 123-163. 149.

We observed strong correlations between the information we got from an individual's perception of health and other indicators. We observed correlations between the health of the individuals, and past and present illnesses. We observed correlations between the health of the individual and the access to necessary medication and therapies. We observed strong correlations between the health of the individual and the working situation, and satisfaction with work. A stable work place and satisfaction with the working situation assure better health than unemployment and bad working conditions. We observed a strong correlation between the health of the individual and his or her education; the higher their education the better their health was. If one wants information about the preventive behaviour, one has got to ask the individual. We saw that smokers do not yet recognize smoking is damaging their health and that the individuals who quit smoking observe a better health. These findings are important for the planning of preventive health education campaigns and it is necessary to tell the smokers that smoking is bad for their health. There have already been organized anti smoking campaigns, to wit we have seen a 50% decrease of smokers and this indicates that those campaigns were successful. But we need more campaigns to stop smoking.

We observed that the educational levels are important for preventive health behaviour. We saw too that one does not need a university education in order to have good preventive health behaviour. Education at the level of a technical, or vocational, is sufficient to know that preventive behaviours are important for health, but we urgently need campaigns to inform individuals about the preventive behaviour concerning the transmission, infection and prevention of AIDS. The nutritional situation seems to be stable, but we need to raise consciousness on the effects of overweight for health. The same is true for the fact that a complete set of teeth is important for health.

The investigation showed the overall importance of the family for health in Bogotá, that the family is a very

important health resource, that men and women who have children enjoy a better health than individuals without children, and that family members are more important for health than are friends, neighbours, or other individuals. If the family is that important for health, we have to see that there good conditions for a non-violent and caring families. The high level of interfamilial violence is a serious threat to the health of the family members. We need to tell the individuals to take serious their pain and to associate pain with illness. Constant violence creates pain and pain is handicapping the individual's ability to guarantee their integrity. The same is true for the high levels of criminal, common violence, and violence from the estate, or from organisations that are fighting against the state. In short, we need campaigns to inform individuals of the very negative aspects connected to all forms of violence for their health.

This investigation itself was able to contribute a little bit to raise the importance of health with at least the 624 individuals who gave interviews. Answering the questionnaire was a learning process for both sides the interviewee and the interviewer; the interviewer learned that individuals are eager to talk about their individual fight for health and a life with dignity. It is true that it is very difficult to get individuals to cooperate, but once they understood the aspects of health, according to the questionnaire, they started talking about their lives and told the interviewers that they are relieved by the possibility to talk to somebody. The interviewers did not expect the dramatic histories they heard. They were impressed and discovered that their poor, often uneducated, countrymen, and countrywomen, were fascinating individuals with grand dignity. We want to encourage investigators in Bogotá to go out and meet the individuals of their town. If you have 16% of the population who had thought of suicide, you understand the need to listen to the stories of these individuals. Having someone to listen is often the only means of relieve one is getting. At the end, the interviewers

said that it is very simple to listen to the individuals, that it is merely a question of confidence. In the violence stricken society of Bogotá confidence is the bridge to healing. Simply listening to individuals creates confidence and it is a small, but effective, contribution to constructing a peaceful environment; this contribution creates understanding and understanding creates empathy and solidarity.

It is very strange for me, as a European, to learn that 70% of the population of Bogotá sees their future in a very positive way, that 22% see their future in a neutral way, while only 8% see their futures in a negative way. Knowing about all the economic difficulties of the population, of their pain and suffering from violence, of their suffering from unemployment, exclusion from education and the health system, it is surprising to see that they are talking so positively about their future. Is this positive talk about the future only an illusion, or is it a mechanism to forget the difficulties? It almost seems to be the case that the individuals are pushing away the painful reality in order to get some illusions. I cannot believe that 70% of a population, who are constantly threatened by violence, never, or rarely thinks of death. Unfortunately, we do not find correlations between this positive thinking these difficult life circumstances and individual health. This might indicate the reality of the positive thinking in negative living conditions. The individual perception of health does not change when one is living in poverty and dreams of a better world.

4. THE GENERAL FORM OF HEALTH

Health is a function of the individual; it is the individual who systematically allies the necessary functions in order to assure their biological, psychical, social and cultural well being. The bases of the operations consist in the different elements or aspects of health which are integrated in order to assure the well being of the equilibrium. One can observe only the results of these operations

and rarely the operations themselves. The function of the individual is to maintain integration of all elements and one must not confuse function and systemic integration. It is not the fault of the process that we cannot observe it, but rather it is due to the deficiency of our observation methods that we have to rely on the individual to tell us how they are maintaining their equilibrium. The community of the health professionals has to learn again to listen to the individual in order to get to know the functioning and dysfunction of the individual who is struggling to live. The community of health professionals also has to learn to respect, and accept, that they cannot substitute the individual's capacity to guarantee their health. It is the task of the health professionals to see that the individuals are capable of operating the functions which are necessary for their health.

The proposition, "Health is a function of the individual," one can express in a general form of health in the following way:

$$H = f_i: o (x_1 \vee \neg x_1), (x_2 \vee \neg x_2), (x_3 \vee \neg x_3), (x_4 \vee \neg x_4), (x_5 \vee \neg x_5), (x_6 \vee \neg x_6), (x_7 \vee \neg x_7), (x^n \vee \neg x_n)$$

H = individual health

f_i = function of the individual

o = operation

\vee = "or" (symbol for the logical operation which is called "disjunction")

\neg = "no" (symbol for negation)

x_1 - x^n symbolize the variables of health according to our questionnaire and of further important aspects which have to be included

x_1 = health from the perception of the individual

x_2 = history of illnesses and present illnesses

x_3 = daily life

x_4 = family life

x_5 = place of residence, formation and work situation

x_6 = social relations

x_7 = questions regarding the future

x^n = other important aspects which have to be included).

The comma (“,”) symbolizes the significant correlations between the variables.

The formula shows that the individual operates his or her health function by integrating the different elements of health. The base of this operation consists in the existence, access and effectivity of the necessary resources for the individual, that is a specific quantity and quality of the different elements of health. If one element of health lacks, if there is for example no family life because there is no family, the individual has to try to compensate this lack in order to be able to maintain his or her health. If the element which is lacking is very important and cannot be compensated by another element, for example by very good social relations, it will be very hard for the individual to maintain his or her health. In order to describe the operation how the individual obtains his or her health and overcomes vulnerabilities, we have first to assess the quantity and quality of the different elements of health. The formula ($x_4 \vee \neg x_4$) expresses for example the quantity and quality of the family life as a necessary health element. Second we have to assess the correlation of one element with all the others. If there is for example a very strong correlation between the health element x_1 , that is health from the perception of the individual, and the health element x_4 , that is family life, then we know, that a low quantity and quality of x_4 will have a negative influence on the quantity and quality of x_1 .

What is the good of such a general form of health? First, this form reminds us of the priority of the individuals who are fighting for their health and living their lives. Second, the general form of health indicates the aspects of health which are necessary if one wants to live a life of dignity and individual integrity, not to speak of the well being the “World Health Organization” is demanding for all individuals. The general form of health indicates that individuals do have the right to access the resources of all the aspects of health. If society, or the state, does not

dispose these elements, the citizens cannot live in good health, or maintain their health conditions. If the state, or society, does create conditions for a life in dignity and self determination, individuals are capable of guaranteeing and watch their health.

CHAPTER III

EXTRACT OF THE INTERVIEWS: LIFE STORIES

I. GENERAL SUBJECT'S ANALYSIS

At the end of the transcription process, we had 565 interviews for analysis. The analyst team separated 6,729 sequences from these 565 interviews and granted thirty-one diverse general topics to the 6,729 sequences. The most frequent general topics of the analysis are: personal attitudes, life requests, personal decisions, personal life, sense of life, family life, opinions, health problems, accidents, violence within the family nucleus, work life, common violence, pregnancy, violence conducted by organizations against the government, displacement due to violence, eventual activity, poverty, state violence, God and childhood. Of the 1227 sequences which talk about personal attitudes, 883 sequences have as a topic "Life requests," the general topic "Personal decisions" is found in 780 sequences, and the topic of "Personal life" in 757 sequences. The general topic "Sense of life" constitutes part of 647 sequences and "Family life" 510 sequences. "Opinions," as a general topic, is found in 179 sequences and "Health problems" in eighty-nine sequences. Seventy-eight sequences refer to "Accidents," sixty-one sequences about "Violence within the familiar nucleus" and fifty-five sequences are concerning "Work life" "Common violence" is found in forty five sequences, "Pregnancy" in twenty nine

sequences, “Violence conducted by organizations against the government” in twenty five sequences, “Displacement, because of violence” in twenty four sequences, “Eventual activity” in fourteen sequences, “Poverty” in thirteen sequences, “State violence” in twelve sequences, “God” in twelve sequences and finally “Childhood” in twelve sequences.

The following table shows the most frequent general topics:

General topic	Frequency	General topic	Frequency
Personal attitudes	1227	Family life	510
Life requests	883	Opinions	179
Personal decision	788	Health problems	89
Personal life	757	Accidents	78
Sense of life	647	Violence within the familiar nucleus	61

II. SPECIFIC SUBJECTS' ANALYSIS

The analysts granted in total 610 specific topics to the 6729 sequences. The analysts' team assigned topics “Oneself” to 317 sequences, “Believing in God” to 204 sequences, “Son(s)” to 201 sequences, “Thanks given to life” to 170 sequences, “Economic situation” to 166 sequences, “Family” to 164 sequences, “Asking life for health” to 130 sequences, “Individuals influence” to 104 sequences, “Family importance” to 100 sequences, “Emotional effects” to ninety seven sequences, “He is thankful for the family” to ninety six sequences, “Family support” to ninety sequences, “Son(s) importance” to eighty five sequences, “Work” to seventy seven sequences, “Moving out of the city” to sixty eight sequences, “Achieving goals” to sixty four sequences, “Demanding wellbeing for sons” to sixty two sequences, “Family influence” to fifty five sequences, “Asking for a job” to forty nine sequences, “Situation of the country” to forty seven sequences, “Be happy” to forty six sequences, “Sue for peace” to forty five

sequences, “My life” to forty four sequences, “separation???” to forty three sequences, “Overcoming” to thirty nine sequences, “Personal life synopsis” to thirty six sequences, “Living for sons and grandsons” to thirty five sequences, “He is thankful for he could achieve everything he wanted” to thirty five sequences, “Sentimental relationships” to thirty four sequences, and “Physical and verbal violence” to thirty four sequences.

The following table shows the most frequent specific topics:

Specific topic	Frequency	Specific topic	Frequency
Oneself	317	Family	164
Believe in God	204	Ask life for health	130
Sons /daughters	201	Family importance	100
Thanks to life	170	Emotional effects	97
Economic situation	166	Thanks for the family	96

The frequency of the general and specific topics shows that individuals talk about themselves, their children, their families and the economic difficulties to support both themselves and their families. In addition, they talk about the support they receive from their families and express thanks for them. They demand health, jobs, peace to life, and many individuals talk about their belief in God. Expressing gratitude to life and requests to it are leading issues. Moreover, there are topics, which talk expressively about personal emotions, such as, “Sentimental relationships,” or “Being happy,” but are not frequently found, as well as, thoughts about the “situation of the country” and “physical and verbal violence”.

Next, I present examples extracted from the interviews concerning general topics and their specific topics. The control quality of the sequence is documented. I chose the examples out of the total of the 565 interviews based on the criterion that the sequence has four interchanges between interviewer and interviewee; these four interchanges constitute the medium value of the length of the

6,729 sequences. 217 interviews showed sequences with the four changes and they display one of the most frequent general topics from the thirty-one general subjects. Since the following examples are taken from the interviews, the reader has to take into account that the examples are written in accordance with the oral language in which the interviewees express themselves. The pauses and intonations are given by means of punctuation marks that are used to show the richness of oral communication.

According to what structure I am going to present the examples of the general and specific topics. I want to present the valuable testimonies of so many lives according to the order of what is really important for the interviewees. There is not any doubt that the nucleus of the life for the individuals who live in Bogotá is the family. Therefore, I start introducing the interviewees with their testimonies and stories concerning the general topic of the family: their boyfriends and girlfriends, husbands and wives, and sons and daughters. The interviewers asked to begin the interview with a concrete experience from the interviewee and as the conductive thread points out, (annex 2), the interviewers asked the interviewees to choose a concrete situation in their lives, with a concrete problem that they had to solve, or a situation in which they had to make a decision. This situation could be from the past, or from the present. Numerous personal decisions were related to family life, just as many of the sequences, which have the general topic “personal attitudes,” comment on issues surrounding their families. Topics such as personal life, health, work life, economic problems, sense of life and life requests are categorized in a concentric manner around the general topic of family life.

1. FAMILY LIFE

We have already seen the importance of family in the interpretation of the questionnaires. Married individuals have a better individual health than single individuals do, and the family helps to overcome difficulties referring to

the payment of health's expenses. Family problems such as violence within the familiar nucleus, and alcoholism, force women to look for better life conditions for both their children and themselves. Therefore, great sacrifices and tremendous energies are devoted to building healthy and secure family nucleuses. Consequently, it is reasonable to begin the descriptions of interviewees' lives with examples of their family life. An average family in Bogotá is composed of five persons (18%) and a mere (2%) of the interviewees live alone. One individual lives along with forty-four other individuals who form a home. This individual is a woman, fifty-five years old, who lives in her own house and belongs to the third socio-economic level. To the question about the more difficult situation of her life, she answered, "ok, the most difficult situation that I had was when my husband went away and left me with four sons. I had to face the situation of beginning to work and struggle for them, for their study, alone and..., keep going with them, because they were under age individuals. This situation was terrible for all the family, then the two oldest children got sick, because they loved their father too much and the oldest had to stay at the hospital." At present, the woman is happy with her life and thankful "in spite of the difficulties..., since I don't have illness, or something like that, and my sons may be healthy..., I have to be thankful with life." And don't you ask life for anything else? "But what, what else.., money is not as convenient as being healthy. No, I won't ask for more things."

A. Single mothers

The following table shows how many persons live together with other individuals forming a home:

Individuals/Home	1	2	3	4	5	6	7	8	9
Frequency	13	50	107	182	120	79	29	19	11
Individuals/Home	10	11	12	45					
Frequency	6	1	1	1					

383 persons, of the 624 individuals interviewed (62%), have had sons. The following table shows how many sons of these 383 individuals live with them:

Sons who live together with them	0	1	2	3	4	5
Frequency of the 383 persons with sons	29	148 (24%)	144	47	13	2

The following table shows the marital status of the 624 interviewees:

Marital Status	Single	Married	Free union	other
Frequency of the 624	243 (39%)	199 (32%)	109 (18%)	71 (11%)

From the 243 single individuals, thirty one (13%) are single mothers, 102 (42%) are single fathers and 110 do not have children yet. Of the thirty-one single mothers, one does not live with her son, twenty-one live with one son, seven mothers live with two sons, and three mothers live with three sons. Of the 102 single fathers, two live with one son and one with two sons. The fact that just 3 single fathers live with their sons demonstrates the sad reality in which the single fathers do not take care, nor assume responsibility for their sons.

The following table shows the frequency of the sons who live with their single mothers, or single fathers:

Single Fathers	102	Single Mothers	31
Sons who live together with fathers	4	Sons who live with their mothers	44

In order to give voice to the extraordinary forces that moves the single mothers, I want to continue with the testimony of one of them. The woman is thirty-six years old and narrates that which has been the most difficult decision she has made “Ok, the day I decided to have my

son I already had the appropriate age. I already had something to offer to my son. I already had the maturity.” At that moment, the woman was twenty-six years old and made this decision “For the company. I felt lonely. To have a reason to work for someone, to live for someone, a motivation in life, he was the motor of my life as some individuals say.” The woman said that, “Although it hasn’t been easy, because bringing up a son alone, is not easy, there are decisions that you have to make and then you have to assume the role of the father and the mother in some situations..., sometimes I have to be too neutral, not to take a position on one or another side.” The woman belongs to the fourth socio-economic level; a more or less high level and should influence positively her economic capacity. This is the determinist-additive form, which results from the control quality. This woman was alone, made her own decisions and accepted her responsibilities, so it is obvious the strong will and internal determination she lives with. Her son is the most important motivation for her life, as evidenced by her statement, “he is the motor of her life.” In these difficult circumstances, it is understood that there is not too much interaction between the necessities of life and the woman. The effort to “bring up a son, alone” consumes the energies of this single mother and absorbs her life. She lives to react in accordance to the external exigencies of a difficult life and the joy she receives from her son not only gives her company, but a sense to her life and happiness.

The following story is also a testimony to the difficulties faced by a single mother. The woman is thirty-two years old and belongs to the third socio-economic level. She became pregnant when she was twenty-seven years old, but the father of her baby, “He went away. He did not support me and at home, I lived the most difficult situation, because my father ignored me and my mother was always telling me off, like reproaching me. So for me, the first five months of the pregnancy were distressing, because I didn’t count on them, I went to my friends’ houses looking for

support, for an encouraging word, because from my parents I didn't, I didn't receive anything. My mother's words were that I had to get rid of that before it would grow. For me that was the hardest thing, because she has Christian principles and having done that, that was the most painful thing for me. That she had said that. I would have expected that another person who doesn't believe had said that, but I didn't expect that from her, that was the most painful thing." Some suggested she, "Take something to abort, in order not to have more problems, but I couldn't do that." Those first five months of the pregnancy were hard, "Because I arrived to ease the pain at work, I arrived embittered, I always arrived there to cry and cry and when I talked with my friends, I could calm down..." After some time her parents came apologizing and now, they love the baby. At present the woman says, "In spite of everything, I'm thankful for the girl, because I try to forget and continue living, even though sometimes the memories, or the bad things, are the ones that cause affliction." In regards to what she would ask to life she said, "Well, maybe more opportunities, a job, a good job, and to do something, something, that I can feel proud of." She said she would like to study nutrition, dietetics, and to work, "Also that... giving to my girl a better opportunity of life."

A single mother who belongs to the third socio-economic level narrates the following story. The facility of this mother to get along with other individuals in order to overcome the exigencies of her life is surprising and it is an example of the interactionist control quality. Her academic education is an important tool to approach her observations and her ability to connect the diverse external and internal influences is surprising. The woman is thirty-seven years old and talks about the fact that she cannot cohabit with the father of her baby. "I mean, at the beginning he was the one who made that decision that we couldn't be together, because of the economic situation..., OK! Those kinds of things. (Already) And I told him not, but it doesn't matter, no matter if we have to drink sugar cane drink

since we stay together, the three, no matter, because we were already three, no just two.” They split up and he has not done anything to organize a family. The baby, “It didn’t affect him.” She asks health for her life and work, “... a work opportunity, to satisfy not only my needs, but also the necessities of the person who is with..., with me. The possibility of developing the projects I have and to give opportunities of employment, not only for my own benefit, but also for others that..., that also need this help.” The woman aborted when she was 24 years old with the help of a doctor, but does not speak of that in the interview.

B. Bringing the Sons Up

In the following story the interviewee points out that, the death of her father was very near the beginning of her pregnancy. The three lives, her father, her son and her own are threatened by the poverty. The young mother is not interested in the magic practices, because they cannot help her daughter and finally she finds effective medical treatments for her daughter. Her family also belongs to the third socio-economic level. The woman is thirty-seven old, has one sister, four brothers, and talks about her life, “What I remember in this moment is that the primary school was with much sacrifice I remember that when I was going to finish a notebook... it was the suffering of asking a notebook to my father. I knew that he didn’t have money, or to ask for a pencil, it was the same thing. Now I see my daughter who lives in comfort and, I mean they live comfortably, thanks to the husband I have now. He is a wonderful husband, so when I remember that I feel happy of being with my daughters and that he is fine, and..., I mean, the suffering that my father experienced to bring us up, and in this moment I don’t have..., I mean my father died ten years ago, yes, I remember that moment with much pain, because I think back over all the sacrifices he made to educate us, he spent all his life working, I mean..., he spent his first years working on the land, in that time it

was very hard and..., I mean..., he never took a rest, he was always working and working and at the moment of the accident that caused his death... he was working, in his labor, in his work.” At the moment of the death of her father, the woman had “more or less two or three months of pregnancy and as a consequences of that, the younger girl was born a bit skinny, and I..., I mean..., I think that as a consequences of that terrible pain..., the girl was born undernourished. Yes, it was, because of that tremendous pain” At that time, the woman lived in Tolima, “some individuals told me that the girl was born (ha, ha!) ‘Frozen’, yes..., because when I was pregnant, I used to go to the cemetery to visit my father, so the idea of the individuals who live in this small town is that kids are born frozen when the mother usually goes to the cemetery. Then, you have to take the baby to a place, where women pray for her. Or, I heard that I should go to a slaughterhouse and look for the maw of a cow and then I had to put my baby in it. I was so desperate of seeing my daughter so... so skinny. As some individuals say emaciated that I do no matter what.” The woman didn’t do what individuals advised her, but, “I very nearly did secretly, because I knew my husband was not going to agree..., immediately I said no, but when I heard all the advices, people saying that I had to bath the baby with milk of..., with herbs and lock me in the bathroom with her with a white sheet, I did everything. Individuals advised me to gather herbs like “matarratón.” I mean I used to do everything that wasn’t complicated. I was going to try with the maw of the cow..., then when we came to Bogotá and I carried her to the doctor where it was economically possible.”

The following story, of a young mother who belongs to the second socio-economic level, shows that having a baby, when poverty surrounds, demands force and a heart full of love. It was sad to see that the young mother has not only to face the bad economic situation, but also to endure mistreatment of her alcoholic husband. The woman has to overcome the difficult external influences and she does

not lose the hope of dealing with these challenges. The woman is twenty-six years old and says, "That's right, the relationship with my partner is not so good. Sometimes, sometimes he arrives drunk, he hits me, he mistreats me, he gets crazy and sometimes I get bored with that situation. Sometimes, I get desperate; I would like to get away. But..., I have faith; I hope he changes for the baby and for himself. He says he loves the baby, but I don't know. I think and if he loved her, he would change, he would stop drinking and he would be more responsible" Describe your family life. "Well, sometimes I feel very happy and sometimes I feel very sad, that I can't understand, I can't understand myself..., it is a feeling that, I don't know, I don't think I could express it, it is a feeling inside that makes me feel miserable..., knowing him. Believe me I try to do everything..., I try not to shout at him. Not to ask him for anything. I don't demand him anything and instead when he arrives I tell him honey, I try to pay attention to him, I ask him if he needs something, but sometimes he arrives in a bad mood, 'no he isn't in a bad mood,' he arrives and shouts me and hits me." At the same time she understands her husband, "..., Sometimes he is very loving. I don't know how he convinces me, but he does. I don't know, he convinces me, he talks to me, and he pampers me. I don't, I don't understand how he convinces me so easily. I think that I am deeply marked by his love. Maybe he's like that when he is drunk, sometimes he's like crazy when he gets home, like desperate I would say, do you know what I mean..., because of the economic situation we are facing in this moment.... do you know what I mean?...for example..., We have to pay the rent, we are out of work, he works here in Asbestos, the work is not profitable, but he says it's profitable..., believe me, that..., you are not asking me that, but we don't have even something for listening to music and that's another thing that makes him feel desperate... I think do you know what I mean. Maybe he is desperate for that..., you know... sometimes the work at the market is not profitable. Some individuals

steal money from him, my..., you know, at present he is the one who has to support us, to work and work for everything. He has to work to pay the rent, to have something to eat, to support the girl, to pay the bills and the debts..., These sort of things...so, I think he gets crazy, because of all these situations, but when he is drunk, I tell him to calm down, you have to be patient until things get better..., I can't give him a solution to the situation, believe me I can't find a solution, but I try to have a positive attitude. I try to calm him down. I try to show him that things are not easy, but they can be solved. I don't know how, not stealing or so, but working, making an effort to succeed, working to keep going." She narrates the mistreatment she was a victim of when she was pregnant, "He hit me more when I was pregnant than he hits me now, at present he arrives drunk and he pays more attention to me and my daughter..., He worries about us more than when I was pregnant. ..., almost daily..., ...Two, three, no, I ate three times per week. Sometimes I was all the day eating, not eating I would say, I was starving. My husband was always drunk there in the bar, drinking, and I was pregnant..., He never gave me money, he always arrived home drunk and he hit me repeatedly, so my pregnancy was a little bit difficult. ..., At the beginning when..., when I told him I was pregnant, He told me he didn't, he didn't want, he told me I had to have an abortion and I told him that I was not going to do it, because I did want to have my baby, and if it was necessary I would prefer to lose him, but not my baby. I have two girls, but I told him it didn't matter to have one more, even if we didn't have anything to eat, but I wanted to keep going with them and he told me that he would try to look after the baby and suddenly he decided to live with me..., At the beginning, it was difficult for me, it was awful, it was horrible, but now it has changed a little bit, not so much, but thanks to god it has changed." To the question what gives sense to your life the woman answered, "My daughters, the three girls I have and my mother. They are the ones who give sense to

my life and I keep going for them. My daughters are valuable; they are very important, very, very, very important. I couldn't leave my daughters with my mother. I couldn't, my mother takes care of them and I would like to be with them, but knowing my husband, I can't be with them, at this moment I can't..., My mother takes them home twice, or three times, every eight days. I pay attention to them and sometimes I go to my mother's house..., ...They give sense to my life, the fact of making an effort to succeed and working to keep going for them give sense to my life. I want that God may give me a long life, health, and a good work to support them."

The following story reminds us that there are young fathers who are responsible. A young man, who is twenty-one old and of the second socio-economic level, assumed the role of being a father since he knew his girlfriend, who was younger than him, was pregnant. He is motivated for offering comfort to the baby and not leaving him alone. He received the example of his parents and a good base of responsibility. He asks life an opportunity to be outstanding in his studies and to become an important person in order to succeed in his home, to give to his family everything they need. The sense of life for him is focused on facing the problems that are coming, building a home and trying to succeed with his baby. He says, "I think I live, because..., I think I was born to do something here in the earth and I'm not going to pass away until I carry out the mission God has for me."

A man, who is 47 years old and belongs to the third socio-economic level, relates to us his touching story; at the end of the interview with the man, the interviewer writes, "This questionnaire is the only one in which I have been emotionally affected, not only as a professional, but also as a mother. Something I must point out here is that when we arrived at the interviewee's house, it was difficult that the interviewee could pay attention to us, because he works in the same place and at that moment he was working. There, he has a workshop, the maid went out and

so it was difficult that the man could accept to answer the questionnaire and the interview. He came out and demanded us to explain the purpose of this interview. When we introduced ourselves as professionals, I was with the other interviewer, as health professionals who were going to apply a health questionnaire he got interested and invited us to come in. He commented that he has a problem in his life, he has a two-year-old daughter who has a big problem of mental retardation and meningitis, which he thinks were caused by the negligence of doctors. The man talked to us as if he were asking for advice, he really needed our help. During the interview, the main topic was focused on his complaints. As an interviewer I couldn't change the direction of interview, but I couldn't forget I was foremost a therapist and a health worker. Therefore, the conversation and the interview took that direction. In fact, when we finished the interview, we stayed longer giving him psychological support and explaining some medical issues that he didn't know. In addition, we gave his baby a therapeutic session.

I have the testimony of the interviewer; nevertheless, I want to listen to the man's own words and expressions, "... Well, I have two kids and now I have a girl who is 2 years and 4 months old At present, she behaves and thinks as if she were 6 months old. She has a global developmental disability; you know..., ...It happened that my son had chickenpox. My wife was pregnant and she went to the doctor. There, she didn't receive a piece of advice; doctors never told her that she couldn't have any contact with the boy. When she was going to give birth to the girl, she got this illness. It was December...and she didn't receive any care and also the baby had weight problems and doctors never told anything..., At the hospital, she was not treated as she deserved...and we are suffering the consequences..., I'm going to tell you things like those that occurred with my son. He had to be vaccinated, the doctor told me that he needed all the vaccinations, it was Saturday and I took him to the medical appointment. When we arrived there

was not anyone and the nurse was talking by phone..., I was trying to catch her attention, 'Lady, I have...' and she kept on talking, then she took the vaccination, she injected my son quickly, quickly. I told her I was going to bring ice but she told me that I had to do that at home..., and she kept on talking and 10 minutes later, she was still talking by phone. The vaccination was bad injected, you know..., some individuals say remorse, she is hurried, or she doesn't want to do it and she is talking by phone. (She said), 'I had to work, I'm tired and it is Saturday...', 'But, if she is being paid for her work, she shouldn't work with dislike. I don't understand that and another thing that happened also with my kid was that he got sick.'

A woman, who is forty years old and belongs to the second socio-economic level, remembers the epoch she was twenty-six years old. She was newlywed and she didn't have a feeding bottle for her baby. At that time, the baby was nine months old and she already walked. One day her baby got sick and a week later died. Both the woman and her husband felt terrible pain and suffered, because of the death of their baby. She got pregnant again, but she was depressed and suffered from the pain in her heart, but this second pregnancy has gradually helped her to overcome and forget death of her first baby. She also relates that her husband was in love with one of her nieces two months ago and that he denies this emotional relationship. She asks of life the opportunity to keep going with her family and in good condition, "In the problems we have and everything, I don't want to have more problems with my husband., in my family, we have been together. I had some problems with my husband, but he was always here with us."

The woman who narrates the following story also belongs to the second socio-economic level. She is thirty years old. When she was twenty-two years old, she got pregnant with her first son. It was a difficult situation, because she didn't know what to do, she was alone. She worked, but she lived alone and far away of her parents.

She said the most terrible thing was to tell them the situation, but that they accepted it easily. She was afraid, because she was worried about the future, for her sons, for the situation of the country and the economic situation. Now, she has another daughter and she says, "What do I live for? Well, really, I don't have an answer, but I would say I live for my sons. If they didn't exist, I think my life wouldn't be the same, I think..., what is important in my life? At this moment my sons are the most important in my life." Her husband is not as important as her sons are. Sometimes she is thankful with her life, but other times she reflects, "Sometimes you analyze the economic situation and you say..., I should have had another kind of life! No way, I have to live this life..., have I thought that the situation that is facing the country affects everyone."

The importance that individuals give to their sons and daughter is immeasurable. A woman who is thirty-six years old and belongs to the third socio-economic level gives the following testimony. She mentions the most important thing in her life, "For me, the future of my daughters is very important, that's why I make some efforts and I work. Because, I have a job again, I want the best for them. I want them to succeed in their major, as professionals and I want them to have everything, not only economically, but also emotionally. I think I've been more a friend than a mother, I've been very understanding .., I've done with them all the contrary to what my parents did with me. Eh..., they used to control me, they didn't let me go out, they didn't let me to live. For that reason, I try to give them (her daughters) the confidence they need to..., to achieve their goals."

A woman, who is thirty-six years old and belongs to the third socio-economic level, highlights the importance of her family and her son. She has suffered the infidelity of her husband, who has come back home. The woman forgave her husband, "He's with us again, he's repentant and he's working in order to leave behind all these things, but it's difficult, very difficult." It is difficult for her to trust

her husband again. Her husband relates the most important aspect for him, “My son, I think he is the most important in my life, my son.”

In Bogotá, Colombia, as well as many other countries, it is crucially important for children to give some economic support to the family. The following moving testimony is from a thirteen year old girl of the second socio-economic level and she relates that, “Since she was seven years old, she has helped her mother at home in order that her mother doesn’t feel lonely. While her mother is working, she is taking care of her three brothers, ages one, fourteen, and seventeen respectively. It is important for her to keep going with her family and to support it economically after she finishes her studies.”

The death of a son is a big trauma for a mother. The sons are the ones who give happiness to many women and men. A woman, who is forty-eight years old and belongs to the third socio-economic level, narrates that the decision which has marked her. She says, “Is having left...when I stopped working. I had to stop working twenty four years ago when my younger daughter, she was more or less... two, two and a half years old, got very sick.” The woman had already lost a son and a daughter, and that was something that touched her a lot, it was painful. Although she had to quit her career of nursing in order to be at home and to take care of her sons and her husband, she is a person who lives happy with what she does. She is a person who has many goals for the future, but she is worried about the situation with her sons. The things that they will have to suffer or they will have to face, “So, my life are my sons and I want to live for them until God may make it different..., that they grow and begin their own life and...”

Mothers do everything in order that their sons succeed. A mother, who is thirty-seven years old and belongs to the fourth socio-economic level, narrates with the interactionist control quality, the most important decision she has made. “When my oldest son was born, umm..., he

was born with a congenital spasm and a hemi corpus; because, he was too big when he was in the womb, eh..., and that caused an osteomuscular atrophy. When he was born, he was born also with, with asthma and a bronchus problem. At that moment, I was working, eh... with pathology, as a therapist. I was working with autism and I had to make a decision between fighting against my son problems in order to succeed, and working. I made the decision, I created the institution and I succeed with my boy and, and now I have this institution.“ The woman has always wanted to have an institution She has always had this project as a therapist and with the support of many individuals, she finally achieved her goal.

C. Life in marriage

A woman, who is forty-eight years old, narrates a story of her life in marriage. It is one of many stories giving testimony to the menaces to health. The woman talks about her problems, “My life..., my life, eh..., it has been focused on working, like some individuals say, working and working. Eh..., I was married twenty two years ago and these twenty two years in which I have been married, I have been working, always working and thinking about the future to see if we can have a house, but nowadays the salary is not enough, so we have been always fighting and working to have something of your own. I am going to complete four years with the problem I was telling to you, the lumbar pain, this problem is the consequence of my job. I work doing many things like sweeping, scrubbing, and that caused this pain in the spine. Doctors made me resonances, and it showed that I have L4-L5 degenerative, I mean the discs are regular, and I have to take some sedatives, because they can't operate me due to the high blood pressure.” She talks about her married life, “I have a very understanding husband in that sense, he..., one feels the happiness of seeing that..., in other homes some individuals don't understand the person is sick and the partner argues

constantly with their spouse instead of advising..., he in that sense is very understanding. We are..., we have handled in the twenty years of being married..., we have known how to handle this home.”

A man, who is sixty-one years old and belongs to the third socio-economic level, narrates the difficulties he has had in his married life. Apparently, he talks with an interactionist control quality, but his wife is absent. I cannot judge if the dialogue with her is fiction, or it is not. He says, “The only serious problem I have had in my life was the divorce.” The divorce took place after a marriage of 30 years. “It was 10 years ago and it is something I haven’t could deal with, it has marked my life, and I see that even if now I have a peaceful and stable life, my past is going to follow me until the day I die. That’s why I think this is the most..., one of the causes that have marked my life the most.” The cause of the divorce was his infidelity. But his wife, “She began to exasperate my life..., and they demoted me to a second position. I have been very chauvinist and I lost all the authority at home, they began to treat me disrespectfully and..., and my wife was all the time repeating and repeating things, so I began to distance myself from them, I should have never done that but I did.” For the younger son it has been a painful situation and the three older sons, who are in the United States, have reacted violently. Nowadays, the economic aspect determines his life, “Because if there is not money to buy milk and bread, it can’t succeed, so they stop it.” Due to the fact that he realized he had destroyed his marriage he now focus, his life on material things, he wants to acquire things, properties and luxuries to give to his sons and grandsons. But he always talks about his wife in a good way, that she is “A complete person, she is very understanding, lover, good wife, but the number one is, and has always been, the number one. I think I’m going to think that way until I go to the grave.”

It is understood that the choice of the career and the couple are important decisions of any life. A man, who is

forty-four years old and belongs to the fourth socio-economic level, narrates with a clear internal control quality, "I think I have made three important decisions in my life. First, when I finished my studies at school I needed eh .., to decide what I was going to study, eh..., the professional life. The other one the change of the marital status, when I decide to get married..., and..., and the third one is the change of job that sometimes one has to make and one has to make the decision between quitting a job, or keeping up with..., the eventual job, or looking for a new one." He describes the aspects which influence his decision of changing a job, "First, the economic and home stability, of..., of the job and their are decisions that sometimes..., take much time, because it is always complicated, taking into account the eventual situation of the country, one can't make decisions lightly."

A woman, who belongs to the fourth socio-economic level and is fifty-three years old, narrates with an external control quality the following story. Her story of looking for lodging makes evident the difficulties of forming a nice home. "..., I had decided not to go out of the apartment we were living in, but eleven years had already passed. It is supposed that it was already the time to go out of there. My husband asked me if he could begin with the construction and repairs at home. I told him that he could, but I never imagined the problems we were going to face, because the cement and the dust fell over us. We began to eat on the hands, to sleep on the floor, because we had to dismantle the beds. We got sick, my daughters got sick of the bronchus and my grandson too. Therefore, we decide to go out and look for a house, or an apartment, but it was not possible. One day, my husband and my daughter went out to..., I stayed at home with a constructor, they went out to look for and they found a very nice well-located apartment, but they did not tell me anything. They wanted to give me the surprise...; it was a very nice surprise. Therefore, they never talked me about the apartment and anyway we were urged to go out. Therefore, the time of

moving arrived and it was a very nice surprise, because the apartment is big, comfortable and very nice apartment. I feel very happy, everyone feels happy and people who have come to see it love it. It is very comfortable and I'm very happy."

Getting married when a person is young is not always possible. Sometimes the parent's considerations, or necessities, impede getting married as the following story shows. A woman, who is sixty five years old and who belongs to the second socio-economic level, talks about her decision of getting married. At that time, she was forty-five years old. She had wanted get married when she was thirty-five years old, but her father told her that she could not, because she was his right hand. However, one day she made the decision of getting married. The marriage lasted eight years. She decided to get divorced, because she was the one who supported the home, she worked. Her husband did not work, but he liked drinking and playing. Afterwards, she lives in her mother's house and feels serene at having divorced, having came back to single life "Peaceful, that nobody restrains me where I'm going to, that one is going to go out and the husband begin to control every movement, of being living like a slave, I'm very peaceful like this."

As you can imagine, economic problems play an important role in married relationships. A man, who is twenty-seven years old and belongs to the third socio-economic level, talks about his problem of having gotten divorced from his wife two years ago, "The only thing she (his wife) sees in me is my money..., money for him, for the boy." The man lost his job eight months ago and he could not give money to the mother of his son, who is five years old. Consequently, "she sued me in the public prosecutions' office..., the prosecutor advised me to ask for the custody of my son." He already lives with another woman, he wants to respect her wishes and that is the reason he does not ask the custody, but he says, "I would like to have the boy here with me." He asks of life, "A

stable job, something that can..., something in which I can be better to give my boy better things.”

The family is very important also for men. A man, who is forty-two years old, has studied, and belongs to the third socio-economic level relates, “The sense of my life is my family, my daughters, my wife, my mother and I’m here for them.” At the moment of the interview, the man feels happy with his life “I’m feeling happy, but I’m not satisfied, because I think there is still time to do a lot of things to improve the life quality of my family. To improve a lot of things in the family..., to look for a better economic stability, to have some things..., some things, we would say some luxuries, but we would say..., everything depends on the economic aspect.”

The infidelity stories are numberless. Normally, women are the ones who speak of their men’s of infidelity. Exceptionally, in the following story, a man talks about the effects of his infidelity and his efforts to be reconciled with his family. After the interview, the interviewer still doubts the sincerity of the man. The man is sixty-five years old and belongs to the third socio-economic level. He narrates the story of a difficult situation in his life with much sincerity, “Well, maybe what I remember is not pleasant for my wife, because it was a situation in which I got involved with another woman and I had a girl with her. Obviously, this caused many problems at home, in my job, in my stability and not only here, but also in the house of his mistress. However, thanks God, now everything is solved. I was very lucky, as a way of saying, this girl was too young, and so she got married and went away. The only thing that makes me sad is the fact that I have not been able to see my daughter. It is already twenty years that it happened and I hope that I can see her someday.” The man spoke of the reaction of his sons. “They became familiar with the situation, they were too little, well they were in an age in which they could understand everything, but they assimilated it with sadness and pain, because they reduced the capacities they had at school, they thought I was going

to abandon them, because of the fact that I was engaged with another person. Nevertheless, I was not Things made a satisfactory progress for everyone, with a favorable result nobody was hurt, aside from the emotional issue and nobody was hurt.” After that, he describes the process of reconciliation and home reconstruction. “There was forgiveness but there wasn’t oblivion, even if one wants to forget everything, there are effects that can’t be erased, there are memories that still hurt and are easy to remember. When the person has been very, very, affected..., sometimes the rows that persist are caused by these memories. Because, I’m guilty and everything is remembered, it’s that you, it was for you and it was you..., this situation makes me feel bad.” The man says he has could overcome this situation with the help of some individuals that, “talked for me.” Now he wants to be a good father and husband. He hopes that the support to my sons may be enough. Economically speaking, the man said he has already lived, “epochs of prosperity,” and he hopes “individuals acquire more purchasing capacities...if work improves as everyone desires, that the majority is suffering for that. Honestly, I am convinced that there is work and for me there is not little work. That is what makes me think that the..., that the future will be better..., the problem is that individuals do not have the conditions to hire and pay for the work. Because, my job is to offer a service, I give a service of fixing and making furniture, when individuals want and need it..., and need me to do the job. Sometimes they don’t have the money to do this work.”

The interviewer Luz Elena, who has made this interview, has interviewed the man’s wife. At the end of the interview’s transcription with the man, Luz Elena comments on the family life, from the point of view of the wife, and notices a strong contrast between both perceptions. “My perception in this questionnaire and in the interview is that the story about the infidelity of the husband causes a lot of troubles at home and there are still some problems, disputes, because of the love affair he

had. He took things and showed them to us in a very superficial way. When you listen to the interview with the wife, you notice the pain she feels and the pain the family experiences. Nevertheless, he is a person who is accustomed to living in a rejected way, he never thought on leaving his home, but..., nevertheless his infidelity was big, because he left a daughter. Moreover, his wife in the interview tells us that, that he..., that there were two infidelities with two daughters and this affected his family life. He is a person who suffers, because of the economic deficiencies he has. He has a small company of furniture, fixing, upholstering and making them. But, you see that he has had a lot of economic problems and he feels bad, because he has given to his son what they have needed, but he expected more things from life, he expected to achieve more things, to attain more things, these are the perceptions. I hope this material will be employed in a good way, because there is resentment and also much suffering from both sides.”

A woman, who is forty-five years old and belongs to the third socio-economic level, talks about how she and her husband overcame a burglary. She says, “Well, the day we were robbed in our house, it was difficult, because you get psychologically affected, but you have to continue, you have to keep on fighting and here we are..., My husband wanted to be aggressive, but one of the burglars told him, ‘brother, if you move, I shoot this gun!’ The girls were distressed and began to tell him, ‘No daddy calm down!’ There I prayed quietly and asked God to give us calm, to guide the robbers in order that they did not hurt us. I even talked to the man who was all the time aiming the gun and I told them to take everything, but not to hurt us and that happened that way, thanks God nothing bad happened.” Another terrible situation that the woman had to face was the death of her parents twenty-four years ago. The woman, “was the younger, or I’m the younger of my brothers, so this situation was terrible for me!” She is married and has two sons who live with her. She had an abortion with the

help of a doctor when she was thirty-four years old and did not talk about this fact in the interview.

D. Violence within the Familiar Nucleus

One of the cruel difficulties with the life in marriage is the violence within the familiar nucleus against the wife; this fact is not only a phenomenon of poor families without any education. The woman, who narrates the following story, is thirty-eight years old, is a dentist and belongs to the fourth socio-economic level. She talks about her life, "About my life well I have carried out all the projects I have planned, my professional goals, and I feel happy for having achieved what I wanted family related. There was a misfortune, but I think that I have also learned from it and it is going to be useful when I have to make decisions related to a couple. In general, I have a peaceful life with a good health, I know where I'm going and I think that's what I have to transmit to my daughter in order that she can have an appropriate performance in the future." The woman is the only one who has made up to this moment a general reflection about the decisions that one has to make in one's life. "I think that there are three decisions which influence in your life and they are the choice of your profession, the choice of your marriage and the choice of having or not sons. Eh..., I never thought I was going to make an obligatory decision such as the decision of ending a relationship that I thought it was going to help me grow, eh..., for all my life, but when I had to say no more, I said no more. Because, it was mistreating, ending up with my life and with the relationship with my daughter. Therefore, it was one of the hardest decisions I have made and up to the moment I think it has been the best, it was the divorce."

It is not always possible for kids to get away from their father's violence. They don't have a place to go and the violence within the familiar nucleus shows sad effects on the kids. A girl, who is fourteen years old and belongs

to the second socio-economic level, talks about her decision, "I think the most important decision took place when my father hit me, because I had bad grades at school and in order to get good grades you had to make a lot of efforts and sacrifices, but finally you were always scolded. That I had to do things when my father was not..., like going out, playing and all things in which you spend the time. In which the time passes quickly, so they didn't allow me to go away." About the relationship with her father she says, "I don't talk with my father, because I don't trust him. Because, you're going to tell him something and suddenly he gets mad, so I don't." About the relationship with her family she comments, "The relationship has been always nice, but I don't talk with my father, I don't tell him things that for example I tell to my mother, but everything, everything is fine." The girl talks about another reason that explains why she does not do her homework, "Because of the boyfriends and it is for all of this that you go out, sit around and all this..., of course, also..., ...and since my father didn't allow me to go out, I had to lie and sometimes my father noticed that I was lying, and it was for that also that he scolded me..., ...I had a boyfriend."

The violence within the familiar nucleus is also a sad reality for numerous children. A woman, who is 23 years old and belongs to the third socio-economic level, talks about her sadness, "We were too little and my father hit my mother and she didn't resist, so she decided to get divorced." Her brothers went to live with her mother and then they went to live with her father who did not pay their studies at school. They lost 2 years of studying, because of their father's irresponsibility. Nevertheless, the woman loves her father, he was always, "the mother who gave us everything we needed," the woman says. Her mother lives with another man, since six years ago and he behaves, "As if he was our father." The sense of life for this woman is, "To help her mother and keep going, to succeed." How? "I want to finish my studies." Because, the only thing she wants, "Is that her sons keep going and maybe be someone,

since she didn't have the opportunity..., ...be professional, to protect myself, and take advantage of the things my mother is giving to me. She's paying my studies and she's giving me everything."

It is never easy to overcome the death of the parents. A nineteen-year-old woman, who belongs to the fifth socio-economic level, narrates the story of not only her father's death, but also the sad experience of her mother abandonment. She lost her father when she was a baby and she still needs many things to be happy. She says, "I mean, I never had a father who, maybe could hug me, or maybe I could listen to his voice, to know who was the person who gave you the life, since I never met him, only by photos, because when he died I was 5 months old. I think a father I never had would be the complement of my happiness." Five years ago, her mother abandoned her and her sister who was 21 years old, "Because, she wanted to have a new life again." The process of adjustment was very painful for the woman. She has failed two years of school due to that situation, but with the support and the help of her sister, her uncles and the brothers of her mother, she has could get accustomed to her new life. She talks about her parents and religion influence, "For example that the mother has an influence on us, I mean on her son, because maybe..., ...well if he's Catholic the mother advises him to go and pray, maybe to pray to any saint, because he's going to help him in this case. My mother was Christian and she always educated me under Christian principles..., maybe not to do things that you should not do, to go to the church, maybe to have a boyfriend from the same religion, things that influence you since you are little. When you grow it isn't difficult and you already have this Christian customs." The mother of this woman has not followed the principles that she was teaching to her daughters. The woman continues that, "... she was Christian and she got engaged with a person who wasn't, and now she has three sons, and he always treats her disrespectfully, and hits

her. The relationship between this man and we the older daughters is also..., I mean it's not good."

A man, who is sixty-eight years old and belongs to the third socio-economic level, recalls an important decision, "The problem was that..., eh..., when I was..., young..., eh..., my father became a widower. After five years of it, when I was little, he got married again. Moreover, we, nobody, we could not..., we could not live together with her, with the stepmother. Therefore, we had to make the decision of leaving..., my young sisters, who were fourteen and fifteen years old, were married. And..., the older brother, the older, had to leave and I who was the younger, I was twelve years old, I also was gone and it was the moment I began to be out of my senses..., We went away, we left without saying anything..., we didn't tell him anything. I argued with him, because..., that woman..., because I was still a kid, she had abilities to..., to..., make my life as if I were her son; hitting me with a whip and all this things..., that idea of the parents of..., of..., of punishing their sons. Like if it was a way of education."

It is not only important for the youth to extricate themselves from the poverty, it is also important to study, to get an education, and then you can think terms of a family. The young man of the following story is nineteen years old, belongs to the second socio-economic level, and has just entered the National University. In the interview, he talks about the most important thing for him, "For my life, as an academic aspect, the study, is the most important thing. That is what takes the first place, because..., my family. I always devote most of the time to that and I get worried about that." He speaks of positive emotional experiences in the National University, "I have had the opportunity of meeting two or three very nice girls. Yes, I have lived that. A positive thing is that you meet different individuals, different ways of thinking and that is positive, because you learn to know the different points of view from these persons. In general I haven't experienced anything unusual."

Sometimes, childhood is not a subject of happy memories. The work in childhood, the psychological mistreatment, the unhappiness, all instills sadness in life. A woman, who is fifty four years old and belongs to the third socio-economic level, remembers and says, "...In my childhood, I never was happy, because since I was seven years old I had to help at home, washing, cooking. I did not have a childhood; I never played with my friends..., I never had friends. I never went to a park; it was always like a trip. My mother was brutal...; she did not allow me to have friends. Then I grew up and I kept on with the same routine. I was the older and my mother's ignorance, because my father was not an ignorant, because he worked, but my mother was a very cruel person... I only had a boyfriend and I already got married. I had two kids and one of them died and the other one is alive. The first one was born and died from an accident when he was one year and four months old. He was burned in an accident and since the death of my son..., my life has changed totally. I got divorced and..., the separation of my son. Because of the quarrels, my husband told me that he was going to take my son away from my side. I told him not to do it and I did not let him to see him..., that night he was gone and the accident occurred the next day. Practically, the death of my son was caused by that, by the problems at home. He died for that, eight days after the accident. We reconciled again, we stayed together one month and I asked my boy, crying that I could get pregnant and in that, way I got pregnant. We separated again and when the baby was born, I made it up with him again. The baby was six months old when we were separated again and this is the moment in which I have 30 years of being divorced. That is the age of my son thirty years and I never, I have never been happy, neither in my childhood." The woman narrates how her unhappiness affects her health, "It affects my life, because I never was happy, in addition, I say that God would have given me a good health, but he didn't give me that. Since I was twenty years old, life has been cruel. So many

operations, so many illnesses...” She talks about her mother,” She worked in a house, and the same story that she left me in a box under the stairs and I cried, because the owner of the house did not allow my mother to give something for me to eat. Therefore, I suffered a lot. Since my mother was pregnant, since my mother was pregnant she stayed lonely. My son doesn’t love me, first, because of my illnesses, second, because I was always at the hospital, and my mother brought him up; he loves my mother more than he loves me.”

The violence in the paternal house, and the common violence, makes the memories something painful. A woman, who is eighty-two years old and belongs to the second socio-economic level, remembers when she was twenty years old and having arrived in Bogotá due to the violence in her paternal house, “I didn’t know my mother. My father got married and my stepmother hit us, but she hit me more than the others, because I was the younger; I suffered a lot with her. For some months one of my aunts took care of me, another three months and another aunt took care of me, so I never had a stable house. Practically, I did not have an appropriate childhood. When I began to take care of myself and to keep going, they forced me to get married with a man I did not love so I ran away. In that way I, (laughing), I arrived to Tunja, to a convent and I cried a complete year. One day a woman arrived, asking who wanted to travel with her to Bogotá, another girl and I went with her. It was a terrible sacrifice, because you did not know anything and the woman sent us to different houses. I was not used to it and I cried I listened to the train whistle and cried. I told them to take me back to Tunja, or take me back home, but I did not want to be there more time. Suddenly a woman appeared, God bless you, there was a woman with a baby three months old and asked, ‘Do you want to stay in Bogotá?’ I told her, ‘I don’t want to stay here.’ She said, ‘I know a woman who needs a girl for company; she has two adoptive girls and she needs someone

who accompanies them, someone who accompanies them too take the school bus. I told her, 'I don't want.'

The woman interviewed got married with an alcoholic man and had fourteen children with him. "I have only seven, eh..., one of them died, because he was crashed by a car, eh..., I had two involuntary abortions and two girls who died when they were just eight months old." She comments about her family life, "I had to be both mother and father, I faced life that way. I worked, I had a business at home, a restaurant, and this business gave me enough money even to support him, because he was an alcoholic person and sometimes he did not allow me to work, because he was a nasty man. Today, I thank God for the arrival of the son of Ruth (her daughter); he made him change; now he is a gentleman, now everything is normal, everything's normal." She asks of life, "That God may give health to me, God may decide to take me back, but that it may not be a bad death..., that he may not give me a long sickness, that the death may be normal, that it may not be an accident, I'm afraid of being crashed by a bus, or something like that. I was robbed. I was..., the thieves wanted to rob us here at home, but we faced it and here we are; they robbed the money from us and other things but, but its normal... I thank to God for my home, we do not live in the opulence, but the peacefulness at home is the main aspect and no more. I always ask God that my grandsons and sons have a good life, that they may be good parents with their sons and that their sons may be good sons with their parents like my sons and no more."

At times, we heard stories that seem to be the testimony of miracles. Even after being the victim of the violence in the paternal house and the violence of a husband, it was possible to overcome those terrible situations. A woman, who is thirty eight years old and belongs to the fourth socio-economic level, talks with an interactionist control quality about the violence in her paternal house, "That happened in the house of my father and my mother. There was anger from my father's side and because of that..., it

caused physical and verbal violence. You confront the other person, because you want to protect your mother, no matter how, answering verbally in the same way, but it has changed, because it doesn't have any good results, it makes things get worse..., They lived this situation all life, since I was conscious about that until the day they got divorced, all the time." The woman narrates how her mother faced this situation of violence conducted by her husband," Controlling the anger in the marriage, something that you have lived in the family and you have to live through that again. The way to face it is trying not to change things by yourself, but to trust God, who can change everything, also learning to be quiet when your husband is anger, this is something difficult, because you are used to answering with the same anger, so it's difficult, but you have to be prudent, to be silent and to control yourself. That has been the big difference."

The woman also got married with a violent man. Nevertheless, she and her husband are learning ways to overcome this situation with professional and spiritual help. "It was difficult for me to face the same situation in my marriage. It is something you expect not to live again, but to face it again and the challenge is of saying I don't want this, I am facing it, so what can I do to figure it out? What can I do in order not to suffer the same? How did I face it? I am fine. At the beginning crying, expressing outburst of anger and looking for psychological support, but never to the family. My family do not know anything, never..., nobody knows it. Looking for psychological support, going to the Church and doing this I concluded that what I'm doing now, to be quiet, to be prudent and to leave everything in God's hands..., Crying and expressing outburst of anger..., There was an increase in the aggressiveness and there wasn't anything else. Nowadays, when I try to be quiet and prudent at the end of the argument the person recognizes their mistakes saying, 'yes, I committed a mistake. I'm doing my best, so it's improving'."

The woman gives an example of how the situation has improved, “Its better, I would say that it has improved a seventy percent of the one hundred percent it was when we got married. Going to the psychological support, going to the Church, reading a book called, “How to control the anger,” and..., and having dialogue. We have tried to talk about the problems. For example, last night we went out to take the dog for a walk, it was late and he asked me if I had the keys and I told him I had them. When we came back, I realized I did not have them; I had the keys of the car... I thought he was going to get mad, but he control himself; in addition, we spent half an hour ringing, because my son was at home, but he control himself. After that, he told me it was difficult to think in those moments. It is satisfying, because you feel anguish I made a mistake and now we are going to argue and all these things. On the other hand, today, we went out to ride a bicycle and if I passed him he get mad, and if I remained behind he also get mad. I did not tell him anything at that moment, but when we arrived at home I told him, ‘you have argued with me all the time.’ He told me, ‘yes I know, you’re right, it’s true.’ He recognizes that he has a problem and it has helped him a lot.” The woman makes a reflection about the things she has done to change the behavior with, “I think that the most important thing I’ve done is to be in his shoes. Learning to understand that my husband’s problem is like an illness and I have to learn, to know it, to handle it and to help him to recover from it I have to help in order not to commit more mistakes that lead to that kind of situations. When I thought in myself, in my own pain, it was difficult and now I think more in his feelings than mine, so there is reciprocity, because he is doing the same. He knows what makes me mad, so he’s changing these things; we focus the energies on loving us.”

Sometimes, faith on God helps individuals to get free from alcohol, for their own benefit and their families. A man, who is thirty-seven years old and belongs to the third socio-economic level, narrates when he decided to stop

drinking, “I, when I was young, I drank excessively, but I had a great help and I changed my bad habits. Now I live a healthy life, because, I mean..., I drank too much and I could sort out my way. I wasted many years, spending all my money on alcohol, but someone told me about a meeting and they helped me. I mean it was a Church and they advised me to study the Bible. It saved me and I had the opportunity to change my life, I got married and found the sense of my life. The teenagers do not receive any orientation and there are many individuals who lose their lives, because they do not have a guide. I did an analysis of my mission in this world and suddenly everything had an explanation. I hope to not get apart from God. There, in the Church, in the Church I am going to, I found my wife and I think God put her there, in my life to correct the mistakes in my life. She has helped me not to give up and not to fell down again.” He talks about his life, “I made my decisions thinking on my family’s benefit, but God endowed me with free will to choose my way of living.”

It is terrible for kids when parents constantly argue. The emotional and social effects on the children resulting from these quarrels are not good. A girl, who is fifteen years old and who belongs to the second socio-economic level, narrates, “My parents... When love dies between parents it is terrible, you think that..., what can I do to make them fall in love again, what can I do? A quick solution, because if there is not any solution love finishes, it dies each day that passes. It is worse, because the love is falling down, it is suffering, and there is not any solution so that was the reason... You see the things they do, with immaturity, I think they are old enough to make decisions and you see the damage they cause. You keep all this things, but then you show them up, like the indifference between them and they don’t talk between themselves, so get divorced.” She talks about the emotional and social effects of this situation at home, “If someone asks me, what’s wrong with you, I answer that it’s not your problem. Don’t ask me, I don’t want to talk with anybody. That

behavior has made me lose a lot of friends, because I am always in that mood, always. The situation has not affected me academically speaking, because, as some individuals say, that when you have problems at home, you can take them with you. I leave my problems at home, but I know that when I stop doing something the problems come back to my mind. It does not affect me academically speaking, but it affects me morally and emotionally. All my classmates love me, because I am a very tender person and when I have the opportunity, I talk with them. That is why they ask me what is wrong with you? But, I tell them not to talk with me, not to tell me anything, because..." The girl is thankful with her life, "Because, thanks to God, I have had the daily bread, I have always had a place to live in, I have had the love of my parents, but I haven't had all the material things that I need sometimes, clothes. Sometimes I do not have things to offer... I... I think my life is nice, but sometimes I feel bored and I think..., I say I can't keep going, I'm going to fall down..., how to disappear of this world, I'm tired of this." To the interviewer's question of do you have someone to talk with about these depressions, she answered, "I don't, I don't find the person, I can talk with many individuals, but I don't find that person, I've never found a person who understands me and who tells me this, and this; a person who can guess what's wrong with me. I always look for a solution, leaving home, but I am not capable of it. When I'm depressed I want to leave and I begin to pack my things, but I breathe and I think I'm not going to do such foolishness." The girl asks of life, "I would ask the love between my parents that they love each other again and they live together again and I give them what I can. Give them a house, give them..., that they have everything, because they have given to me everything I have needed. So I can give them all they need, that's what I ask life and I recover from the de-pigmentation of the skin."

A woman, who is forty-seven years old and belongs to the third socio-economic level, begins the interview

commenting that on the same day of the interview her daughter would have been thirty years old, but she was robbed and violently killed; this took place ten years ago; approximately, her daughter died, six months after finishing the university studies. The woman overcame her death, but it is impossible to forget and it is a wound that never heals. For this woman, it was important to get divorced, because of the violence within the familiar nucleus. She has wanted to give their sons a good education and a peaceful home where they can live in harmony. She lived fifteen years being hit by her husband, who was not able to dialogue and solved everything with violence. To the question would you like to ask something to life, she answered, "There is a wish that I win the Baloto, in order to give employment to many individuals and to do what I want; I like that, to do a social labor with all the individuals who are suffering this difficult situation."

It is very interesting the interviewer's observation made at the end of the interview with this woman. "It's important to point out the fact that in the questionnaire she wrote that none of her relatives had been victim of violence within the familiar nucleus, common violence, state violence or accident, but when the interview began, she decides to talk about the death of her daughter who was victim of common violence. Her daughter was robbed and killed. The woman also refers to the divorce which was the consequence of the violence within the family nucleus, the physical and verbal aggression which was observed by her daughters."

E. The separation of The Couple

A man, who is forty five years old and belongs to the third socio-economic level, narrates the process of his divorce, how he find another wife and his faith in God, "We would say that I got divorced, because I lost my job, the economic situation. My wife..., my wife joined the meeting of the communal action and therefore we began to..., we

began... I have a taxi, I arrived late, she arrived late, we didn't pay attention to our sons, so we began to argue and we concluded that..., that it was better to get divorced." Now, the man is a member of the congregation of the evangelist Christians, he has another wife and God is very important for him "I think that the day I get apart from god..., today, in the day he is the only one who gives me courage. Eh..., I pray, you talk with him..., but I don't know if it's true, but you feel peace a lot of peace and..., it's..., it's..., It's evident. I mean, I have lived in my life that I have achieved goals." To the question what do you ask life he answered, "I ask life, my family life, that violence may never touch us. To keep going with God's hands, my sons and their sons, with God's hands. I think that when they get apart from God, they are going to be individuals without a goal. Eh..., they are not going to feel proud of the things they do economically, physically and spiritually speaking. The day they get apart from god is going to be unpleasant for them."

Most of the time, the support of the family always remains. When a married daughter gets divorced, she needs the support of her family for herself and her family; it is, for her son. A woman, who is forty one years old and belongs to the third socio-economic level, narrates with an interactionist control quality, the separation from her husband, the father of her son; fifteen years ago, because of her husband's infidelity. She talks about the support of her family, "My brothers, or my family, didn't reject me, nor abandoned me. On the contrary, they supported me and helped me. They also helped my son emotionally and they gave benefits to keep on working and studying with enthusiasm, because I was depressed, but they gave me a great help." She talks about the effects on her life, because of the separation, "maybe, now that I am beginning a new emotional relationship... At the beginning, I rejected him and I protected my feelings, because I did not want to live through the same thing again. It was difficult to adapt myself, we have been together not so much time, but I

realized that life is giving me another sense. God has also given me another way of perceiving life; I understood that everyone is different, has a different way of thinking, behaving and it's a new opportunity that God wants me to live; to find another way of feeling, seeing, expressing, listening to other individuals, feeling me proud of myself, and now, I'm living it and I thank to God."

The death of the marriage is a hard crisis for the family. A man, who is forty one years old and belongs to the fourth socio-economic level, comments on his difficult decision, "Because of the death of my wife, eh..., logically, your life changes, it changes a lot. I had to do many arrangements, not only economically speaking, but also at work, because I needed to be with my sons. Because, I have three sons and in a short period of time, God put a new woman in my way and I have a new family. I think that, that..., that it was the most difficult decision I have made, because it's not easy to accept a strange person in a home where there are three teenagers of different ages and it's difficult to get used to it, it's difficult, but I think that it was the best thing that has happened in my life in the last three years. It was difficult to overcome the death of my wife, eh..., it was eh..., it was a good decision to organize my home again and to have a person who helps me. Definitely, a man cannot live alone, it is necessary to be married. Definitely I think that, in the last three years, it has been the best decision. It was difficult, but I see the fruits, because I am married and it has been a blessing, because my little sons have again a mother. Although, sometimes my older son doesn't accept her the same way, he has a friend in this person; he can talk with her and share with this her since that is what he wants from this her".

Sometimes, the spouses suffer a lot with the death of the marriage. A woman (she is one of the few individuals who expressed political thoughts), who is seventy two years old and belongs to the fourth socio-economic level, narrates with dignity, wisdom and mental serenity, and with an

interactionist control quality, a very sad story, “I arrived, came out of Yoga class, I came and when I turned in Carulla, in the car, I saw he had died suddenly playing chess... I thought I was going to get crazy, but I am a very strong person and I reacted in a favorable way. Thanks to God, I could overcome this situation even if it was a very hard hit; it was like if I would had been injured by a lance, imagine when someone is injured in the chest with a lance from above to downward, the pain was terrible, we loved so much, we enjoyed life. He was a lawyer, 81 years old and his heart blew up. We lived together thirty four years, five hours and twenty minutes..., and five years and a half of being friends.” To the question are you happy she answered, “Well, I’m not completely happy, because I don’t have enough money, because this situation is very heavy, but I have been spoiled by my sons, by my life itself and everything. I feel fine, very fine in the sense of love and everything, but the situation is very difficult. It’s very difficult in this country with all the taxes that the president has imposed, he’s killing us I tell you, and the increase of the gasoline every month is a terrible thing, he doesn’t think on..., they don’t think., the ones who are at the top don’t think on the others, they don’t think on the common individuals They do not think on the common individuals and one day these individuals are going to rise in rebellion and it is going to happen much the same as in France. People are going to revolt, because of the hunger. The French revolution was caused by hunger; so, what is going to happen here? Here we have a time bomb that is going to blow up immediately-the displaced people. You imagine when these displaced people rise in rebellion... There are thousand of them! There are millions! The government doesn’t pay attention to them and it’s a spectacle to see all these people in the streets, children, men, sick women, pregnant women, all of them beseeching charity and you can’t give money at every intersection, because you can be affected.”

The interviewer writes at the end of the following interview that the mourning the woman was experiencing required conversation prior to the interview. She needed to calm down, because the memory of her divorce, the causes and the consequences, were very recent and painful. In addition, her sons, who are very little, were there at the moment of the interview. The woman, who is 31 years old, belongs to the fourth socio-economic level, and communicates with an interactionist control quality capacity, narrates, "About my life. I was born thirty-one years ago, here in Bogotá. Eh..., my family is composed by..., my father who died like..., fifteen years ago, more than 15 years I think, my mother, who is alive, thanks to God, eh..., I have three brothers, Uh..., my actual marital status..., I'm divorced with two sons, Valentina who is four years old and Daniel who is three years old. I am a social worker, with a specialization in labor law, a title in human resources management and I am unemployed since two years ago. I'm looking for a job and now I'm sending the resumes." She had an accident six months ago and says of this, "Yes, I had an accident on January..., January 18 of this year. I had a traffic accident; I had two fractures one of the foot and the other of the fibula. It has affected me a lot since I have been incapacitated three months and I think it is going to be prolonged more time, because of the physiotherapy Until I can come back to the normal activities I am not... It has made it difficult to be accepted in some jobs..., from those which I have received an answer." She narrates the overcoming of her divorce as a maturation process, "In order to not depend emotionally on a person, because this person becomes like part of yourself and you say, I die without him, but the reality is that it's just an emotional dependence and... Well I want to demonstrate to myself that I can keep going with my sons, even if I have the economic support of their father, but I can do my things in addition It is important to find the positive side when you get divorced. Now, I can do the things I want and maybe when I was married I couldn't."

The widowhood and the solitude are not easy life conditions. Although the woman belongs to the fourth socio-economic level and has an interactionist control quality, she suffers from social isolation. The woman is seventy one years old and the interviewer describes the interview by saying that she is a person suffering from depression, her solitude is evident and her present economic limitations does not allow her to have the social life. She was accustomed to having had a certain economic level and this makes it difficult for her to get accustomed to this new condition.

F. Economic Problems

The widowhood and the solitude are not easy life conditions. Although the woman belongs to the fourth socio-economic level and has an interactionist control quality, she suffers from social isolation. The woman is seventy one years old and the interviewer describes the interview by saying that she is a person suffering from depression, her solitude is evident and her present economic limitations does not allow her to have the social life. She was accustomed to having had a certain economic level and this makes it difficult for her to get accustomed to this new condition. Her husband was a lawyer, but he failed to leave, "Any retiring allowance," to his wife. She had worked all her life with her husband, "And you don't receive anything and it's terrible to live like this... And that the men of the interviews think on the, on the widows, because nobody thinks on the widows, because they leave us to go adrift and you can't find a job, because you can't do anything, because you are neither an old woman, nor a young one."

A woman, who is sixty-six years old and belongs to the third socio-economic level, also narrates that she had to shoulder the economic responsibilities after the death of her husband. She was widowed five years ago, after a marriage of thirty-eight years. She had five sons. Since the death of her husband, she has had to shoulder the

responsibilities of the business, as none of her sons wanted to accept his legacy. “Due to that..., due to that you get sick of the nerves for one, or another thing, because you know you have to respond to the individuals who gives the loans and all this.” The woman is thankful with life, “Yes, I’m a fortunate woman in spite of the death of my husband, but I’m very lucky, because I still have my mother alive. My mother is ninety-two years old and I have her moral support, that is very important, and my family, all my brothers... I have, I have faith, a great faith.”

A man, who is thirty-three years old and belongs to the first socio-economic level, narrates a story full of efforts to give worthy life to his family. He left the countryside, he bought a house, had sons and he lives to keep going with his family. He does not ask too many things of life. He does not talk too much, but ten years ago he relates, “The decision I made was to go out of the countryside, because the work was bad, and to come to the city to see if it could improve.” The man was a farmer and, “The coffee began to run out, we lived from the coffee, so it got worse, everything got worse.” Now, he works in a brick shop full-time and he is thankful, because he has been able he says, “To buy the house and to keep going with it.” He talks about the external influences of his life, “The poverty, you never have what you need, there are many things that are necessary to live, but you don’t have them. The chance well, I’ve never, I’ve never played games of chance, nor something like that.” Life is important for him, because of his sons, “Well, I don’t know. As I tell you, you have to keep going with your sons and the obligations... because, you have to love your sons and they are the most important, the most important in your life.” On coming from the countryside to the city he says, “The quality of life gets better, because there I didn’t have anything, here at least I have a house.” He is thankful with life and says, “Because..., anyway life hasn’t treated me too bad, so I’m thankful.” He asks of life, “I don’t, well..., I have many wishes, but to achieve them I have to..., I still have to live more time.”

Sometimes, a pregnant woman has to make a critical decision due to different aspects: health problems and the fact of being young. A woman, who is thirty-one years old and belongs to the third socio-economic level, gives a touching testimony. She talks about the most important situation in her life, “When I knew I was pregnant, eh..., I didn’t know if I was going to have, or not, the baby and if I was going to be a good mother.” In addition, she had serious health problems, “cardiac arrhythmia” and “problems of malnutrition.” About her decision she says, “I have my marriage, but the decision I made the decision by my own. He told me he supported me no matter the decision.” She thanks life for, “Having had a daughter and that she was born healthy, not only physically, but also mentally, that is one of the things you are not prepared to face. Um..., I thank life..., let me see... In spite of having had a home, I mean my childhood was very hard, I think that the experiences I had in my childhood helped me to have this temper and I’m also thankful for that and the..., the capacity of, of having more vision than other people to keep going.” This woman asks of life, “That..., I never..., that I always have the opportunity of..., the enthusiasm, because..., because when you lose the hopes, you lose everything. You can have money, love, health, but if you don’t have hopes, you don’t have anything, anything, anything, you don’t have anything, and there is nothing that may encourage you.”

There are stories where we talk about everything: family importance, work, unemployment problem, burdensome economic conditions, marriage, terrible effects of an accident and all the efforts to deal with the crisis that threatens the existence of the family. I present the following interview, almost complete, because it is very touching. The man interviewed is twenty-six years old and belongs to the second socio-economic level. As previously, ET indicates the interviewer speaking and EN indicates the interviewee speaking.

- ET1. Ok, I thank you, because you have collaborated us with general information about your health and now I would like you talk about any situation in which you had had to make a decision which had been very important for you, for your life.
- EN1. I would like to sue, because I have not been in a good situation economically speaking.
- ET2. But why would you like to sue? What situation are you referring to? Tell us what happened?
- EN2. Because now economically speaking I'm very bad, I was crashed by a transmilenio bus, and nobody wants to respond.
- ET3. How long were you crashed by the transmilenio bus?
- EN3. It was one month ago and I don't have money to pay the rent I'm living on my mother-in-law and she is the one who supports me, my wife, my daughter, and so that's why I would like to sue in order to support myself.
- ET4. Talking about the situation that occurred one month ago what happened?
- EN4. The transmilenio bus crash me, it crossed the semaphore when it has the red signal.
- ET5. What did happen to you in the accident?
- EN5. Doctors took out a kidney. They also took out the milt and I have a broken foot. It's missing time to get over the kidney, and the milt removal, because I have to rest at home.
- ET6. Who paid the surgery and all the expenses?
- EN6. My family paid half of it and we are paying some bills. The other part was paid by the insurance of my motorcycle and that's why I want to sue. I already sue the transmilenio, but the persons in charge don't want to respond, because they make part of the government, for that reason they don't want to respond.
- ET7. How long did you sue the transmilenio?
- EN7. I was in the court of law three days ago suing and giving my testimony.
- ET8. What are you asking in the claim for?

- EN8. To get a new kidney and also a new milt, because I feel very bad without them.
- ET9. Do you want them to pay the transplants?
- EN9. Yes, I do, or that we arrive to an adjustment in which they give me an Insurance, in the case I get sick, because I don't have anything.
- ET10. Like an indemnity or compensation?
- EN10. Right, like an indemnity in the case I get sick due to the lack of the kidney or something.
- ET11. What has been the answer of the court of law? How many time will the process last?
- EN11. They told me the process will last between one or two years, and they didn't know if I could win ,or not, because I have a lawyer paid by the state and these lawyer aren't good. The persons in charge of the transmilenio has three lawyers so for that reason I have to wait to see what happens. They told me I need evidences and I have already given the evidences to them, and the process takes between one or two years.
- ET12. Emotionally speaking how do you feel?
- EN12. Too bad, very bad, because at nights, I feel a lot of pain in the stomach's wound and when I go to the bathroom I get desperate, because I can't defecate. I have been very desperate and economically speaking I have been very bad. Here, where I am, I have anemia, because I don't have red globules, because I'm not eating well. I'm not eating the food that the doctor advise me to eat, but I eat what I can. Nothing else, because economically speaking at this moment I don't have money to support myself.
- ET13. Has it been a very complex situation for you?
- EN13. It has been very difficult for my wife, my daughter and me.
- ET14. How has this situation affected them?
- EN14. They feel very bad. My wife looked for a maid job and she works just two days and with that we try to support ourselves, to pay the bills and the rent. We

haven't paid my mother-in-law, so all these situation desperate me.

ET15. What have you done to face this situation?

EN15. To face it I have had a lot of patience and I have begged help to God in order to go through this situation with my wife and my daughter, because for me, I think these are God's tests that one has to overcome.

ET26. Would your life be more influenced in the sense of external influences? Why?

EN26. In that one, because for example my family... I would like that my family may be fine, that they wouldn't be going through this situation; that's why I say that one, because I get worried about my family, for my daughter and my wife. You don't know when and how you are going to die, so I would like to give them something in order that in the future, they don't suffer what we are suffering now. Starving, paying the rent in order to have at least a place where you can live in and be fine, where nobody annoys you. Friends have a great influence on you, some of them influence you to have bad habits; but it's up to you, isn't? But in this life there aren't friends, I don't know, that's my past, because friends lead you to many problems, many conflicts and that's why friends don't influence me. I prefer to pay attention to my family in order to give my family a good future.

ET27. When you think about the sense this situation has had in your life, what would you think about that?

EN27. About what?

ET28. With the accident and everything, don't you wonder why do you have to live through this situation?

EN28. I always say for myself, in my mind, that for example, in this problem I had to face, in which I was between life and death, because I was three days in coma. When I arrived at the hospital I was dead and the doctors revived me, because I lost much blood. I poisoned myself..., so I say for example, in this

eventual problem, that these situations are God's tests in order to see if we can face it or not. I say there are ways to face it and to keep going and to have faith in God. God is the only one who can help you... nobody else.

ET29. What is important for you in your life?

EN29. The most important thing in my life is to keep going with my sons and my wife.

ET30. Why?

EN30. Because I have suffered a lot; I'm twenty six years old and all this years I have suffered a lot. I have been starving, I have been in the streets, I have been suffering a lot looking for something to eat; when I was single, I tried to rob in order to eat, because I didn't find a job, I didn't find anything. I didn't have any place to live in and my brothers were the ones who supported me and from that moment I have keep going and I didn't have to rob. But, now nobody helps me since I have my wife and my sons, each one took his path.

ET31. Would you be thankful with life?

EN31. Yes, I would. I love my life, because life is very wonderful and now after living this problem, after doctors took out my two organs, I knew what life is and life is wonderful. You must love it and take care of it.

ET32. When you say that life is wonderful what do you mean?

EN32. What does it mean for me? That life is very wonderful, to see your sons growing up and know they are going to be fine in the future. That is life for me.

ET33. Would you ask something to life?

EN33. I would ask many things, but I don't know what to ask since life makes you change a lot.

ET34. But what would you ask right now?

EN34. Right now, what would I ask? I would ask a good job, to have a stable job and to have an acceptable live with my wife and daughter. To give them something,

that's what I would ask life, to give me something profitable.

ET35. What do you mean with something profitable?

EN35. Something profitable like having a place to live in appropriately, where nobody is asking for the rent, for the bills. A comfortable place to live in with my daughter and my wife, in order that nobody annoys them or humiliates them. That's what I would ask.

ET36. Ok. I thank to you for your collaboration.

EN36. Ok. Thanks to you, have a nice day.

This interview demonstrates that in Bogotá it is not possible to talk about the family without talking about poverty, health problems, unemployment, accidents, penury, desperation, hope and gratitude.

The stories of young women, almost girls, who have already begun to fight for better life conditions, are amazing and full of dignity. A woman, who is nineteen years old and belongs to the second socio-economic level, has two little girls. She has not been able to educate herself, academically speaking, but the way she communicates shows a respectful interactionist control quality. She works as a housewife and thinks of studying, "To have a better future. When I was twelve years old, I made the decision of working. I worked and bought my own clothes. I supported myself since my parents are very poor. They could not give us the study so I decided to work for myself. I worked until the age of sixteen as a maid. I supported myself; I bought my own clothes. Eh..., I have always liked working, because I don't like sitting around, we have been very laborious. I learned many things, because sometimes when you come from the countryside you are very naïve..., you learn many things. I learned how is life in the city, how you have to address individuals in order to talk, and many things. Eh..., I always learned..., that..., what I didn't know, I learned to cook, how to maintain a house. Eh..., you have to be clean and you have to keep things clean. I never go out at night, to go to parties, I cannot do that, because my daughter

don't allow me, they are very little. Sometimes I go out, but I go out with my husband, but he always, sometimes arrives late... He has a motorcycle... I'm scared, because this place is dangerous, I'm afraid, because of the insecurity, but thanks to God nothing has happened."

A man is sixty-three years old and belongs to the second socio-economic level told how important it was for him to fight for his retiring allowance when he was fired from his job, because of a personnel reduction. The family is very important for him, "Yes, my family has been the most important for me, because they have never abandoned me. They have always supported me, I mean, I made my own decisions but first of all, I ask them and they help me, or tell me what is wrong to correct my mistakes."

A woman, who is sixty five years old and belongs to the second socio-economic level, narrates the effects of the economic problems on her health, "No, I feel unprotected, because I don't have a job, because of my age and I always go to the doctor through the SISBEN. Sometimes they do not do expensive analyses, because they do not pay anything. You cannot get all the medicine due to the lack of money. At the hospital..., sometimes the doormen are aggressive, they say 'come another day, there aren't appointments', that I have to wait to make an appointment, 'come from Tuesday to Wednesday, because today there aren't appointments', that the medicine..., that sometimes I have to come back. You have to do many things to get the medicines and sometimes you do not get all the medicines. I have to ask my sons for help in order that they pay the rent, because I do not have the money. I don't have a job and nobody wants to give you a job, because of the age, so I always give God the glory and the honor that my sons pay the rent and give me the nourishment, because I can't support myself."

A woman, who is seventy-eight years old and belongs to the second socio-economic level, has been sick throughout her life. Now, she is suffering from headaches, because she fell down on the street. A neighbor saw her

when she fell and called one of her son's relatives who came, picked her up in the ambulance and took her to the hospital. In the past, her sons and her husband who worked paid the medical expenses. Now, she lives alone and she comforts herself with her dogs and praying the rosary and her son-in-law pays the water bill; she is the owner of the house and has only to pay the light bill, but sometimes she does not have anything to eat.

The necessity of finding a job demands going to another city. Almost half of the 624 interviewees came to live and work in Bogotá, but they were born in another city. Paradoxically, the woman who narrates the following story, moved from Bogotá looking for a job. She is thirty-eight years old and belongs to the third socio-economic level. She said, "A nice experience..., where I had to go out from Bogotá..., going to live in Pereira where I found friendly and nice people. Many doors opened, where people were, em..., friendly. Em..., very different from the people from Bogotá, we are very..., I say we, because I am also from Bogotá and we are more reserved. We are not open-minded to open the doors to any person. Here the door is always open, they help you and obviously, they have to know a little, but that proximity, that approximation, in order to have the doors open is really quick. It was an experience that marked my life and I could experience the solidarity of the people. At that moment, there was a taxists' strike and all the city was closed. All the entrances and exits in Pereira. I saw when people went out with their vacuum flasks early in the morning and they got near to the cars to help the taxists, to give coffee to the kids. They invited women and men to their houses in order that they took a bath. I think that it's difficult to see something like that here in Bogotá, but I'm not saying that there aren't friendly and lovely people, but it's more difficult to see it in Bogotá than in a village like..., I mean in a city like Pereira." She talks about the culture, "The culture, the climate, the ecosystem here and there, everything is different; here the cold makes the difference. There, the majority of

individuals are from Pereira. Bogotá is a city of everyone and that makes the difference.”

At the end of the interview, the interviewer commented, “It is important to point out that she is pregnant and has had an abortion menace She did not want to talk about that, because she already has a stable pregnancy. The woman is thirty-eight years old and she is pregnant. Why does not she want to talk about her pregnancy? Maybe, because she is worried about the health of her baby and she do not want to remember that menace, or because you do not talk about personal things like the pregnancy with a woman that you just met for first time in your life. The woman has two sons who live with her and her husband.

G. Pregnancies

Four of the seven pregnant women, from the 395 interviewed, talk about pregnancy during the interview.

A woman, who is twenty three years old and belongs to the second socio-economic level, gives the following answer to the question what has been the most important and meaningful situation in your life, “Well, I would say, that now I’m pregnant..., it’s important for my life. My goal is to have my baby and that he may be healthy and strong. After that, I want to study. I want to begin my studies, to..., to give him a better way of life and..., it has always been my..., my..., like my dream, but I haven’t could make it real, because I have had many husbands who have abandoned me, but this is one of the most important goals, to study and to give my baby the best things, the important ones. (Laughing) The important ones, I mean more things that the ones I can give.”

A single woman, who is twenty years old and belongs to the third socioeconomic level, talks about her pregnancy as a special situation in her life, “It was a surprise at the beginning, it was difficult. I didn’t plan it.” The economic situation of the young mother was difficult and she was studying. Nevertheless, she has had the support of her

son's father and all her family. The woman thinks so much on the future of her son, "I have to work in order to give him everything." She feels her life is going to be more important, because of her son, "Because he's going to need me and I want to stay with him always." She is thankful with her life and she says, "And more with my pregnancy..., it's the most beautiful; every woman has to live this."

A single woman, who is eighteen years old and belongs to the second socioeconomic level, is pregnant for first time. As an important situation in her life, she does not talk about the actual pregnancy, but about a situation when she was eight years old and her mother "was gone with another man." The woman and her sister who is six years old followed her mother. The woman has never known anything about her father, but the husband of her mother hit them and mistreated them physically. She says, "I have a strong temper and I did not tolerate that, that he hit my sister. I took my clothes and I went away" She went to live to her grandmother's house with her sister. Although she is pregnant, the abandonment of her mother and father since she was very little remains in her mind. The father of her son is "a chauvinist person" and she does not have a good relationship with her mother-in-law. But, she says, "Life in general is beautiful. I want to have a family. Maybe the one I could not have and give it to my sons, and my daughter who is going to be born. I want to keep on studying, to succeed in life." She is happy and asks of life, "That she can give to her marriage an emotional stability."

A woman, who is twenty two years old and belongs to the fourth socioeconomic level, lives in free union and has a son who is two years old. She had an involuntary abortion, but now she is pregnant. She says that the decision of having her baby was very important, because, "It wasn't planned. I was young and I did not have a job. I was not studying. I was young, I was not prepared to have a baby, and my husband was young We had to analyze the situation, because we did not have money, or jobs. He (her husband) didn't have a job and we had to make the decision of having

the baby, or not.” She had her baby, because, “We talked with many individuals and they advised us. Really, I never thought on the possibility of not having, or having an abortion. I always wanted to have a son.” Her father did not support her studies so she could not keep on studying. Her mother and husband support her. “I was with my family, ah! Something important was that my mother opened up a business and I worked with her. I did not receive a salary, but she fed me and I did some works. I fed myself with the money I earned with those works.” She talks about her actual life, “My son is two years old and I have a part-time job, but in this job I don’t have a good salary. I have to pay the study of my son and I do not have enough money. Neither does my husband. Maybe we have to look for a nursery school, because they are less expensive. The kids don’t receive the education they need, but it’s what we can pay for.” Becoming a mother has changed her life she says, “Now, I have a positive attitude. I want to find a quick solution and I think quickly. For example, if I want a job I go to work, but I always have a problem with my son. I do not have anyone who takes care of him. My mother is working. I have a sister who sometimes helps me in that sense, but she cannot help me, because she works and she has to take care of her sons so it is difficult for her; she also suffers, because of the same. I always try to overcome the situations that do not allow me to achieve my goals. This situation changed my life; it changed completely, because now I am a person who analyzes things before doing. Before this situation, I didn’t think. I was used to drink, to go to parties. I wanted to live my youth quickly, but now that I have my son I think and I say I can’t live like that, working, studying, always to keep going. Now I’m more, what we call, I’m more mature in my thoughts.” About her thoughts she says, “I always think on the future of my son and that makes me to be stronger and gives me more courage to achieve my goals, to be successful; I always think on my future and the future of my son, my home and my family. I mean my life has had a great improvement.”

The sense of her life is, “To give a better future to my son, also be a professional and to keep going with my family.” The important things in her life are, “God and my son. God gave me the opportunity of having this life, my son and of being here in this world; my son, because it’s something that I, as some people say, because it’s something I conceived with love, I wanted to give him life, and if God wanted to give me the opportunity of having a baby, he wants me to give my baby everything he needs.” The woman is thankful with her life, because, “I have learned a lot of things from my life. That if I fall down, I have to get up and overcome the situation; I am 22 years old and these years have been useful to learn to fight, to be strong, that if I have a problem I have to face it. The sadness, the depression and the weaknesses are not part of my personality. I always have to have courage.” She asks of life, “Economic stability, a stable work, mm..., a stable home, the unity and that God may be always with me. Always.”

H. Abortions

The analysis of the 624 questionnaires has indicated that 25 women of the interviewees have had abortions. It is not strange that the women do not talk about abortions, but it is important to know the life’s stories of these women.

The following story is one of the most touching stories of all the interviews, this woman, who is fifty four years old and belongs to the third socio-economic level, lives in free union. A doctor practiced her abortion and at that time, she was forty-one years old. I present almost all the interview:

EN1. Well, I’m going to narrate, for example that I, when my mother died, I was, I was seven years old. Eh..., I had turned 7 on April 5 and my mother died on May 11, on the mother’s day at 11 o’clock in the morning. Eh..., we lived in the Amazon and we were, we were, 2, 3 sisters and 2 brothers. Eh .., my mother was hospitalized in Brazil, far away, you had to travel by

boat, ship or anything, but you can't travel by earth. My mother left me with one brother, the older brother, but he took me to a woman's house. That woman was married with a German man and had sons, so she wanted me to take care of them, but I was accustomed to be with my mother and I didn't like that. I was there more or less 8 days, but on Saturday, the day before the death of my mother, I felt I had to go. I had to go, because I couldn't sleep, but I didn't have, the..., I mean, I couldn't go out of this place, because I had to travel by boat. Nevertheless I remembered that there was a man who traveled on Sundays, at 2 o'clock in the morning I got up trying to be hidden, at that epoch, I didn't wear shoes. I left the shoes under the bed and I went to the harbor, I found the boat of the man and hid. When they realized I was on the boat, it was too late, they couldn't go back, This man was a friend of my mother, he introduced me my husband some years after this situation. He asked me where I was going and I told him that my mother was hospitalized, and I wanted to visit her. We arrived at the harbor at 5 o'clock in the morning and the man left me there And I had to go to the hospital; from the harbor to the hospital it took 2 hours walking. When a girl walks, when you are a kid you walk a lot. I arrived at the hospital, more or less, at 9 o'clock in the morning. I went to visit my mother and when I arrived she was very sick. I remember that the only thing she told me was that if she died, I had to go to my godmother's house. At eleven that morning I remember that I was talking with her and she felt very sick. When the doctors arrived and took me out, they were there like half an hour, and then they let me go inside the room. My mother was already dead and I was alone, without a family My brothers were far away, they took her to a font, to a big font that I remember very well. The only thing I did was to ask for a candle and I lighted the candle for my mother. I was there

much time, alone, without knowing what to do, after a long while, a nurse appeared and asked me if I was hungry, I was starving. She told me to calm down, that she was going to call my brothers, so she sent a boat to inform my brothers and they arrived at 11 o'clock at night, I was with my mother all that time, we were going to another place. Well, I lay down near to her, because she was put on a table and I woke up, we arrived to the place we were going to pray for her. My brothers did not allow me to go to the burial. Three days had passed, when an uncle I didn't know, appeared and told me that he was going to take me with him, and he took me far away in the Amazon. There, he had many sons and a girl who was 14 years old, but they, eh, eh, they cut rubber, that was in the mountains of the Amazon; there we spent like 8 days, rowing, by the river.

ET2. It was far away.

EN2. Yes, it was, and they made me to get up at 2 o'clock in the morning.

ET3. Did they take you to work for them?

EN3. They took me to do the breakfast, to do the breakfast for all the people. They went out at 4 o'clock in the morning and came back at 4 o'clock in the afternoon and all this time, you had to be working. I got bored of being there, I wanted to come back to my brothers' house. One day I hid, they went to a very little village, so I hid. I remember that I hid in a thicket. I was 9 years old and I hid in a thicket, that..., I think that only the will of God hid me Ay! I prayed in order that they did not find me and they did not I stayed with an aunt, but this aunt was the kind of person that..., if you are living through something good or bad, she does not give an opinion. I stayed there and a cousin told me, well now you have to work and earn money in order to go to the city that was far away from there.

ET4. Of course.

EN4. I was working more or less 2 months, exporting yucca, when a man who had a boat told me that he took me to the city and I paid him for the travel. What did he want? The man wanted to rape me! A very fat and ugly man who was driving, there was a man who drove the..., the..., eh..., the motor of the boat. The man arrived to a beach and left me there, like at 11 o'clock at night. The owner of the boat was drunk. Eh... Well, many things happened to me. I stayed there and the next day I found a family. I told them the situation and they took me again to a Brazilian harbor. I stayed there, I worked with individuals who suffered from tuberculosis. There were beautiful, blond and pretty girls, with blue eyes, who had tuberculosis. A girl told me, "You know, I see you are very strong, you are not afraid of anything, I'm sure you are not going to get infected with the illness we have." She was Right! I was with them 2 years. I lived with them 2 years and I saw how they died, one by one. They had a house in the yard, far away, when a person was very sick, individuals took the person to that house and there he or she died. When they died, individuals burned everything, in order to wait for the next one. I was with them 2 years; I lived with them and loved them. I learned everything, everything I could, but they did not have money. I lived with them, because they received me, they found me and there I turned 12 years old. But, I wanted to go to my brothers' house and one day a soldier boat arrived and someone told me that: the soldiers take you to the city and they do not ask for money. I went to the harbor and talked with them. I told them I wanted to go to the city and they took me there. They left me near, but I had to go walking, so it was far. I walked in order to find my sister whose name is Olguita, she died when she was 24 years old. Susana and Olga were twins, they studied with nuns. So I arrived to Olguita's house, she was not

fine that day. Olguita told me, “Maruja, why don’t you go to ask for a job to Ms So-and-so, who is the wife of a policeman?” I went to her house, they took us..., they took me to a farm very far away and they left us there with other 2 girls alone, in a farm, and the only one who took care of us was a goose. I remember that it was very big and it was very noisy. We were afraid of going out of the farm, because we had to go across a cemetery, AAhh! It was my biggest fear, to go across a cemetery and we were told that for the other path, there was a boa. One night I told Carmenza, who was another girl who was 10 years old, I told her, “Carmencita, I’m not going to stay here,” because that day my godmother had hit me. She hit us and then she put water with salt in the..., in the wounds, and that day she hit me very hard. So, I told Carmencita I am not going to stay here, I am going. I was used to escape from every place.

ET5. Ajá.

EN5. I was refined to escape!

ET6. (Laughing)

EN6. I escaped from there and I was gone. I remember that my mother worked for the Brazilian consul, so I went there. That day I said, I’m going to the consul, to visit the consul. He met my mother and.., I mean, he has to tell me something! I remember that the only thing I had in my hands was, a..., a panties, a panties, because we walked barefoot, nobody gave us shoes. I took the panties, I wrapped the panties in my hand and I was gone. I was not afraid of going across the cemetery, I went across... It was more or less 11 o’clock in the morning when I arrived at the consulate and I knocked (she knocked the table where we were sat). A woman went out and told me, “what do you need?” I need to talk with the consul. She told me, “But who are you?” I am the daughter of Ms. So-and-so. So, she made me come in for, for the chicken door.

- ET7. Yes
- EN7. She made me come in for the chicken door and Aleida asked me, "Who are you?" I told her I was the daughter of Ms So-and-so and she told me they knew her and they received me. I worked there until the day I met my husband.
- ET8. Aja.
- EN8. In order to know my husband, after all I had to live through.
- ET9. And your brothers, why did they allow you to go far away?
- EN9. Because my brothers were 13 years old.
- ET10. Yes
- EN10. They were studying.
- ET11. Yes
- EN11. They were in a boarding school.
- ET12. Ah, when your mother died.
- EN12. When my mother died.
- ET13. Aja...
- EN13. My brother was boarder
- ET14. Yes.
- EN14. He was 15 years old. He was my older brother.
- ET15. You were alone.
- EN15. Alone.
- ET16. You only had your mother.
- EN16. Yes, I only had my mother, because my father, their father was not my father, so I was alone.
- ET17. Yes
- EN17. Alone, since I was 7 years old After my mother died, I began to walk.
- ET18. Ahem.
- EN18. A person took me to any place. Another person took me to another place. I did not like that. I was an expert to escape and I became an expert to escape.
- ET19. Of course, of course.
- EN19. Because I said, I can't. I can't allow..., I was little, but I said, "I can't allow, can I?" That it is an abuse what they are doing with me.

ET20. Yes

EN20. But, I can't allow that. I have to go out I... I don't know how, but I have to go out and then I escaped from all these things that I was living, more or less I was in the consulate taking care of two kids, but it was different.

ET21. Yes, of course, the way they treated you.

EN21. The way they treated me; I already got dress appropriately; I already ate appropriately I did what, more or less, I liked. I talked with different individuals. I already was....

ET22. It was hard the death of your mother.

EN22. Yes, yes, it was hard, very hard, because with her... I was the only one who was with her. I was the one who took care of her when she was sick. She was sick during many years and at that time a doctor, a hospital there.... Ah! It was very difficult to find a doctor and a hospital. Living in that epoch there, it was very hard.

ET23. But you think it was hard and nevertheless, you got on with it.

EN23. Yes, I got on with it, because I was not a naive girl.

ET24. Of course.

EN24. I wasn't a naive girl and the overcoming was, eh, my overcoming was..., I couldn't keep the hits, not to keep it.

ET25. Inside yourself.

EN25. Exactly! Not to say I was hit, therefore I am going to hit. I never thought that way.

ET26. Yes

EN26. I thought, if I am beat, I can't suffer for that all my life, I can't. I can't allow that these situations to remain in my mind; I remember that the last time, because we said they whipped us, we were beaten with the guamo, there is a long guamo. Do you know the guamo?

ET27. Yes

EN27. Exactly, there is a long one in hot places, right?

ET28. Yes

EN28. We were beaten with it and when some fibers came out, these fibers caused much pain. They cut, so sometimes we were hit with two guamos. I remember that the last time my godmother hit me. I told her..., I took the stick, like this and I told her, "I'm sorry godmother; this is the last time I allow you to punish me." I am not going to allow anyone else to hit me and she didn't punish me again.

ET29. Then you were in the consulate.

EN29. After that, I went to the consulate. I was in the consulate since I was 12 almost 13 years old.

ET30. Until?

EN30. Until I was 23 years old that I found, that I met my husband.

ET31. Yes

EN31. Yes, I remember that at the consulate I was growing up, Eh..., you become like beautiful. eh..., I had a boyfriend. Eh..., he was a professional. He was from Bogotá Eh..., but he was 45 years old, he was an older person. The relationship lasted 7 years, much time; we were going to get married.

ET32. Yes

EN32. But he came here to Bogotá and he stayed here years. I mean, he stayed here one year and six months and we didn't see each other.

ET33. Terrible.

EN33. From the place we worked in, all the employees went out, more or less, at four o'clock in the afternoon, to drink a coffee in a small cafeteria. One day, Servio arrived, the man I was telling to you, at that moment he was working at the bank. We were dinking a coffee and he arrived with Esteban, and he (Esteban) told me, "Hi, dear, what's up? How do you do? Come, come, and come." I told him, "what's up?" (He said,) "Come here I want to introduce you your future husband."

ET34. Oh, no! (Laughing)

EN34. So I said, “Who is he?” He showed me the man Esteban and introduced us. The only thing I said was, “Oh! Esteban! That man is so thin and so white!” (laughing) I said that and he introduced us. Well...

ET35. (Laughing)

EN35. We were talking and the next day the thin and white man came back. We began to go out, to know each other, we went to a party... Eh..., and, more or less, 15 days after that we were already living together.

ET36. It was quick.

EN36. Yes, it was quick.

ET37. And you said goodbye to your boyfriend of seven years.

EN37. Bye.. He was here in Bogotá 6 months ago. I remember that a friend told me “Someone told me something,” he told me. I told him, “Yes it’s true.” So he told me, “what happened? So many years... You know that man is married. He has sons. He has a wife. Do you know who is he?” So, I told him, “I didn’t know.” And he told me, “yes, that’s very bad, very bad. Why don’t you ask for that information?” But I don’t know, I... I have much confidence...

ET38. Much tranquility.

EN38. Yes, I said that he didn’t seem to be married, nor he had a wife.

ET39. Do you think that when you met your husband it was the reward for all the things you had to face.

EN39. Yes I think that, because all my life, before I went to bed, the first thing I did was to ask God for a man who loved me. It wasn’t important for me if he was rich..., that..., but he had to have feelings, he had to be a good man. I always asked that. And when Esteban arrived I said, “Oh! I think he is the man that God sent to me, that thin and white man.” (Laughing).

ET40. (Laughing)

EN40. A month later, I was already pregnant. When he came back from Bogotá, I was scared. I was scared, because he came back and I knew when he came back, I

knew he wasn't going to return. So, what did I do? I said, "I'm going." In that epoch, where I lived, there were not many cars. You saw three or four cars. There wasn't a telephone. I mean, I didn't know to talk by phone. Eh..., I didn't know to drive. You never traveled by bus, because you didn't need that.

ET41. Yes

EN41. I didn't know anything about that, anything. I had never watched television. But I had other values. Like other things, like..., like another heart..., like... How can I say that? Like another heart Like bigger, like more, eh..., eh..., like healthier.

ET42. (It is misunderstood what the interviewer says)

EN42. Yes, it is different for individuals who live in the city, isn't it?

ET43. Of course. The visions.

EN43. Exactly! So, what did I do? I'm going. I sold everything I had.

ET44. Following the thin and white man (laughing).

EN44. Exactly! I packed my things. My son was 3 months old. The older one. I took an airplane and I came to Bogotá.

ET45. And you arrived to his house.

EN45. And I didn't know the address. I only have a telephone number.

ET46. Yes

EN46. But, individuals from the village called him and told him that I was going to arrive there in an airplane, because if he doesn't go, jump!

ET47. He would be still looking for you.

EN47. Looking for me! I thought that when you arrive to Bogotá, it was like to arrive to a village, where you find the house right there.

ET48. Easy

EN48. Exactly! And here I am. What he said, for example, that he had had difficulties with his family. Yes, many difficulties.

ET49. Of course.

EN49. Many difficulties, but I overcame all these difficulties. I overcame them. I overcame them and I have friends in every place. Not so many. I don't have quantity, but quality. I have friend with much quality and I have tried to be, when I have a friend, I try to be a super especial friend in order to live in a happy way.

ET52. Yes

EN52. I'm the one who governs my own life and what I do is with my own decisions and determination. Are there other individuals who have an influence? Maybe. I don't think that other individuals have an influence in this moment in my life, maybe in the past it was like that.

ET53. Yes

EN53. In this moment, not at all (sigh) external. By external influences, I don't think so. By my sons, husband and home influences. I live, for example thinking here all my life, thinking on my sons, in my home, in my husband. I want that everything may be like this, as you found when you arrived. About the rest... I don't have..., my spiritual life..., my spiritual life. I'm not a person who prays often, but oh! Jesus for me is..., he is in the middle of myself. I mean, in the middle of my heart and in the middle of my soul is Jesus and the eternal Father, who is the one who has influences on everything, on everything, on everything... My sons, for example, I put them in his hands. They are not going to live forever. We are not going to live forever, my husband is not going to live forever. When God decides we are part of his last will, I think that's everything.

ET54. To conclude, what gives sense to your life?

EN54. Sense to my life... Ah! Sense to my life, for example everything I have won. Right!!

ET55. Yes

EN55. Everything I have won. Everything I have achieved in spite of difficulties. I think that this sense is so clear, of everything I have won with efforts, that I don't

look for anything else. Eh..., the only thing I didn't achieve and I think I'm not going to achieve is that all my life, I wanted to become, eh..., a Podiatrist. Yes, I like children a lot. I wanted to become a podiatrist like, in order to..., like in order to scrutinize the brain of the children, their heart, something like that. But, well..., I couldn't. I think I am the podiatrist of my sons Yes, when you are a mother, you become a doctor, a psychologist and I think that in that sense I have succeeded. Thanks to God!

ET56. Are you thankful with your life?

EN56. Yes, I'm very thankful with my life, a lot, a lot, a lot. I think that I in my life..., from this moment, to whatever comes..., whatever is an achievement. Don't you think so?

ET57. Yes.

EN57. In this moment of my..., of my life, everything I do from this moment, is an achievement and I'm thankful with my life.

ET58. What else would you ask to life?

EN58. What else in my life? Eh..., I wouldn't ask something for me, but for my sons.

ET59. And what would you ask for them?

EN59. For them I would ask a good future and that's all. I gave them the university studies and everything. They are already professionals. Eh..., that they have many opportunities and everything is welcomed. That God may bless them and I think that..., oh! And for my grandson, oh! That God may bless him and everything may be well And now that I'm waiting for a new grandson and we don't know the gender. I hope it will be a girl (laughing). I think I wouldn't ask anything else.

ET60. It's a profit.

EN60. Yes, it's already a profit.

ET61. I thank to you for your time, your dedication and for having told us all these stories that were painful for you, but you already overcame.

EN61. Yes

ET62. Thank you

EN62. Ok.

Interviewer's Commentary

The perception I have from this interview is, that the individual opened her heart to tell us everything she suffered from in her childhood. When her mother died, when she had to do many things, to confront and face the life that was in front of her, without anyone to help her, anyone to support her. She is a kind person who narrates all the painful situations that caused so much suffering in her internal part. You see how she opened herself with a person she did not know. She just met me twenty or thirty minutes before the interview and she told me the majority of her life, not only with all the pain and suffering, but also with all the pretty things Like the fact of knowing her husband, who traveled to Leticia, who took her from there to Bogotá and who made of her a better woman, a qualified woman with many expectative in her life. This is the perception I have. In addition, I liked a lot the relationship between us. She is the wife of the man who answered the questionnaire number seventy-five and interview number seventy-five. You can perceive that there is harmony in their family, that there is love between them and that they have had success with their sons in spite of the difficulties they have had to face. But, you can notice the love between them and the love in their family, which contrasts with the other interviews and questionnaires I have applied. In those, the tragedy and the negative aspects dominate, while in this interview, they see the good and positive aspects of their lives. For example, the simple fact of them having met and being together; this is the overwhelming joy of the interview.

The story and interview of another woman:

The woman had an abortion practiced by a doctor when she was forty years old. She belongs to the third socio-economic level and is fifty years old. In the interview, she talks about her colon cancer and how she overcame it, but she does not talk about the abortion. The colon cancer was diagnosed the same year she had the abortion, but it is unknown if the abortion was practiced before, or after, being diagnosed with the illness.

EN1. Doctors diagnosed me colon cancer 10 years ago. Eh..., at the beginning it was difficult, because doctors didn't give me life expectancy, but fortunately eh..., it was diagnosed on time. I was one year in chemotherapy and thanks to God I got on it. Obviously, it affected me psychologically speaking and I think on my sons, because as some individuals say, the cancer is hereditary. I think on them and I always insist on going to the doctor. For instance, my older son. I say him to go to the urologist, to the gastroenterologist, in order that he may not have problems; the same with the girl.

ET2. How was the process to know the diagnosis?

EN2. The diagnosis was, because..., eh...

ET3. I suffer from pain in stomach (laughing)

EN3. Eh..., first..., I had pain in stomach and I went to the doctor. The doctor told me that it was, because of the amoebas. The doctor treated this problem during six months, and I went again to the doctor, because I detected a little ball in my stomach, next to the colon, and the doctor told me it was an abiotic cyst. The doctor prescribed more medicine, but I began to lose weight and my husband advised me to go to another doctor. The new doctor prescribed an analysis and immediately sent me to the hospital. Doctors (there) prescribed some other analysis during eight days and I had two balls. It wasn't just one, but two! They told

me they had to make me a surgery of total colostomy. Eh..., they operated me and they said I had to live all my life with colostomy, but thanks to God everything was fine. The doctors were terrified, because clinically, there wasn't a response, so God is always the first and my faith. Since the beginning, I had a positive attitude that helped me a lot and I thought on my sons I love life and I wanted to live. Due to that situation my life changed. I valued more my life and I value the individuals who were near to me. I was less arrogant, because I was accustomed to be prepotent and for these reasons..., that situation was useful in order to change.

ET4. Physically speaking how did you feel?

EN4. You know, the pain wasn't intense, not at all. The pain wasn't intense. Eh..., I ate something and I felt pain, but I didn't suffer. Thanks to God I didn't have to suffer like some individuals who have to take morphine.

ET5. What was the medical treatment to..., to fight it?

EN5. Eh... After the surgery, I was in chemotherapy during a year. The chemotherapy was simple, because I was injected each 8 days, 10 minutes in the vein I took pills during a year and they made me an analysis called Carcinoembryonic Antigen each month. This analysis is of the blood and there you see how the level is. So doctors told me I was..., I was recovered. They made me the mammography and I didn't have any problem, thanks to God.

ET6. There wasn't any problem in other organs that were next to the colon.

EN6. Not at all, not at all, not at all. Fortunately, the two balls were differentiated and therefore, there wasn't metastasis. There wasn't anything. The only thing they had to do was to cut and exactly.

ET7. Do you have to go regularly to medical checks?

EN7. When I was recently operated. I went to the checks after a year and a half, the doctors made the analysis

and everything was fine. After this cancer I have gone to the doctor, more or less, five times no more. But, analysis..., just the one of the breast and as I already knows how it is..., more or less, I believe that the way that... How can I say that?

ET8. You already have like, like certain...

EN8. Like knowledge, yes. When I feel anything strange, immediately I feel scared, but, but I touch my stomach. My cousin, my niece, sometimes they examine me, but I don't go directly to the doctor, to the cancerologist, what for? I feel, I feel fine, I'm fine, thanks to God and I'm not going to die due to cancer.

ET9. (Laughing) Those things are the physical ones, aren't they? Tell me the psychological side that affected you. How did this situation influence your mind, in the positive side?

EN9. Well it didn't affect me in a deep way, because when doctors told me that... Since the beginning I said, "This is not going to defeat me, I can defeat it and I'm going to keep going with my life." I got depressed a little when they told me that..., that..., that they were going to make me a whole bunch of terrible things, that..., that I was going to end up..., in a bad state. So I told to the anesthesiologist, I told him, "Of all the things you're saying you're going to do, you are going to do just the 20 percent." Effectively, they didn't make me all those things, just the 20 percent and that fact gave much peace, happiness, and I had more faith and..., I had more confidence, first on God and on doctors and... The things that affected me, they didn't affect me in a serious way.

ET10. How was the support of the individuals who were around you? Such as your husband and your sons?

EN10. Well, my husband. This situation was hard for him, obviously, and the love towards me... He's a very nervous person, so he tried to avoid that part. I had a great support from my two brothers. My son was far away, in the army, he wasn't with me. My daughter

was..., she was 8 years old, so..., but the great support was of my brothers; theirs was incredible support; they were taking care of me; they were doing everything for me; they were always there with me.

ET11. Their support was essential.

EN11. Uy! Uich! A hundred percent! A hundred percent, because my brother told me, "you're going to keep going with your life!" All these words that you listen to, encourage you in every sense. So it was a support..., yes, from them more than anyone else; more than the support of my husband.

ET18. So, do you think that your life is determined by what you are?

EN18. Exactly, that's right.

ET19. Another kind of conviction is with external influences. For example, individuals like your husband, your sons, you believe that they, some friends, your parents, your brothers, do you believe they determine or influence your life?

EN19. (silence) More or less, more or less, because sometimes I think that I'm alone and I can say something, but most of the time I don't receive an answer eh..., from them. Maybe from my girl, but from my husband and friends I don't.

ET20. You are convinced that what you are and what you determine your life can achieve. Another kind of external influence could be the politic situation, the economic situation, the general situation of the country. Do you think these aspects determine, or influence your life, or this is something irrelevant for you?

EN20. Uy! I think these aspects have a great influence, the influence of the.., the situation of the country. I believe that there isn't a person who is not influenced by the economic situation, eh..., the peace. All these things influence each human being who live in this country, so I agree that these aspects determine my life, of course.

ET21. Another influence is, for instance, the mental forces, spiritual entities, eh, exceptional powers, spirits, a god, an exceptional entity, something..., any spiritual entity over you. Do you think there is any superior things that determine or influence your life?

EN21. God

ET22. Why?

EN22. Because he, he is the sovereign. He is the owner of our lives and, and he, he is the one who governs your life. Yes, God... just God.

ET23. Another kind of influence is the unexpected forces. They could be, for instance, coincidences, bad luck, fortune, fate, internal mood, humor, bad humor, bad temper, or good temper. Do you think these can influence your life, determine your life in any sense?

EN23. Of course. The mood

ET24. Why the mood?

EN24. Because from my point of view, depending on the mood, it influences me. When I'm sad, eh, the courage to keep going with my life decreases. So for me the mood has a great influence on me.

ET25. Regarding the other aspects I read, like fortune, bad luck, or fate, do you think they influence your life, or just the mood reduces your courage?

EN25. Well, the destiny, I think that you determine your own destiny and the luck. I don't... It's not important for me.

ET26. To conclude, what gives sense to your life?

EN26. What do you mean?

ET27. What makes you stay alive? What is the reason to get up every day? You say I get up, because of this thing, or this situation. These things give sense to my life, to keep on living.

EN27. Let me see... I get up with the..., the courage to do the things and first, because God gives me the opportunity of living a new day, because... yes, this is an opportunity..., to live again. Therefore, I have to live intensely. I always think. I always think on

the actual day, I don't think in the future. The future is uncertain. I think today, today, today I'm going to do this. Today I'm fine. So, em, I believe that the love, first the love to God, the love to life and the love to myself, make me to get up with courage everyday in order to keep going, to keep on living.

ET28. Are you thankful with your life?

EN28. Yes, because in spite of all the ups and downs, and everything, I have been happy. So, I'm thankful with my life and with God.

ET29. What else would you like to ask life?

EN29. That I keep on having a good health, because when you are healthy, you can do everything. That's what I ask life. Can it be in economic terms, or things like that. (Laughing).

ET30. (Laughing)

EN31. That the economic situation may change, because it's a little bit difficult. Yes, that.

ET31. For your sons for your marriage.

EN31. For my sons, that they may be fine. That my daughter may be a good professional and that my son may be successful with his family and he can achieve his goals. Everything they want to do.

ET32. I thank you for your time, your dedication. Thank you very much.

EN32. Your welcome!

Interviewer's commentary

The perception I have from this questionnaire and interview is that, while the woman suffered from colon cancer, she faced it in a good way and she kept going with her life. She does not have problems in any part of her body. But beyond the things she narrates about the illness she had to suffer and the chemotherapies, you realize that no matter if she has a husband, sons, or the good home she seems to have, she is a person who does what she wants. As she said in the interview, she does the things by

herself; she thinks that her sons and her husband don't have anything to do with whether she succeeds, or not; she is successful, because of the things she has achieved by herself. You notice that she is a very independent person, without taking into account her husband, and she has faced her family problems, such as home and communication problems.

The story and the interview with another woman:

When the woman was twenty-six years old, she had an abortion practiced by a midwife. Now, at forty-five and belonging to the third socio-economic level, she lives in free union and has two sons. In the interview, she does not talk about the abortion, but it is very interesting that almost all the time she talks about her pregnancy and maternity. In the interview, she only talks about one daughter, but on the questionnaire, she talks about two sons. When she was nineteen years old, she gave birth to her daughter.

EN2. A very meaningful experience for me was the maternity and I think that in the forty-five years of my life, nothing, neither the divorce from my first husband, nor the union with the second, was as meaningful as this experience. I was young and I didn't know what I was facing, and for me it was..., it marked me a lot.

ET3. Can you tell me about the circumstances? How did you live this experience?

EN3. I lived it. I didn't live the pregnancy, because I was too young and it was like a game, but the fact of giving birth, the trauma that it causes, it was an epoch where there weren't many medical advances as now. If there are problems, you have to take the baby out... At that moment, it was more complicated. I didn't have many economic resources, so it was a very difficult situation and it marked me up to the point that I wait ten years to have another son. I was scared.

- ET4. Why do you think it marked you in that way?
- EN4. Well, because of all the things it involves. To become a mother, to give life to another human being; the painful, carnal, fact of giving birth and the fact of assuming the responsibility of the life, of another life.
- ET5. How old were you when you gave birth to the baby?
- EN5. I was eighteen, almost nineteen years old.
- ET6. How was your situation, the relationship with your husband and why does this situation mark you.
- EN6. The relationship with my husband was good, because we were living a romance, but it marked me, because I didn't want to have sons. I was taking some pills in order to not get pregnant, but that time I didn't take them and I got pregnant. I realized I was a mother until the moment I gave birth, so that marked my situation, because I was a person who didn't want to have sons.
- EN7. And, how did you live the pregnancy? After having your baby, how did it change your life, how did you face it?
- ET7. I always lived refusing the pregnancy, refusing it. In fact, I made a lot of things, until the fourth month, in order not to have the baby. I mean, in order to have an abortion, because it was the easiest in my situation. I say that, because I was finishing my major, I was doing an artistic major. I was beginning to live, so according to what I believe, it wasn't prudent, convenient, in that epoch to have babies. I always lived refusing the pregnancy, denying it to myself and the same situation experienced with the birth. But, after the birth, when the baby was there, it was wonderful for me.
- ET8. How did you live it?
- EN8. After the birth of my baby I lived..., some feelings awoke like the tenderness, and the love for the baby born and I didn't abandon my things, well... I quit the major, because I had to take care of my daughter,

but..., I mean, I abandoned my studies. My artistic major continued with some limitations and I never regret myself for that, nor for my daughter, on the contrary. I'm happy of having her.

- ET9. Besides the situation you were just talking about, was there another situation that marked you as the pregnancy and the birth of your daughter.
- EN9. I can't think on another situation that marked me. The only situation I remember was the first maternity. I have lived the situations with responsibility and naturalness, but there isn't another situation that marked me. The only situation was that.
- ET10. Well, maybe a situation that had been meaningful within the situation you are talking about.
- EN10. The fact of not having accepted a trip, a trip to a foreign country, everyone wants to go abroad. Always when people talk about a trip, I don't know if it's a fear, or if it's a paradigm, but I have always been in opposition to that. This year I had the opportunity and I was delegated to an International Congress of Artistic Women, for a very important Association here in the country; I succeed in the test and I thought I was going to fail it. I just did it, because I want to collaborate with a person and it was a surprise when they called me in April They told me I had to go, but I didn't go. I didn't have to pay anything, I had to fulfill a test and no more. They were going to give me everything, but I didn't feel it. I didn't want to do it, it didn't catch my attention.
- ET11. What could be the reason for making that decision, what are the reasons to take that decision of refusing it?
- EN11. When I had that opportunity, I analyzed it and I took into account two aspects: first, the responsibility that it involves; if I'm going to talk about a casting, about the position of women in the field of movies, or television, I had a tremendous responsibility. I mean,

if I'm going to speak on behalf of someone and I'm not completely aware of the eventual situation, I don't ignore the topic. I mean, I can talk about the women in music, about the musicians in Colombia, but I couldn't talk about actresses, the women who present a casting, nor about the model queens. I thought that the trip was an excellent opportunity, but I think that my moral values made me refuse those kinds of things.

- ET12. Generally life is determined by different influences, not only external, but also internal. I'm going to show you four flashcards, where there are four essential convictions. Please identify each one in your life and determine if they are part of your life, how they manifest, especially in the situation you just were talking about. How did you manage them? How did you face them? The first flashcard says, "My life is determined by unexpected forces." For instance, sometimes situations occur, because of coincidences, internal state of mind, humor, mood, fortune, bad luck, or because of the fate.
- EN12. I believe that all the things you live lead to these situations. I mean, in daily life you experience all these kind of situations, or sensations, that make us behave in different ways and carry out different activities. I mean, they make part of our daily lives..
- ET13. And in the case of the situation, you told me, how would I identify it? About the trip you didn't take, or the maternity?
- EN13. Well, about the trip I didn't do. Taking into account my moral values, the responsibility and about the maternity, well I would say that you can see the way you..., you make the posing of yourself as a human being in life, I mean, beyond the dreams, of being a star. It's the..., the..., the human condition of what you are going to do, of the society, of the rich individuals, of the pore ones, the condition is the same, so I think that it marked me.

- ET14. Ok. The second flashcard says, “My life is determined by myself, by external influences and unexpected forces. All the influences together, not only the internal, but also the external, in addition coincidences, play important roles and depending on the situation, one type of influences may be more important than another
- EN14.I. I’m like a sponge. I consider myself a sponge. I attack all these influences and transform them in my life in order that they may be useful.
- ET15. Would you explain it deeper?
- EN15. Of course. I receive the things and I process them to use in my daily life. You learn of everybody, don’t you? You are always learning and I catch them in that way. But, I take my own decisions, according to my needs. I mean, if I feel that certain situation is favorable I take it, or I leave it. Because...
- ET16. This flashcard says, “My life is determined: By external influences: individuals, the power of individuals, the influence of the husband the couple, the sons, parents, or friends. By general circumstances: inevitable situations like poverty, political, economic, or technical. By mental forces: spiritual entities, mental powers, sacred powers, superior powers, ancestors, spirits, gods, a superior principle, a superior entity, perspicacity; cosmic energy, psychic energy, or spiritual energy. By material necessities, or by conditions in the society, i.e. the family, the neighbor, or general situation of the country. Of these external influences how do you see them in your daily life? How do you apply them?
- EN16. Well, I... I would divide them into three groups: the external influences make part of the daily life; I take them as a culture. The second is the part of social development, we all know we don’t have it. In Colombia that is very complicated and each time is more complicated. The develop... The constitution says that Colombian people have the right to education, health,

and to the housing, but it's not true. Therefore the social circumstances, the problems it causes, due to the lack of them and the fact that we don't have these guarantees in the country, you have to suffer and to try to look for them, no matter in which way. Then we have the socio-cultural development, the formation of moral values and this is one of the most important, and I always believe that. You have the being, the nature, that you aren't here just to be. That there are some superior entities, but you go beyond that. God. You look for the spiritual part, healthy things, all these kinds of moral values that complement your life. At least I have focused my family, my sons on that principle. The community that is around me also, do that; I always express, my principles are like that. I define it that way.

ET17. Well The last flashcard says, "my life is determined by my self, my own influences: my will, my mental force, my energy, myself, my own forces, my efforts, my perseverance, my purpose, my compromise, my effort, my skills, my qualities and talents.

EN17. I believe that, if I take advantage of everything, just for my own benefit, for me, me, me, I, I, I, I, means this idea would be very selfish. I prefer to help common efforts I mean, I'm happy helping a friend to find a job, to the society itself. Obviously, I keep on taking care of my things, because it works this way; if I give, I receive. If I don't give, it's more difficult to receive things. And yes, I have many problems with my husband for that, because he's not used to give, to help; he's very selfish I... I... I believe that as you give, you receive and in fact, my life has turned that way. I have never been an employee; I worked in an enterprise just one year and then left that job, because they took advantage of me. I have lived of the music, the sound, of the relationship with the community, up to this moment with all the difficulties it involves, but I'm fine, I don't feel empty, I'm not

expecting to belong to the sixth socio-economic level. Even sometimes, I have the opportunity and I share with those individuals, I mean... I think life goes beyond material opulence and the quantity of money I can have at the bank and I think I'm going to die with this thought. I prefer the spiritual things, like the environment, the nature, the culture, the art and in this field I feel happy.

ET18. What experience has remained in your mind, of all the things you have told me, like the pregnancy, your family? What experience remains foremost in your mind, from all these situations?

EN18. These situations have left, I mean, I feel I have lived. For some individuals it could be a short time, but for me it has been like the role, the role I have had to carry out with individuals and I see it that way. I see it from this point of view.

ET19. What gives sense to your life?

EN19. The pot is going to burn! What?

ET20. What gives sense to your life?

EN20. Sense... The performance of very sad moments and very happy moments, because it's the equilibrium law. Not so black, not so white. I have been extremely happy, but also I have felt sad. It's the equilibrium between the sadness and the happiness; I think it would be boring to be all the time laughing and not to feel sadness.

ET22. What would you ask life?

EN22. What would I ask? Eh... I would ask peace for human beings, like, not to be work machines and something I would ask really is the ending of the political corruption in this country. Individuals live in order to situate their daughters in the beauty contest, if they are beauty, or more or less, in order to situate themselves within this corruption. They don't allow, they don't realize, that there are many wonderful human beings and they have also the right to have the things that our constitution often declares..., the right to live. I

would ask that, because that's the future for our sons. If my daughter does not have the opportunity of studying at the university, it's sad, if... My older daughter is already a professional, but she had to go abroad, because she didn't find opportunities here to grow as a professional. So it's very sad and it's illogical, because this country has everything, wealth and everything; this country is so complete.

ET23. Do you want to say anything else?

EN23. That the politicians may be less corrupt and listen to the people.

ET24. I thank you for your time and attention, your very kind.

2. HEALTH PROBLEMS

The extracts of the interviews we have presented, shows that a story does not contains just one topic, but many. Specifically, we have shown that health problems cannot be narrated without taking into account the implications of other factors. In the following interview, the woman talks about, not only her illness and the spinal cord regeneration, but also her difficult childhood, her alcoholic husband and her divorce. In addition, the woman knows to maintain the equilibrium between all these factors in accordance with her life. With an interactionist control quality, she wants to turn the negative things into positive. The woman is fifty-one years old and belongs to the fourth socio-economic level. I present the greater part of this interview¹

EN1. I think that the main decision that has been the most important for me was that in my serious physical condition, I was under medical treatment in a hospital with doctors who were very kind and had a well-known academic formation. Nevertheless, with all these

1. The pauses and intonations, given through the use of punctuation marks, shows the **wealth** of the oral communication

bioenergetics medicines and oligoelements, my organism didn't accept them and I was intoxicating myself with these medicines, I was very bad, very bad. I thought I was going to die in those days. I had to take a decision and I stopped taking all those medicines; they were thirteen medicines. When I stopped taking the medicines, I tried the botanical medicine, doctors prescribed just two little bottles of drops I had to take daily and I was scared, because I thought that this change from that quantity of medicine to two little bottles of drops, I was afraid of getting worse, because of the lack of medicines, but the surprise was that the decision was the correct one. It was a very good choice.

ET2. What was the illness doctors had diagnosed?

EN2. Really, they didn't tell me exactly the illness. With all the analysis' and Exams they did, they told me it was like a Spinal cord degeneration that caused the degeneration of all the organs and the body.

ET3. How long did it occur?

EN3. Four long years ago.

ET4. During this time, how do you feel with the new medicine?

EN4. I kept taking that medicine, since I took that decision I keep on taking botanical extracts and in this moment, I feel much better, much better. I mean I feel that I have been recovering with consistency on the treatment, because you know that natural medicine doesn't work as quickly as the other one, but it has been effective.

ET5. And have you taken another decision which had been very important in your life?

EN5. Another decision? Well, another very important decision in my life was when I had my first home in the country. I was living through very difficult situations, because I discovered that I had an alcoholic husband, he stopped drinking while he seduced me. When I found out, the situation at home got worse and my

mother was suffering from cancer; I called to Bogotá and someone told me she was very sick; so I had to make a decision between being with my husband or with my mother. I decided to be with my mother, because she could die soon and I couldn't be taking care of a home that didn't have..., didn't have strength I made the decision of getting divorced, of coming and of being with her and I got divorced, I broke that relationship...

EN10. Well, I consider the most proper flashcard of these four, from my point of view, is the red one; my life is determined by myself, external influences and unpredictable forces, but this last part, they aren't unpredictable forces. All the influences together, not only the external, but also internal and coincidences both plays important roles, depending on the situation. One type of influences may be more important than another. Yes, somehow I identify myself more with this one.

ET11. Why do you identify yourself with this one?

EN11. Because, I think that life has as a goal, to give us the opportunity of..., through the experiences we live, of knowing yourself in a process of life learning. This process of life learning is formed not only by the external world, relatives, friends, neighbors, all this external world, but also the sensation and the opportunity of discovering ourselves through this external world. Because the external world, I feel it..., it's like the influence that shows you what is the real internal life you have and this influence, even in many opportunities it causes conflicts, crisis, difficulties and that, it shows us if we are healthy, or not, in these external circumstances that we live Related to the unpredictable forces, I would say that these are ourselves, in regard to the lack of knowledge we have hidden inside ourselves. I mean it's like the opportunity, but we blame everyone who is around us and we don't realize we are in the same

position. They aren't so unpredictable. Instead, we have to see them in a more transparent and honest way with ourselves in order to realize that we have it hidden, but we don't see it. So, for me, it's not so unpredictable. Even in some degrees of..., of measure, I can say it's true, because we aren't aware of the quantity of conflicts, traumas, fears, and the quantity of things we have in our unconscious, but I think that based on the..., on the things I've done in order to take care of myself, I feel that this external world shows us the unconscious, everything we reject and that we complicate ourselves without looking inside ourselves. I feel that the function of it is not to complicate our lives, but to help us to grow, to learn, and I think that everything is like the story of a relationship of mutual love. I mean every positive, or negative, situation in life leaves a moral, everything gives us the opportunity to grow.

ET12. Talking about that, I wanted to ask, for example, due to the situation of your illness: how has this situation affected your life?

EN12. I have found many senses to it. First, due to the aggressive situation I lived in my childhood, I have all these things hidden in my subconscious and I hadn't gotten free of that. Nowadays, I'm a human being who can't say that I'm completely happy, because it would be a lie, but I feel I'm a successful person. I feel that the things I've done help me see my horizon and my present in peace. I feel that with that situation, I changed the many myths and pre-conceptions I had about life: death, the good things, the bad things, wishes, frustrations. I discovered the equilibrium, that somehow I feel it's what makes you wiser and more successful in life; not to judge the situations we have to live, but to discover the equilibrium in each situation in order not to go to the extremes...

ET15. Would you be thankful with life?

EN15. I'm thankful with God and life, in spite of..., the more difficult experienced I lived; the most difficult human being I lived with during many years was with my father, nevertheless I learned to love him. As an experience of life, It was nice, because it was hard to overcome all the traumas that my father left in my life; being alcoholic, depraved, irresponsible, absent; he was an absent father, but when he was near, he was very aggressive and it marked us; the needs, the poverty, the indignation, the lack of support for study, all this, but all this was necessary to reach the maturity, the good sense I have, because I needed such a father; I realize that he helped me to leave, overcome, transform the pride, the prepotency, the arrogance, the impudence, the audacity and I'm not saying that the audacity may be bad, but it was bad, because my audacity was harmful in the sense that it made me attack others, because of the pride, yes. So as a conclusion of all this, life is wonderful Although at the beginning, living may be painful and it may lead to suffering, because after relieving the pain and the suffering, you experience moments of comprehension, when you integrate this comprehension with clarity and conscience. Nobody regrets having learned what you learn in life.

A woman, who is forty-five years old and belongs to the third socio-economic level, narrates, "Well, five or six years ago, I began to suffer from dizziness and yes, I felt I was going to faint, I felt tired. I went to the doctor and he diagnosed hypoglycemia; I had to make a decision and everything changed because of that diagnosis; I had to do some activities, to go to the gym, to change my alimentation habits. I was very fat and they diagnosed that illness. I began to go to the gym at an advanced age, because at this moment I'm 45 years old, so I would say that at that time, I was 39 years old and I had never gone to a gym to exercise, to lose weight. I wasn't used to eating vegetables. I wasn't

used to preparing salads at home. It was a big change; not only for my family, but for me also, it was something that marked me. I fell fine now, because I lost weight and I have more energy. I consider that it was an excellent change and after a while I'm healthy."

The health of older individuals is threatened by the many illnesses. A woman still has memories of when she was victim of the common violence. The woman, who is sixty years old and belongs to the third socio-economic level, talks about her life, "Well, sometimes I think I'm a victim of the violence, since in the fifties I had to go away from my parents' farm and take some risks, after being at my parents' home; maybe a farm of much abundance, because my father was a man who worked a lot; he took care of his cultivation of bananas, yucca, chocolate and he had cattle and horses. My childhood was different from my grandson's, we were raised barefoot because it was on fashion, but talking about food and way of living, it was very different, it was a beautiful life. We were displaced individuals We adventured, but then we went to live in Fusagasuga and it was there we finished primary studies. My parents were sad, because of the situation. They had to be employees, they hadn't been employees, always they had been the bosses. I met the father of my daughter here and I lived with him until my daughter was seven years old. I got divorced, came to Bogotá and with much effort I tried to keep going with my daughter I gave her the study, she finished her major and when she was 22 years old, she got married with a professional man, he's an accountant. Eh... I live with them, because she's only daughter. I have lived very good, but today I consider myself a person who is full of sadness, because I was diagnosed with diabetes and the diabetes ends up with your health; what makes me feel sad is that I have finished; my vision has reduced, but for the rest I thank to God, because in spite of everything I feel fine here with them, with my daughter, her husband and her sons."

She talks about the robbery she was victim of, “Well, it occurred many years ago. I had to buy a checkbook and to do some things in the street 36. When I went out, the thieves maybe thought I had money, but I was buying a checkbook. The thieves asked for help, because they were from other country. They told me they were going to give me money if I helped them to cash the lottery. They were smoking and I think they did something, because I was a fool, but I was accustomed to do this things. I had to go to the street 13 to do other things. They asked me what other things I had, they didn’t ask for properties, and I told them, “No here I don’t have anything!” They asked me, “Do you have a house?” I told them, “No I don’t, I pay the rent!” (They asked), “Can we go to your house?” I told them, “No, because I’m living with my sister and my daughter!” My daughter was a student. They told me, “But, do you have money at the bank?” I told them, “No, I don’t have money, I was buying a checkbook.” So they told me, “We are going to accompanied you.” (I told them), “I can’t withdraw money, because I don’t have my ID, I have it at home!” We took a taxi and went to my house. I took out the ID, the savings passbook and (we) I went to the street 45. (I) withdrew the money I was saving to buy an apartment, I withdrew the money. They took me to the National Park and sat me there. When I separated from them, I was afraid and I woke up; because I did everything they told me and then I thought, my God, these men robbed me and it was the money for the first installment of an apartment! God.. I woke up, but I began to laugh instead of going to the police.

Another day, I was at the market and a man who was with an adolescent, told me, “Hey lady, imagine that..., what do you think of my sad story? So I looked at him, but I was very foolish. I had already been robbed and I was again a victim. So he told me, “My mother is in jail!” I told him, “My God, bless me! What do you want?” He said, “Give me the money and the jewels!” I had three rings; he robbed me and told me, “Be careful! Don’t look and don’t cry out, because I stab you!” He wanted to stab the girl,

because I told him, “No, because I came from the market and I don’t have money! I don’t have anything! He told me, “If you don’t have money, give me the rings and the jewels you have, or I stab the girl!” I told him, “Please, she isn’t my daughter, don’t hurt her! I’m going to give you everything I have!” I threw the purse, the rings and he told me, “Don’t cry out and don’t turn to look!” And that time I cried, I said, “Ah, my rings!” And that time I cried. That time I didn’t laugh as the other time I remember No more!”

The thefts affected her, “Yes. Now I don’t talk with anyone on the street. People ask me and I act as if I were dumb. I don’t talk, because maybe that happened to me, because I answered. Because, the man from the first time initiated the conversation in order to talk with me and everything. From that moment, I don’t talk with anybody on the street.”

A woman, who is forty-one years old and belongs to third socio-economic level, had an accident in her childhood. She is married, has two sons and narrates the difficulties she has had with her health. “It was in my childhood, that I had an accident on my bicycle, when I was 8 years old and the skull broke into two parts But, thanks to my mother and my father’s intervention, the doctors treated me and as a result, I have a good health, well I say that. ‘She talks about other incidents:’ “The first one was playing basketball and I had a fracture on the wrist. The second one was going down in a bus; the driver of the bus was in a hurry, he threw me, he didn’t let me go down, he threw me; I had a sprain and I was doing my thesis, I had to walk with my foot put in plaster, but it wasn’t dangerous, everything was fine.”

A young man, who belongs to the fifth socio-economic level, narrates with an interactionist control quality his decision between having an operation again, or not. The man is twenty-six years old and he was operated on twenty days ago, he had a kidney transplant and, more or less, four months ago he had open-heart surgery. Doctors discovered both the kidney and the heart illnesses at the

same time. At the beginning, the cardiologist did not want to operate on him, but then he acquiesced. The man recovered from the operation to the extent that he can get up, walk and do certain normal activities. The man came from Pereira to Bogotá and talks about the important moments in his life, “My life was divided into two in the moment I decided to be operated on, because doctors told me I had a heart problem and they gave me a fifty percent probabilities of life, and fifty of death. For me, my life divided into two in that moment. Yes and also I have faith in God since I had fifty.” The sense of his life is, “Health and the second opportunity God gave me, because it’s a very valuable opportunity.”

Alcoholism is a health problem with terrible effects, both on the job and the family. A man, who is seventy-seven years old and belongs to the third socio-economic level, talks about the problems of his life, “Yes, I have had many problems, as I say. I have problems, not only at home, but also on the job, with the colleagues. One of them, blessed soul, he already died; he was looking for me..., he walked with a machete on the street looking for me, because he was more than a simple alcoholic person..., and he, when he was drunk, he began to look for me, because we had to travel in the same bus of the company in order to go to work. From home to the work, so there he threatened me and everything. But, when he was sober, he told me he didn’t remember anything. I decided one day, he arrived to work and he was sober, to complained about his attitude. In addition, I had to go to talk with my bosses and tell them the situation. They called the attention to him and, not only the bosses, but his wife, she had been all the time in favor of me, and she always reprimanded him. She said so many things..., I don’t know if for that reason he didn’t keep on with the problem, but he was a very vigorous enemy.”

The violence against women and the hard economic situation are the sad accomplices to the cruelest of illnesses. A young woman has the courage to overcome

her pain and feelings of shame, to give testimony that she was the victim of a savage rape. The woman, twenty-seven years old and belonging to the second socio-economic level, is married and has a son. She talks about her childhood, "I never lived with my parents. I was raised by my grandparents. My grandmother died long time ago and I lived in the countryside, and I had a problem. I was raped!" To the interviewer's question of who raped you, she replies, "Some adolescents from the lane. We communicated the problem and due to that, my mother brought me to Bogotá. She put me in boarding schools, because she couldn't take care of me. My father lived there and at that time, he worked with the mayor's office. He didn't engage anyone to take care of us. Eh..., and then when I turned fifteen, I began to work in family homes. I got bored, because I didn't tolerate the confinement. Then I worked one day in each home, but life wasn't easy, because suddenly I had a job, but the next day I didn't. I didn't have a place to live in. Sometimes my friends allowed me to live in their houses, but just few days no more. Sometimes I had to sleep on the street. Sometimes I starved, I didn't eat anything; but..., I don't know..., but thanks to God, this situation has had a great change, the fact of being starving, or sleeping on the street, all these things. I mean since I live with my husband, my situation has improved. It has already improved, because, for example, I no longer have to think where I'm going to sleep, that I don't have any place to live in, that I don't have anything to eat, so since I'm living with him it no longer worries me." The woman says that both her husband and son give sense to her life. She also talks about the story of her illness. "For example with the illness I have, the illness is not advanced, but I know I have to recover from it, because I have to help my son, in order that he keep going when he may be older. I have this illness two years ago. I had never gone to the doctor in order to do a cytology exam and when doctors discovered the illness, it was very hard. I mean uterus cancer; it was very difficult, because..., it is different when you listen to stories of women

with this illness from when you experience it. It was very difficult, but I don't know. I've tried to face it with courage, because, for instance, my friends tell me that I'm very cool, that I'm sick, but I don't show any interest. But I tell them, "What can I do? I'm not going to cry, or think all the time on that. What I have to do is to keep going!" I have been operated twice and on February 3, I had the last operation; the operations are called conizations. I mean doctors cut the affected part in order that the illness doesn't spread more; doctors told me they were going to take out the uterus, because it was risky that the illness spread more. but they told me I had to wait to the result of cytology on July. In fact, I hadn't gone to the doctor to do the cytology, because I didn't have money..., and as I have the SISBEN level, three it was expensive. But, I'm going to wait to see what happens. I have a great support, not only from my family, but also from my husband. For example, the eventual situation is very difficult; for instance, you can stay at home and the husband working, he's not in the mood, and I had told him that I was going to look for a job and I wasn't going to operate me He told me no, that the most important thing was my health and that no matter the result, I had to be operated. Also, my father; I told him I had to be operated, but I didn't have the money for the operation and he told me he was going to help me with the operation. Sometimes I feel sad, like lost. I cry. I don't like..., I don't like to tell my husband what I'm feeling. I just cry, no more., maybe, because I wouldn't like that he may be affected, that my illness may affect him."

3. VIOLENCE CONDUCTED BY THE STATE AND/OR ORGANIZATIONS THAT ARE AGAINST IT

A woman, who is thirty one years old and belongs to the fourth socio-economic level, experienced a guerrilla attack on a bus in which she was traveling when she was twenty five years old and she pinned down for two hours while they shot everywhere. Her faith and tranquility helped her live through this situation; she had forgotten

the warning from the army about not going to that zone. Days before that guerrilla's attack, she had received another warning, "Due to destiny, the game, I accompanied a friend, at that moment, a friend told me she liked that a woman told her fortune, so I went with her. The woman who was telling the fortune, talked and told me that there was a road and I would die in that road. For me, it was an impact when I was in the road..., and she..., I can say that she warned me and her words became real. In addition, a second impact was that she told me that I was going to look for a man who was worthless and at that moment I was with a man who didn't deserve the suffering I experienced." She was going to visit her boyfriend who, just thirty days before, had been in a guerrilla attack lasting for two days. "The moment I was going to meet with him was..., we hadn't seen each other long time ago and it wasn't easy, because he had experienced a cruel, critic and difficult moment. Because, a person who has to experience a guerrilla attack, I mean, the person lose the sense of life, the impact of what he, or she, feels and then an adaptation process begins. I met with him in order to give him the support, the comfort, the faith, that life keeps on and I had to experience that. It's something like terrible, very difficult, the fact of being in a world in which constantly you listen to people talking about crossfire and death. To be victim of this..., it was a very hard impact, I think so."

A man, who is fifty six years old and belongs to the second socio-economic level, talks about the violence during his childhood; he talks as if he had studied Political Science at a university. He has participated in social organizations and there he has received formation on social thoughts. The man says, "Well, we have already talked about the violence in this country and since I was five years old, I suffered from the severity of the violence. That was one of the most tremendous dangers since I was a boy, but I have lived it all my life; I have lived the violence in the practice, I have lived the violence all my life. Recently, I went out ..., I went out from my village, more or less, ten years ago,

undoubtedly due to problems of public order. But you arrive to the city and you also find some difficulties, the lack of money, of all that is necessary to survive. Nevertheless, I have overcome some difficulties to survive, but the violence is one of the worst dangers that we have had to face in life. When I was five years old, I had to walk by very mountainous, very cold lands, running away from the bombardment conducted by the State against civilians; Rojas Pinilla's violence. I remember as if it were yesterday. I was six years old and we suffered from the attacks with machine-guns, with bi-motored airplane, the military persecution; eh..., I lived and knew for instance the crimes, the massacres, conducted by the Colombian State in the new world. In Tolima, where peasants were congregated in order to give safe-conduct, they were located in a line and the official forces of the State assassinated them with machine-guns; killing ninety nine percent of them; and there some relatives died. But then we came back to our region and we were still kids, but there we suffered again the official violence conducted by the National front through the paramilitary gangs that were organized with the money of the rehabilitation; that was used by the individuals who deserted from the guerrilla in order to pursue individuals who wanted to settle on their region and organize again their society. We were pursued by the governments of the National Front. We had to protect ourselves, but during that process, we had to bury many relatives. The organization and participation, as a young person of sixteen, seventeen years old, made possible the pacification of our region, which was again..., the process to achieve the peace was again affected; that participation process of the society to the productive activity, to the social activity, because of the attacks in Green House in the nineties; December 1990; eh..., many of the places were bombarded, attacked with machine-guns and the civilians were the target, because in that places there wasn't guerrilla; nevertheless, many years after that, the air forces, the army caused much panic and we participated in an exodus with the

municipal heads of our region. Eh, we saw displaced individuals who had to walk three, or four days. Individuals who arrived naked, dehydrated boys due to the hunger, the thirst and I went to the..., to the municipal head of Fusagasuga and then to Bogotá.” Also, he judges the eventual situation of the country negatively, “Today, it’s worse. Today, it’s the poverty. It involves new areas in our Colombian society and individuals who have been traditionally poor. Well, eh..., we are in..., a misery condition, if we can say it’s misery. We aren’t suffering, because of hunger, but because of misery. The hunger is setting up in the Colombian society, while some families, some monopolies are getting richer, other’s monopolies reinforce their wealth; the..., the development and the wealth in Colombia is in few hands and the misery, the hunger, and the collapse make part of the majority. Today we live in very bad conditions and this situation is worse than the situation of fifty years ago, because the misery involves new social areas.”

A woman, who is thirty-six years old and belongs to the third socio-economic level, lives with her mother and her daughter and she says, “In my home there weren’t men.” She made the decision of being in charge of her mother’s micro enterprise and studied. For women, it is important she says, “The health, the family, the tranquility, friends and the sincerity.” She is thankful with life, “Because everything I have achieved everything I have thought, thanks to myself, because of the efforts I have made.” The woman asks of life, “That the guerrilla may not exist and we can live in peace.” Five years ago, the conflicts with the guerilla began on the land where she had a farm to produce products that she sold in Bogotá. After the interview, she told the interviewer that the week before one of her cousins was kidnapped and her family is worried for his life.

The political violence pursues all society and causes the families of the men, who take part in the violent groups, to suffer. A woman, who is forty-two years old and belongs

to the fourth socio-economic level, narrates her incredible story. This interview was very special for the interviewer, because the woman was a loving person and manifested her confidence by sharing her special life story and the specific case of her brother. The woman says, "Let see. My life is divided into two, I was marked..., the first situation..., the marriage failure, marked me when I was twenty-three years old. Eh..., this situation marked me until I was thirty-three years old when I met another person that now is my husband. He is a person who has fulfilled my life. I have two sons with him and in fact, my life began when my sons were born. When I was thirty five years old, my first daughter was born and then I was born again when I got pregnant the second time, my son was nearly to death and I saw the magnificence of God; he gave me the strength; he really gave me..., he showed me the person he was and I also had an experience with angels. Eh..., another thing that changed my life was the death of my mother three years ago. She was like a partner, like my buddy as we say, my friend and she died in a very tragic way, but I had the strength to accept her death. Before her death, I asked God that she died, because she was suffering; that was the most beautiful miracle he did for me. In this moment, I'm reconstructing that part, that terrible pain I filled it with the love for my father; I live with my father. I have a beautiful and stable marriage, a wonderful, responsible husband and beautiful sons. We'll see what else life is going to bring." She talks about her brother who was killed when he was thirty-six years old, "Yes, the death of my brother, the death of my brother, because my brother was my idol. He was a very important person. A person with very different ideals; he believed he had to help individuals. He gave too much from himself and related to his university, he looked for another... My brother was a person... The change of my brother was this: My brother was a person that, eh..., he always studied with priest. We always belonged to a good family, we were very respectful and when my brother entered to the university, to a public

university, to the National University, he had a shock about the existence of God, the issues of the atheism and the materialistic philosophy that was worked at the university. Like a Marxist Leninist philosophy that is imposed in certain way to the students. My brother had an epoch in which he changed his ideals and adopted the Marxist ideals; he made part of the communist party of Colombia. He was a person. As a student he was an urban guerrilla, he thought it was a way... He got involved in that due to his youth and he thought it was a way to obtain something for individuals. In fact, the philosophy was people philosophy. Then, my brother understood that it wasn't something real and he was working in a program offered by the government; he participated in it in order to work. He was working with an indigenous group, he was working with the mayor's office, with the indigenous and in certain moment, he denounced the FARC in a meeting organized by the international amnesty. He talked, denounced the FARC, the way they treated individuals and they killed my brother. So this marked me, because I always saw him as..., the biggest... It was the idea that he died, because of his ideal, his things. He found his ideals again, because it wasn't the right choice, the guerrilla wasn't the path, but working for the community and in certain way he was attacked by them, he was a victim of them. When he was killed, there were many slaughters on the region and the prosecutors didn't do any removals. My brother was killed at 8 o'clock at night; they didn't do the removals at night, but the next day. When we knew he was dead, we could rescue his body three days after his death, eh..., because of the matter itself, because of the removal, because of the bad weather, until we found a light aircraft in order to move the body; on Wednesday, he had more than seventy hours, almost 72 hours of dead. So, in order to bury him, so it was a very hard moment, it was hard to find the body in..., almost decomposed. That was very hard to handle, that situation of, of pain; the pain of my mother, my father. My brother was my friend, my partner, so this process was very hard I had to be the

responsible at home, I had to do all the tasks, then I received menaces of death of the FARC.; they used a person I had to change the telephone number, because of the menaces, to look for a reintegration program in order to find protection (all this) helped me to grow, to believe in life. It has helped me to understand that... And to know that at the beginning you believe that..., you live with life, but you don't know that you are going to die. With the circumstances of my brother and my mother, I have understood that you are one of them, that you have to wait the moment that..., is already prepared. I wouldn't like to die right now, because I have two little sons. On the contrary, I ask God that he may give me more time to guide them and when they can do their own things, I can go in peace." The woman recognizes, "I didn't want to tell this entire situation about my brother, because I don't like it. Because I don't want to feel maybe frustrated and to feel maybe chased again; in certain moments I was scared and also my family was afraid when we were threaten by the FARC, because of the problem with my brother. For that reason I don't talk about my brothers, rarely I talk about it."

4. THANKS TO LIFE

A woman, who is forty-six years old and belongs to the third socio-economic level, has a son who is twenty-six years old and who suffered an accident; a taxi hit him six years ago. Her son was unconscious for forty-eight hours at the hospital and economically speaking, it was difficult for her family to pay the expenses of the hospital. The doctors did not know that the driver of the taxi had insurance and the taxi driver didn't volunteer any information in that regard. The woman says, "... and then he recover from the accident and came back home. Three months after that, some individuals were going to rob him and he didn't let them to steal his jacket and therefore, they stabbed him next to the heart, and on the head." Having summed up her life, she now feels happy and calm

A woman, who is forty-five years old and belongs to the fourth socio-economic level, is thankful with life and she does not want to ask anything to life.

A young man, who is seventeen years old and belongs to the second socio-economic level, worked for two and a half months at a school performing maintenance; he fixed the desks, the doors, the locks, and sometimes he collected the trash. Then he was fired, because he was under age. He worked, because his sister needed the money and he also gave money to his mother. He says, "How can you thank for everything they gave you, when you couldn't give them anything? Do you understand? They gave you the study, in order that you may keep going and when you finish the studies, you may work. In that way you may give them other things, maybe you can buy a house for them, or give them good things." He thanks life, "Because it brought me to this world and no more..., because I haven't had bad things. I have been fine; I'm not a drug addict and I haven't had bad habits, not at all"

A man, who is twenty-five years old and belongs to the third socio-economic level, talks about his life. The man is near to finish his thesis. One of the most important decisions in his life was the choice of doing his business practice with the Ministry of the Environment. The man talks about the most important thing for him, "Well, from my point of view it should be like the..., that when you are doing something, you do it, because you have the conviction and because you think that..., the things are well done. Because they are done from..., from the bottom of your heart and you're doing them, because it was your own decision, made with your heart, without pressures; knowing that you're not forced to do it, that then you're not going to blame yourself for that. Anyway it doesn't guarantee the success, but..." The man is thankful with life.

A man, who is forty-three years old and belongs to the second socio-economic level, narrates an accident he had with a motorcycle that he hit in the rear, "Yes, of course, we helped to bring the motorcycle down eh, we

looked for the phone that fell very far away and we gave it to the man. He called his enterprise and immediately a friend from his enterprise, where he works, came and picked him up. Then, the police arrived and a policeman asked me how we were going to solve the situation, if we were going to reconcile? Otherwise, he had to call the traffic policemen so the man who arrived and the man who was injured said that we were going to reconcile. I asked the policeman if I could go and he told me that I could, because he had already reconciled. The man of the enterprise told me that I could go to his enterprise, that they were going to pay the repairs of the van. I told them that the repair cost eighty thousand pesos and they told me it was much money. Then, after sometime, the man called me and told me he was hospitalized, so I have to go there to see what the problem is". He had already had a traffic accident; he was on his motorcycle and he was crushed by a bus. He is also thankful with life, "Yes, yes, because truly you see individuals who work harder than you and maybe they live a harder life than the one you live. I think that in this case you live like in good conditions."

A woman, who is sixty three years old and belongs to the fourth socio-economic level, thanks to life, "Everything, everything, the opportunity of being, first of all, the opportunity of being alive and second, the opportunity of having a wonderful husband and sons."

A woman, who is thirty-eight years old and belongs to the fifth socio-economic level, studied plastic arts, painting, and she is worried about the situation of violence that individuals live. She, herself, faced this violence when she lost her boyfriend with whom she was engaged for four years. She loved him very much and says he was killed at a roadblock, and that no one knows if the killer was a paramilitary, or a guerrilla member. For this woman, it is very important to show that this situation of violence can be experienced by anyone at random. She thinks and believes in spiritual issues and says that she can invoke

the presence, the spirit of her boyfriend. She suffers from depression, but she asks of life a stable work, in order that she can recover from those depressions. The pain is still strong due to the lost of her loved boyfriend, but the woman is thankful with life, “Because she has received many beautiful things, many beautiful things... For instance he, he, the experience I lived with him. But, we know that everyone is going to die, no matter how. But, the moments we shared with that person were wonderful, it has more value and I can’t be in a negative attitude, because those moments were wonderful.” Now the woman is single and she has two sons.

A woman, who is twenty one years old and belongs to the third socio-economic level, decided to work in order to study and she wants to go abroad in order to find a job. She says, “My life... I’m thankful with life, because I don’t have... When I have a goal, I do the essentials to achieve it and I don’t get stuck back, but I keep going. I consider that my life doesn’t have problems. I was born in a poor family, but we are a very close family. Sometimes we argue, but not so frequent and my parents have supported us and everything.”

5. SENSE OF LIFE

A man, who is sixty-eight years old and belongs to the third socio-economic level, narrates his story. He feels bad, because last year he lost his mobility due to viral herpes. He goes on to say, “Now I have problems with my head. I lose the equilibrium and I can’t duck. So I have to..., I can’t do anything like that, something that may be profitable. I’ll say I can’t defend myself..., I don’t go out alone. I don’t go out to take a bus, not at all, so my life is a little bit sedentary. Some years ago, my life wasn’t like that. I was healthy. In my normal life, I used to work fixing in the car sector, fixing cars. I used to drive..., by my own.” The man did not have a terrible accident and worked with cars during 35 years. He says, “I worked in different fields. I worked in a

bakery, I worked as a courier man, I worked in different... And then, before going to the army, I worked in the firm Leonidas Lara and sons. Then I went to the army.” The man answers the question about the sense of life as being, “For me, the most important thing in my life is the health and the social welfare..., well, nowadays..., yes, I mean yes, because in spite of my illness and everything, I haven’t suffered, because of the lack of something, until this moment. I thank to God, because I have good sons..., a wife and good sons.”

A man, who is twenty-eight years old and belongs to the third socio-economic level, wants, “Health, yes. I have always wished that my family may be here, but they don’t feel comfortable. I would like to be with them. They came here to take a walk for few days and then they come back there.”

A young woman, who belongs to the third socio-economic level, is not thirteen years old as it is shown in the database, but is twenty years old, or more, I guess. The woman has a talent for dancing and she gets along with her partners, “No, because they..., they also have the talent and everything. They also encourage me, yes for instance, there is a competition (and they tell me). “Go, go! You know how to dance Go, go that you can do this and this!’ and it doesn’t exist a feeling of envy like, ‘Ay no! She’s showing off.’” The sense of life for the woman is something important, that can help in the future. “It can be a good life option, in addition it can be something..., people like dancing. I mean, it’s important, because it’s going to help me and it’s going to..., and I’m going to feel happy and people are going to feel proud of me They’re going to appreciate the things I do, so it’s very important. Because I like people to appreciate my things, and... I mean, that people appreciate the things I do. So, it’s nice and people can learn from it. So it’s good!” She also has a personal relationship with God, “Yes, I trust in God, do you understand? The God of other people is my God, but I say that he listens to us wherever we are. We don’t have to go

to the Church or... Do you get it? Or to go there in order to do, I don't know, to pray there in a Church, but he's going to listen to me no matter the place where I may be and everything; I'm not one of those individuals who has to go to the Church."

6. LIFE REQUESTS

A young woman, who is twenty-four years old, belongs to the second socio-economic level, dreams of another major, and tells us, with an interactionist control quality, that she was in management studies. She didn't like this career, or her friends of the university, because they were influencing her to quit her ministry of young people in the Christian Church and they invited her to parties. She says, "Yes, and suddenly I had the opportunity to study it and my father helped me. So I began to study. Also, because my father lost his job; he got his retirement allowance and he couldn't help me more. So, the economic situation influenced me, the problems with my friends, they were not the best friends and the fact that I didn't like what I was studying." Now, she works in the Church as a secretary. And she wants to study to become a psychologist, because you can help individuals not only professionally, but also spiritually.

A man, who is sixty-five years old and belongs to the second socio-economic level, narrates how much he and his family have suffered due to the difficult economic situation. He has paid the rent for forty-three years and he and his wife pay the secondary studies of their sons. The economic situation has always been difficult and he has not received any help from the state; nothing for the study, nor for the school. He tells us, "The important thing in my life..., but you no longer know what is the life that God is going to give you here on this earth, but the important thing... My goals would be to see my sons in good conditions, related to their spiritual and material life. That you for instance..., that's what you want for your family and that

each day they feel better.” The man is thankful with life, “Because I’m alive It’s the mercy of God that you wake up and go to bed alive; I’m happy with my life. I ask life many things that you have in your mind, like the prosperity for your family and that they don’t live through the circumstances of life that you have already lived.”

A woman, who is thirty-six years old and belongs to the second socio-economic level, has been sick for four years and talks about her life; she cannot keep working in family’s homes due to her illness. She also feels bad, because of the economic situation. Though her husband works, he has to educate his four sons. The situation with her sons is not easy for the woman, as she says, “It’s stressful to hear them fighting and screaming all day long, it’s very stressful.” She asks of life that, “It may protect my sons and that they keep going, yes.”

A woman, who is forty seven years old and belongs to the third socio-economic level, narrates how she fell in love, got married and had her daughters. She tells us of her husband, “He became an alcoholic and irresponsible man. He was fired of his job and he arrived home drunk; the first year of marriage, he was a responsible man I think that he changed, because of his friends at work.” The woman asks life, “That they may be fine, that her daughters keep going in order to see them in a future with a good job and everything; in order that they have success.”

A woman, who has three sons and belongs to the second socio-economic level, was divorced thirty years ago and says, “What would you ask life? No, I wouldn’t ask anything to life, I would ask God that I may be healthy in order to keep on working and fighting.”

A man, who is forty-eight years old and belongs to the second socio-economic level, has worked for ten years in tourism. After that, he worked as an independent, but he didn’t have success. Now he is looking for a job, but he has not been able to find one. He says, “People don’t have you into account. People who are old don’t have opportunities to work.” He asks of life, “An opportunity to achieve welfare.”

A girl, who is fifteen years old and belongs to the second socio-economic level, is studying with the support of her brothers and parents. She hopes her studies will lead her to an important position in life. She wants to study nursery and she expects to become a good doctor.

A young man, who is twenty years old and belongs to the third socio-economic level, narrates his decision of studying, but that he began to study something he did not like. He first studied industrial design, because of the influence of his parents. When he finished the first semester, he changed the major and began to study graphic design, because he liked it; it was difficult to convince his parents it was best for him. He has already finished his studies and is happy with his life. He says, "With the things that I have lived, I'm truly happy anyway, because I was near to die (in an accident) and due to that fact, I appreciate more my life and the other things aren't important. Yes, for instance the economic aspect or other things."

A woman, who is twenty-one years old and belongs to the third socio-economic level, asks of life the possibility of becoming a professional and leaving the country.

A woman, who is seventy-seven years old and belongs to the third socio-economic level, says, "The most difficult thing I have had to face in my life..., for me has been the widowhood. I have had to face all the situations with my sons, because I have nine sons. Just two of them were in high school; they were beginning the secondary studies." She was in love with..., with a boy who belonged to a liberal family when she was sixteen years old. Her conservative family forced her to get married with a conservative person without asking her if she loved him, or not. When her husband, who was a merchant, died, he left many debts. With the help of the Parish priest, the nuns, and the city council, she was able to rebuild her family again. About her married life, she judges that, "It was a submissive life... First, because I could not do anything, because in that epoch everything, everything, everything was very difficult. You cannot raise your hand,

nor to talk. It was not like now, that men and women argue as if they were two strangers, but in my epoch, you had to resign yourself, to suffer and all these things. But, my husband was a good man, he hit me without any reason, but he was a good father; he took care of the kids while I was working.” The woman worked, because her husband didn’t give enough money in support of the family, but the woman does not allow anyone to criticize her husband. “I began to do “Panelitas de Leche, milk caramels. Chocolate of grain and to sell these products to the other stores and my husband took the money I earned with the business.” At that time, she received help from the Parish priest and one nun; maybe because she had a brother who was studying in the seminary. Her husband did not love her. The only thing she had was the love of her sons, the love she gave to her sons, and it was the only thing that kept her alive. Now she says, “Well..., the only thing I would ask God is that I may not suffer from a long-suffering disease.”

This interview took place in a bakery where the television was turned on, with a loud volume, and there were many interruptions. The interviewee was a thirty nine year old man belonging to the third socio-economic level; he is a very introverted and he did not talk much. He is single, he has always worked and he is happy with his family. He asks work of life and, “..health... in order to be alive.”

A woman, who is fifty seven years old and belongs to the third socio-economic level, narrates how she left her home when she was thirty two years old, because her family did not accept her relationship with her boyfriend; a relative encouraged her to make that decision. She went to live with her mother in law, her boyfriend and she was very happy there. The woman has worked all her life, she has always been independent. After six years, she moved to Bogotá where her daughter was born. Two years later, her husband moved back to his mother’s house and the woman did not want to come back with her husband, because she

did not like the work there. At the beginning, her husband visited her in December and on his daughter's birthday. After awhile, he did not visit them anymore. She asks of life, "Health in order to keep going with my daughter. That God may help her, that he may give her all the courage for everything. That she may find a good boyfriend; I don't want to see her with a..., my goodness! I say..., I don't want to see her with a man half-dressed and with long hair. No!"

A woman, who is thirty-one years old and belongs to the fourth socio-economic level, experienced a guerrilla attack when she was twenty-five years old. She says, "Yes, I would like, maybe, to live in a more peaceful country; a country without violence, a country where individuals have faith and believe in themselves. Not to see what is happening nowadays: That everyone wants to go to other countries, because there's not peace; because we don't believe in ourselves; because we're not tolerant; because, unfortunately, Colombia is living a chaos of attitude. It's a... I think that if you turn on the television and watch the news, you can say that the information is 90% negative. It informs us, but it makes us to adopt a negative attitude. I say, even if there are many cruel individuals, even if my country is a mess, we have to have faith again, we have to believe that someday these terrible things that happen in Colombia... I mean that you can say, where are you from? From Colombia! Ah! Colombia is a peaceful country, yes. Instead of saying I'm from Colombia; it's a country full of violence and war. I just ask God a minute of peace and more peace."

A woman, who is forty years old and belongs to the fifth socio-economic level, narrates the violence that her family had to face, "My father was robbed in Medellin and he was near to death. He was transfer from Medellin to Bogotá and when he was here, we suffered a lot, because he was near to death. Eh., my husband was supportive, my brothers, my mother, all my family was very close. Thanks to God he's still alive (her father) and we're with him; we take care of his health." For me, it is very

interesting to point out that the analyst of this interview did not consider this violent theft as common violence, but as an accident. This appreciation denies the criminal aspect of this fact. The consequence of this robbery has been very meaningful for the woman as she says, “due to the fact that I was taking care of my father, I abandoned my baby, who was 3 months old. I didn’t feed him; I couldn’t feed him, because I spent more time at the hospital than at home with my baby. I’m very happy, because I have a nice home, I live with my husband and my sons in a stable home, and because I have my father, my mother and my brothers with me.” She asks of life, “That the economic situation may improve and that Colombia may be peaceful in order that people may live in a peaceful way”

A fifty four year old woman who belongs to the third socio-economic level narrates the following story. The interviewer, Martha Isabel writes at the end of the interview, “This person has no job. Her marriage is independent and the incomes are not enough. For that reason, they do not have health service and the SISBEN does not help them, due to the socio-economic level they belong to. Her teenage daughter is pregnant and they had to look for someone in her family, in order to be admitted in a health plan, to receive the appropriate medical care during the childbirth. I conducted this questionnaire and interview from seven to eight o’clock at night. This person was in a special moment for her life, it was a little bit complex to do the interview, because of the situation she was facing in that moment of her life, the situation of her daughter. She was very affected, she cried and the condition at home did not allow her to have privacy. The woman asks of life, “That my sons have success according to God’s will.” For the life of her daughter she asks, “That God may give her strength, in order that she may achieve her goals, because now she’s facing a difficult situation. But, I expect that life may give her many things. I ask that my daughter may have the opportunity of studying, that she may have a good home

and good sons, to my two sons, my husband, to us, to everyone.”

The woman, who is fifty years old and belongs to the fifth socio-economic level, narrates with a clear interactionist control quality the following very meaningful even, “For me, the most violent situation was the death of my father when we worked with him. I went to the door to say good-bye and when he had walked, more or less, three or four blocks, some men catch him and shoot him. It was very violent for me, because my father was like our god, he dressed us, and he supported us. In that moment everyone stayed with the arms folded, what can we do? Fortunately, he taught us to work and everyone had to work, because we were eight sons. Just imagine..., it happened fifteen years ago, but we solved everything. Everyone has established a business, they already have an employment, it’s a situation already solved.” Her sister had to face another traumatic situation; her husband abandoned her, because he had a girlfriend. She became pregnant and stayed alone with two sons. The interviewee could find a job and she is thankful with life. She says, “Yes, of course I ask more things, it’s logic. But up to this moment, you’re thankful First, because I have worked all my life; I said, I’m not a person who is going to get married, or to wash diapers, forget it! To wash underpants, No way! And suddenly, I got desperate and I got married. I have two pretty daughters and I never thought I was going to have two nice and healthy daughters; my little daughter got sick recently. So what else do I want? I still have my mother, I have my brothers, who are very close and they help each other So I’m thankful with life. I would ask more economic stability, in order not to have so many necessities. For example, if I eat a fish in holy week..., and I spend one hundred thousand pesos, I can’t do another thing... I mean, I don’t want to make a decision between two things. I want to have enough money to eat and to buy a pair of shoes, or a dress. That’s what I want; more economic stability and the other things are fine.” This woman had an abortion,

performed by a doctor, when she was twenty-three, but she does not talk about it in the interview. She is married.

A man, who is twenty one years old and belongs to the fifth socio-economic level, talks about the most meaningful thing in his life, “The fact of having graduated from the school, having studied at the university, a career. It has been a very interesting experience in order to follow the learning process, because it’s a different world. You have new experiences; you change your routine and your life. It’s a more independent life, with more responsibilities, with different tasks. You meet new people and I began to study something more related with my likes, finances, economy, and commerce.” He concludes the reflections about his behavior saying, “The behavior is a group of many factors, like me, mood changes, the destiny, the influence of another person. So it’s a group of many factors. My life is determined not just by one factor, but many.” The sense of life for him, “Is like the equilibrium of all the factors that have an influence on my life and none of these factors should have more importance than another, neither less importance.” He asks of life, “That I keep on being healthy, having good friends, a good job in the future, that may family may have good health and that’s all.”

CHAPTER IV

HEALTH IN BOGOTÁ HEALTH AS A HUMAN RIGHT

I. HISTORICAL REFLECTIONS

Categories of human rights are: civil rights, legal rights, political rights, economic rights, social rights, cultural rights, collective rights and declaratory rights. The right to health is an example for social rights.¹ In 1946, the Preamble of the Constitution of the World Health Organization (WHO) defines health as, “Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.” The Preamble makes also clear that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic, or social condition. Means to this goal are outlined in Article II of the WHO Constitution and in Article 12 of the Convention on Economic, Social, and Cultural Rights (ESCR).² The ESCR and the International covenant of Civil and Political Rights (ICPR) were both approved by the General Assembly of the United Nations in 1966 and entered into force on March 23 of 1976. They constitute the two prime United Nations human rights treaties.³

1. John S. Gibson. *Dictionary of International Human Rights Law*. Boston, 1996, 7.

2. *Ibid.* 153f.

3. *Ibid.* 42.

The two treaties (ESCR and ICRP) are very important because they insist that conditions are created so that everyone may enjoy their economic, social and cultural rights. The right to life and the right to an adequate standard of living are closely linked by these two prime treaties. This intimate association is the result of the historical progression of the human rights. Civil, legal and political rights as we find them in the United States Constitution of 1787, or in the French Declaration of the Rights of Man and the Citizen which in 1789 preceded economic and social rights. Economic and social rights are the fruit of labour struggles in the 19th and early 20th century.⁴

The interest of historians for the genesis of the Universal Declaration of Human Rights in recent years has led to the recognition of the important contributions from Latin American delegations in the shaping of the Declaration in between 1945 and 1948. Latin American contributions regarding the universality of human rights, the equality of men and women, the centrality of family life and the importance of economic and social rights. Paolo G. Carozza presents the all too often ignored history of the original Latin American tradition of the idea of human rights.⁵ It was this tradition that helped to balance an excessive individualism, after the style of the United States of America, with an excessive collectivism mirroring the Soviets. And Carozza asked, what gave the region (that is Latin America) its distinctive voice among multiple dialects of human rights talk?⁶ Interestingly enough, Carozza identifies in Bartolomé De Las Casas as the midwife of modern human rights talk. Like many other Spaniards,

4. Ibid. 137.

5. Paolo G. Carozza. From Conquest to Constitutions: Retrieving a Latin American Tradition of the Idea of Human Rights. In: *Human Rights Quarterly* 25.2 (2003) 281-313.

6. Ibid. 282.

and clerics, Las Casas accepted and participated in the exploitation of the Indians. At the age of 30, Las Casas stopped his life of *encomienda*, which was the Spanish colonial system of the right to exceed from the native individuals forced labour, in return for instruction in the faith of the Catholic Church. He entered the Order of preachers, the foremost critics of Spanish brutality in the Indies. In his *History of the Indies* he described the cruelty and neofeudalism of the conquistadores. Due to the effects of this book, and Las Casas' insistence, Charles V promulgated the New Laws of 1542 which abolished the *encomienda* system. However, Charles V did not succeed as slavery was the basis of the economic success of the colonial enterprise and could not be abolished until machines were able to surpass the productivity of human manpower in the 19th century. Las Casas expressed the requirements of justice in terms of the rights of the Indians. He understood human rights in the modern way of a promulgated and sanctioned law, not simply as an abstract idea and theoretical speculation.⁷ The next historical moment crucial to the development of the idea of human rights is the birth of the first constitutional republics in Latin America. In 1794, Antonio Nariño translated the French Declaration of the Rights and Duties of Man and naval officers visiting South American ports disseminated the Declaration of Independence and the Constitution of the United States. There are two very important particularities in the way Latin America received the ideas of popular sovereignty and human rights: First the modern states of Spanish America were founded by a few and not by popular movements, with some exceptions, and second, the strongly anticlerical orientation as one of the effects of the French Declaration in Europe, was not known in Latin America. Antonio Nariño defended himself by using the natural law arguments of traditional scholastic theolo-

7. Ibid. 292.

gians like Thomas Aquine that were taught in universities and seminaries.⁸

It is true; Simón Bolívar did not stop citing Jean Jaques Rousseau. There is no doubt; Bolivar was strongly committed to the constitutional recognition of basic individual liberty, equality, material security and private property. But he also stood for social rights, duties, and for the importance of the family and community. He believed that man was a creature of the Divine Bolívar that insisted man's divine faculty of free will is put to the service of society, law and moral development.⁹ Concerning the development of human rights in Latin America, both Las Casas and Bolívar stand in the line of historic continuity. Simón Bolívar referred to Las Casas as, "The Apostle of the Americas," and "A Human Hero".¹⁰ The Mexican Revolution of 1910 and the adoption of the Mexican Constitution of 1917 were both of major importance for the constitutional history of Latin America. Carozza insists on qualifying this Constitution as "Social Liberalism" and not merely liberalism. Seeking to combine and balance the individual and the communal aspects of human rights was the aim of the 1917 Mexican Constitution, as it was the aim of Bolívar and Las Casas.¹¹ Accepting the received tradition of individual rights, and supplementing it with greater recognition and protection of the social dimensions of the human being, can thus be identified as the original particularities of Latin America's authentic human rights thinking.

II. THE ASSESSMENT OF HEALTH AS A HUMAN RIGHT. REFLECTIONS FROM THE PHILOSOPHY OF LAW

The following reflections are inspired by the text of Maria Green for the United Nations Development Pro-

8. Ibid. 299.

9. Ibid. 301f.

10. Ibid. 296.

11. Ibid. 311.

gramme.¹² We have to make sure that the indicators of our investigation can be considered indicators of Human Rights. We accept Green's definition of an "indicator," as "A Human Rights Indicator is a piece of information used in measuring the extent to which a legal right is being fulfilled or enjoyed in a given situation." The indicators of our questionnaire provide much information on the major substantive economic, social, and cultural rights, such as the rights to food, health, housing, education and work. We understand that, according to the ESCR and ICPR, those rights are subject to "progressive realization;" we have to be realistic, and it does not serve the cause of those rights, if we neglect the concrete living conditions in a Latin American Megapolis' like Bogotá. But for the evaluation of the results of our investigation we have to be clear about some basic rights that are to be always applicable. Maria Green holds that three major rights fall into this category: the right to non-discrimination, the right to legal remedies if one's rights are violated, and the right to participate in the making of policies or laws that affect one's rights.¹³

Insisting, in a Third World context, on the importance of the individual's assessment of their enjoyment of health, and other human rights, is important for a number of reasons. It is important to talk, and listen to the individual, because human rights have to be assessed from both the institutional context and the individual one. Furthermore, individuals' assessments of their health status are not to be solely a First World privilege. The Vienna Health Report of 2001 worked with 8000 questionnaires for a population of one million. As a result, public health experts were then able to determine, for example, different vulnerability profiles of special population groups and to propose the

12. Maria Green. What We Talk About When We Talk About Indicators: Current Approaches to Human Rights Measurement. In: *Human Rights Quarterly* 23 (2001) 1062 -1097.

13. *Ibid.* 1071.

necessary policies to improve their poor health situations. Working with questionnaires to assess the health statuses of individuals should produce sensitive information by which one can adjust health system policies more adequately to the needs of the intended populations. It is our hope that the individual's health assessment would augment the distributive justice of the state's social system.

III. THE SUBJECT AND EPISTEMOLOGY IN SOCIAL SCIENCES

The theoretical base of our investigation was laid out by the rules of empirical social science research and during our investigation we adhered to those rules in order to get scientific results. We wanted to reflect one of the preliminary conditions of the rules of empirical social science, we wanted to reflect the language; we understand the rules of science, because they are part of the rules of language, and that we have to speak in order to express what we want to say. It was Ludwig Wittgenstein (1889-1951) who found the parallel between the processes we use when we construct words and when we play a game; in both cases we follow the rules of the game and we follow the rules of language; the use of language is a language game.¹⁴ Why is it that important for me to write about the rules of science and language? It is important in order to remember that the speakers of ordinary sentences, and scientific sentences, are both standing on the common ground of language. I am talking about language philosophy in order to insist on the principal equality of all sentences; it was my value judgement that there was to be no discrimination concerning ordinary language, as the interviewed individuals in Bogotá were using, on the part of the interviewers.

14. Ludwig Wittgenstein. *Philosophical Investigations*, bilingual edition with translation by G. E. M. Anscombe. Oxford 1968. Part 1, 108 (paragraph number).

Social science is not philosophy; rather, social science is measuring and in empirical sociology we understand this procedure as “picturing structures”.¹⁵ In empirical sociology we are trying to reproduce the elements of a social structure by means of a quantitative numerical picture of this social structure with the relations of the numbers corresponding to the relations of the elements of the social structure we want to picture. In order to describe the social structure we have to use indicators for the social realities we want to picture. In the case of our investigation we worked with health status indicators, as indicators of human rights. In the questionnaire, we put to disposition for each indicator a set of variables, or items, with a set of different value possibilities; it is for the individual to determine which value is right for them in regards to a particular item, or variables, and I want to insist on this sensibility for the individual at the centre of the empirical method in using questionnaires.

The empirical social science method uses quantities of numbers in order to measure social structures. There is no doubt about this. I am writing this reflection to insist, along with many sociologists, that the quantitative measuring is important, but it is neither the starting point, nor the last word in science. The starting point is language and once you got the quantitative results you have to interpret them. The interpretation will affirm, or change, the underlying hypothesis of the investigator, or will lead to a better understanding of the investigated matter.¹⁶ Ludwig Wittgenstein was often wrongly interpreted as a being a pure positivist who wanted to picture the reality of the world. Wittgenstein was not a positivist, not even in his first work,

15. Hermann Denz. *Grundlagen einer empirischen Soziologie. Der Beitrag des quantitativen Ansatzes.* Muenster 2003.

16. *Ibid.*

“Tractatus Logico-Philosophicus.”¹⁷ In line 4.014 he describes the relation of picture and reality in the analogy to the written notes, or the gramophone record, as a picture of the symphony we hear.” The gramophone record, the musical idea, the written notes, and sound-waves, all stand together in the same internal relation between language and the world. They are all constructed according to a common logical plan, “Like the two youths in the fairy-tale, their two horses, and their lilies. They are all in a certain sense one.” Wittgenstein never in his life explained his understanding of the “common logical plan,” it is for us to interpret the fairy-tale. But, this is not the important point I want to make, rather, what is important for me is the conviction that neither in the picturing of science nor in ordinary language we can abstract the subject of speaking. This is true for the speaker and the listener.

Line 4.021 of the Tractatus says, “A proposition is a picture of reality: for if I understand a proposition, I know the situation that it represents. And I understand the proposition without having had its sense explained to me.” Line 4.022 continues, “A proposition shows its sense. A proposition shows how things stand if it is true. And it says that they do so stand.” This sentence of the Tractatus is important for me in dealing with the many sentences we received in the interviews. Wittgenstein reminds me of the basic dignity of the human being as a producer of sense, to have respect, to be careful with the sentences I received from 624 individuals from Bogotá, because they are the product of a human being. The reader may ask me if it was really necessary to bother with the philosophy of language in order to respect the dignity of the subject. Wittgenstein, in line 4.112 says, “Philosophy aims at the logical clarification of thought. Philosophy is not a body of doctrine but

17. If not indicated otherwise we generally use the translation of the German text of Ludwig Wittgenstein’s *Logisch-philosophische Abhandlung* by D. F. Pears & B. F. McGuinness. London 1961.

an activity. A philosophical work consists essentially of elucidations. ...” These sentences help me to clarify my thinking as investigator, because they make me listen.

I admit that the reason for my insistence on the individual’s account of their health history stems from a deep philosophical conviction, “The world is all that is the case, (1)”¹⁸, as we read in the first sentence of Ludwig Wittgenstein’s “Tractatus Logico-Philosophicus.” The second sentence of the Tractatus says, “What is the case –a fact– is the existence of states of affairs, (2)” The third sentence continues to clarify with, “A logical picture of facts is a thought, (3)” and the fourth sentence clarifies the central role of language in picturing the facts of the world, “A thought is a proposition¹⁹ with a sense, (4).”²⁰ From this fourth sentence follows that the proposition enunciated by the individual does make sense and that this is philosophical priority of Wittgenstein’s philosophy of language, which demands seriousness for that which the individual is saying; sense is a function of the individual, of everybody who is speaking. In order to know what the case is, be it on health questions, human rights, or on any other subject, I have to ask the individuals of the whole world, not only some chosen individuals of the first world, to insist on the individual’s side of their life story; it is very logical and at the same time the only fulfilment of the human right of non-discrimination. As a matter of fact, Wittgenstein denies that there are sentences with the privilege of being of more sense than other sentences. All sentences make sense;

18. The decimal numbers in the brackets correspond to the decimal numbers that were assigned by Ludwig Wittgenstein himself to the single sentences of his Tractatus logico-philosophicus.

19. The term “proposition” is the translation of the German term “Satz”. Since “Satz” usually is translated by the term “sentence” we will use the terms “proposition” and “sentence” as being synonyms.

20. The term “proposition” is the translation of the German term “Satz”. Since “Satz” usually is translated by the term “sentence” we will use the terms “proposition” and “sentence” as being synonyms.

that is the function of a sentence, of language. The linguistic turn brought to philosophy by Ludwig Wittgenstein insists on ordinary language and that is my challenge to any contemporary philosopher and social scientist. Plato wanted to remedy the defectiveness of ordinary speech. Aristotle went for definitions, knowledge, and a good life corresponding to the subject matter and the "good." For Wittgenstein language is, "In order as it is.' That is to say, we are not striving after an ideal, as if our ordinary vague sentences had not yet got a quite unexceptionable sense, and a perfect language awaited construction by us'.²¹ Wittgenstein urges us to seek understanding, not by looking behind language which he considers impossible, but at the language games themselves in which words are used.²² At the center of Wittgenstein's philosophy stands a social/linguistic anthropology of sense which is expressed by the speaking persona. It is the aim of philosophy to clarify this sense and the way to obtain this goal is the investigation of propositions enunciated by individuals, and understanding them as human behaviour, as actions of thinking beings chosen in the light of particular beliefs, desires, and means.²³

IV. A SOCIAL HYPOTHESIS AND HER EMPIRICAL VERIFICATION

We worked with a questionnaire in order to assure collectability, accuracy and comparability. We have to point now to a serious limitation of our investigation, it is a punctual one. We measured at one point of time, in the

21. Ludwig Wittgenstein. *Philosophical Investigations*, bilingual edition with translation by G. E. M. Anscombe. Oxford 1968. Part 1, 98 (paragraph number).

22. John W. Danford. *Wittgenstein and Political Philosophy. A reexamination of the foundations of Social Science*. London 1988.

23. Paul Johnston. *Wittgenstein and Moral Philosophy*. London 1991. 49ff.

spring of 2003, and if one considers the ability to measure economic and social rights over time, essential we have to say that we cannot deliver. Nevertheless we provided the research community with a validated questionnaire which might prove useful for further investigations and these investigations will then permit us to examine how the values of the health indicators developed since the spring of 2003. Since our prime aim was the validation of a questionnaire with health indicators, we could content ourselves with the small sample of 624 interviews for a population of about 8 million; it is clear that small a sample cannot measure desegregations, the health statuses of special groups like children, immigrants, or elderly individuals.

Another important point to make, if we consider our investigation of the individual health status in Bogotá as measuring human rights, is that we tried to measure at least some aspects of the enjoyment of the human right to health, together with the compliance of the State in providing individuals with that guaranteed right. We are committed to present both sides of the coin in our picture of the health situation in Bogotá, the individual's side and the institutional one. The fact that authors, talking of human rights, or human rights indicators, do not bother to give a definition of the concept of rights, shows the difficulty. Gibson called his book a dictionary of international human rights law. It is clear, that when talking about human rights, we want to talk about legislation and law. We want human rights protected by law. That "right" is the word for a legal or moral standard, and does not qualify human rights as mere moral standards without any legal base. Where human rights are not yet legal standards, we want them to be implemented as such. The word "right" is also applied to express someone's right to something. This side of the coin emphasises the individual aspect of enjoying a right.

We admit that we emphasised in our study the individual's side. We want to describe the situation of the

individuals as the individual themselves giving us information about their health status. This insistence on the importance of the individual makes clear that we did not intend to construct any such thing as a poverty-indicator, or development-indicator, or one overall human rights-indicator for Bogotá. This was not our aim. General indicators as mortality, and morbidity, are very important, but we prefer the sensitive indicators of a personal questionnaire and interview. On the other hand we accept the significance-problem we have because of the small sample of only 624 individuals questioned.

In order to demonstrate what we understand as sensitivity, we would like to explain the organizing principles of the questionnaire with regards to the availability, accessibility, and quality of health in Bogotá. Each health indicator we used had to assess the availability, accessibility, and quality of the health aspect the indicator wants to measure. It is clear that these criteria fought a constant fight with the principles of collectability, accuracy and comparability; if you want to get accurate information you have to ask a lot; if you ask a lot you will get a very long questionnaire and a collectability problem. At the end we worked with a 15 page long questionnaire, whereas, we had started out with a questionnaire of 26 pages. To complete 15 pages of a questionnaire you need at least 45 minutes. Will future investigations want to take the compliance risk of the population as we did, and trust that enough individuals would be willing to participate in the investigation? We acknowledge that we were risking the comparability of our study.

We wanted to include children less than 13 years in our study, if they were able to understand the questions of the questionnaire, but we could not do it, as the sample size of 624 would not allow results on them. We wanted to ask for exact diagnosis of the diseases, and not for only groups of disease. As everyone would agree, pain is a very important indicator in health status assessment, we

wanted to get detailed information on the individual's history, but we had to cut down the questionnaire. We wanted to know more precisely who diagnosed diseases, which helped, and how effective this help was. We wanted to know more about the different therapies, their availability and effectiveness. We wanted to collect information on the compliance of the patients with prescribed medication. We wanted to know why therapies failed, and why the individuals did not get adequate, or effective treatment. We had wanted to ask more in detail for the different forms of preventive behaviours like breast examinations, examinations of the testicles, tooth brushing behaviours and dentist services. We wanted to know if the individuals were taught health preventive behaviours, if they did know about their importance, and to what degree they were complying with the exigencies of preventive health behaviours. We wanted information on the vaccination status of the individuals. We wanted to know gender, age of their children, and their vaccination status. If an Individual's child had died, we wanted to know at what age and why. We wanted to know the children's history of illnesses and diseases. We wanted to get more detailed information on the labour situation of the individuals, their income and economic performance. We wanted to know who in the family were influencing education decisions and in what way.

Naturally, it is our interest to contribute modestly to suggestions for effective development strategies concerning the empowerment of the individuals to live a better, healthier life. Assaults on human dignity, and the humiliating vulnerability of poverty, often are not reflected in quantitative measures of poverty. We acknowledge that. Adding to the questionnaire a personal interview of up to 30 minutes was our way to get to know the individual and their history of coping with life. Establishing societal accountability is difficult, but we tried to make a contribution. Taking interest in the individuals' lives, and insisting on their empowerment for a better life, does not make irrelevant the insistence

on the human rights aspect of health. This is the point we would like to make, “Health with all its aspects of biological, social, economic, cultural and psychic factors is a right of the individual.” We should at this point remember the important contributions from Latin America in the development of the social, economic and cultural rights in the process that led to the Universal Declaration of Human Rights by the United Nations in 1948. And we should ask how Colombia’s health system is sticking to its social obligations today.

V. REQUESTS CONCERNING LIFE AND HEALTH

The interview guide suggested starting the interview with a concrete situation in the individual’s life. We had already observed that most individuals interviewed started with a story of their family; the family is very important in Bogotá. At the end of the interview, the interviewer would ask if the individual had any requests concerning life; the interviewer is interested in the sense of life of the individual and asks if the individual is thankful for his or her life. The answers were very surprising for me, as the majority of the individuals interviewed were very thankful for their lives. This is astonishing if one knows of the many problems in the lives of these individuals; they often have to overcome diseases, accidents, miserable economic conditions, and violence, to live. But, they were thankful for work, for family, for their husband, or their wife, for their children, for their studies, and for many beautiful things they had received from life. The individuals ask God to listen to them, to be able to study, that God protect their children, to be able to progress, for health for work, for economic stability, for a good spouse, and they ask for peace for Colombia.

The proposition enunciated by the individual does make sense. “A proposition is a picture of reality,” we read in line 4.01 of the *Tractatus*. Our privileged access to reality

is by means of the individual's proposition. "It belongs to the essence of a proposition that it should be able to communicate a new sense to us," line 4.027. The priority of this sense of the propositions refers to the individual speaker, his speaking, and life. The sense of the proposition is prior to any affirmation, or negation, of the proposition. In line 4.064 we read, "Every proposition must already have a sense: it cannot be given a sense by affirmation. Indeed its sense is just what is affirmed. And the same applies to negation, etc." A proposition cannot be deprived of sense by negation. The priority of the sense of the proposition points to the personal value-system of the speaker who is the originator of this sense. "A thought is a proposition with a sense," line four 4 of the *Tractatus*. All thinking is linked to language, and line 4.0031 of the *Tractatus* concludes this thought, "All philosophy is a critique of language." What do we do with all the sentences about the sense of life, the thankfulness for life, and the requests regarding life? We accept them as unique expressions of the sense of the individuals who granted us the interviews. We want to express our respect for the dignity with which the individuals interviewed spoke of their lives, while in the context of the very difficult conditions that is their lives. This respect is also a testimony to those individuals determined to fight for a good life, not only for themselves, but also for their children. It was my problem to get depressed when I am living for some weeks in the midst of the barrios of the south of Bogotá, but the individuals living there showed great energy to fight every day's struggle for a living, for education and work. Also they express hope for a better life, thankfulness for the good things they were able to live, and hope for an improved future for their children.

In order to get a better understanding of the interviews which speak of God –almost every individual did, or the interviewer would have mentioned God– I would like to mention some remarks by Wittgenstein on the philosophy

of religion. He writes on this subject in his "Remarks on Frazer's Golden Bough,"²⁴ and rejects the anthropologist's view of primitive religions. The Golden Bough was a bestseller on "primitive" religions written by J.G. Frazer. Wittgenstein investigated the concept of "belief" in the context of the language game in which we use the concept. For what is at issue when we speak of "belief in God" Wittgenstein says is "not so much an opinion which may be straightforwardly true or false, but rather a distinctive outlook or way of understanding the world."²⁵ The grammatical relations in the language game with the word "belief" and "belief in God" are best illustrated by considering the case of expressing a liking, or preference, for it is part of our concept of liking that the individual is the authoritative enunciator of what he likes.²⁶ Religious belief is not something to be proved by experiments, it can be rather observed by its consequences in everyday life. Wittgenstein writes in *Culture and Value*, "It strikes me that a religious belief could only be something like a passionate commitment to a system of reference. Hence, although it's belief, it's really a way of living, or a way of assessing life. It's passionately seizing hold of this interpretation...."²⁷

I remain very much impressed by the courage I find in the stories of the interviews. The histories which are told by the individuals give testimony to a moving way of assessing life in very unfriendly and difficult circumstances. The way the interviewed individuals talk of God is

24. Ludwig Wittgenstein. *Remarks on Frazer's Golden Bough*. In: G. Luckhardt (ed.) *Wittgenstein: Sources and perspectives*, Ithaca, NY, 1979. Cornell University.

25. Paul Johnston. *Wittgenstein and moral philosophy*. London 1989. 36.

26. *Ibid.* 47.

27. Ludwig Wittgenstein. *Vermischte Bemerkungen*. *Culture and Value*. G.H. von Wright (ed.). Translated by Peter Winch. Oxford 1980. 64e.

an extraordinary and simple testimony. They are passionately seizing hold of the interpretation of their lives in context with God. I have never found elsewhere the same kind of passionate and simple belief, which is not about believing a doctrine nor a religious system, but rather a belief in God that is a very private, intimate, commitment to this God.

VI. ETHICAL REFLECTIONS ON THE FAMILY

LIFE AND HEALTH

The most frequent general topics in the 565 interviews are: personal attitudes, life requests, personal decisions, personal life, sense of life, family life, opinions, health problems, accidents, violence within the familiar nucleus, work life, common violence, pregnancy, violence conducted by organizations that are against the government, displacement because of violence, eventual activity, poverty, state violence, God and childhood.

It is a little bit unfair to use Ludwig Wittgenstein's anthropology of sense, to stick to the priority of the sense of the spoken sentence, and then simply pass on to social qualitative analysis of the interviews. We hold with Wittgenstein that the interviews are in order as they are, and we are not to correct either the value systems of the speakers, their beliefs, convictions, goals, hopes, or lives. Saying this, I have to explain why I did a qualitative analysis of the interviews, if they are fine as they are? Let us look at the results of the qualitative analysis.

59 of the 624 interviews were stolen by an interviewer; he wanted to make part of the team which would analyse the interviews, but did not get the job, and so we had to continue with the remaining 565 interviews for analysis. Research conditions in Bogotá are not easy and it was not possible to get any compensation for the lost information. The team of analysts got 6729 sequences from the 565 interviews and the following table shows the frequencies of the sequences according to their quality of control:

Quality of control	Fatalistic	External	Internal	Ext.& In	Interact.
Frequency of seq.	15	195	1473	4086	886
% of sequences	0.2%	2.9%	22%	61%	13%

530 interviews from the 565 did not contain even one sequence which was qualified with the quality of control “fatalistic,” and given the very difficult conditions of daily life in Bogotá, this result was a surprise to me. These individuals do not abandon themselves blindly to fate, or hazard, rather they look for reasons, and causes, to explain their situation; individuals of Bogotá are very active decision making individuals. 454 interviews did not show a sequence with the quality of control “external,” and that means that 80% of the individuals who were interviewed did not see their lives being exclusively determined by external conditions and influences.

22% of the individuals interviewed judge, at least at one point of the interview, that it is only them and nobody else to take part in their decisions. The overwhelming majority of 94% of those interviewed said that it was themselves, and the interests of others, which play a role in their decision making process. That is to say that the majority of the individuals see their lives influenced together by outer and internal influences. At the same time this majority does not observe a connexion between one external influence factor and the immediate inner response to it. There are a series of influences, both external, and internal, that when internalized affect the decision, and the force, or power, of the influence determines whether it internalized, or not.

In 13% of the interviews there is at least one sequence with the quality of control “interactional.” The individuals with the quality of control “interactional” are using both external and internal influences in making their decisions at the same moment and in the same situations. These individuals are capable to distinguish between external

forces, factors, and internal factors; they have the capability to bring both the external, and the internal into communication. In the way of this communicating, the decision is the result of a sort of compromise of peaceful negotiation. We do find this kind of non-violent communication and decision making in Bogotá, it is a social reality. 13% does not amount to much, but it does amount to the realistic bases of our hopes for a peaceful social environment.

THE SAMPLE SIZE BY SOCIOECONOMIC STRATUM

Social relations based on an interactional quality of control are capable of creating the conditions for real wellbeing. The social support for the individual, together with their own capacities to recognize and realize personal perspectives, and decisions, are very important for the individual's health. Social support is as important for health as nutritional, economic and physical factors. At this point we have to say that the quality of control of the individual behaviour does correlate with the level of the socioeconomic stratum in which the individual is living. 25% of the interactional quality of control we find in stratum three and 15% we find in level two, but 60% of the interactional quality of control we find in stratum four and five. The message is clear, poor economic conditions do limit the possibilities of the individual to get a good education, to get a good stable job and finally to maintain peacefully and durable social relations. Poverty acts as a disabling agent for individuals in the development of social relations that serve the well being of all. This is a sad reality in Bogotá and we have to encourage the State to implement policies capable of integrating the poor into society so they can actively take part in their lives. It is the family that is so important for individuals and as a consequence we have to encourage the State to help families to live a life of dignity and tranquillity.

The information we got about the family in Bogotá, with the help of our questionnaire, very often is confirmed

by existing publications; for example, Jairo Báez, in his article on the family in Colombia in 2001.²⁸ Báez relates an unemployment rate of 17% (analyzing data from 1999). Our investigation found 172 individuals unemployed. That is 28% of all the 624 individuals we interviewed. Also, Báez has 20% of the population smoking and our investigation confirms this percentage. The conclusion of Báez's article is very interesting and important in regards to the family. Baez laments the sad discrepancy between the defences of the family as fundamental nucleus of the Colombian society and the state policies which are not helping the families in a period of changing roles, functions, and values.

The insistence on the essential role of the family for society is part of the distinct Latin American tradition within the global discourse of human rights. The constitution of the Republic of Colombia of 1812 affirms certain inalienable rights prior to, and above, the state, and that the state is obliged to respect those rights. This sounds like the constitution of the United States. Chapter twelve of the Colombian constitution suddenly follows in title, and content, the French's constitution, "On the Rights of Man and the Citizen," and further to insist in chapter thirteen, as the French constitution does, "On the Duties of the Citizen." We read in article four of chapter thirteen, "No one is a good citizen who is not a good son, a good father, a good brother, a good friend, a good husband."

The Colombian Constitution of 1991 affirms in its article ninety five the following duties of each individual and each citizen, "To respect others' rights and not abuse one's own, to strive in accordance with the principle of social solidarity; to respond with humanitarian actions when faced with situations that endangers the life or health of individuals; to respect and support the legitimately consti-

28. Jairo Báez. *La Familia en Colombia*. Universidad Antonio Nariño. Facultad de Psicología. www.gratisweb.com/jairobaez/indexjb.html.

tuted democratic authorities in their efforts to maintain national independence and integrity; to defend and foster human rights as a basis of peaceful coexistence; to participate in the country's political, civic, and community life; to strive toward the achievement and maintenance of peace; to cooperate for the sound operation of the administration of justice; to protect the country's cultural and natural resources and watch over the conservation of a healthy environment; to contribute to the financing of state expenditures and investments in accordance with the principles of justice and equity." Also, the Constitution of Colombia from 1991 affirms some very nice general principles concerning the family. We read in the second chapter of the social, economic and cultural rights, and in the 42nd article, "The family is the basic nucleus of society. It is formed on the basis of natural or legal ties, by the free decision of a man and woman to contract matrimony, or by their responsible resolve to comply with it. The state and society guarantee the integral protection of the family. The law may determine the inalienable and unseizable family patrimony. The family's honor, dignity, and intimacy are inviolable. Family relations are based on the equality of rights and duties of the couple and on the mutual respect of all its members. Any form of violence in the family is considered destructive of its harmony and unity and will be sanctioned according to law." Article 43 follows the same line of principles, "Women and men have equal rights and opportunities. Women cannot be subjected to any type of discrimination. During their periods of pregnancy and following delivery, women will benefit from the special assistance, and protection of the state, and will receive from the latter food subsidies if they should thereafter find themselves unemployed, or abandoned. The state will support the female head of household in a special way." Also Article 48 sounds wonderful, "Social Security is a mandatory public service which will be delivered under the administration, coordination, and control of the state, subject to the principles of efficiency, universality, and

cooperation within the limits established by law. All the population is guaranteed the irrevocable right to Social Security.”

After reading all our interviews, we do sadly recognize with Baez the discrepancy between the Constitutions defence of the family and the vulnerable reality of daily family life in Bogotá. Carozza notes that 15% of the population possesses 65% of the land in Colombia. He asks, “Isn’t it the States duty to guarantee the constitutional rights, principles and duties? Doesn’t the State have the obligation to start real social reforms in order to fulfil its duties to protect his citizens?”

VII. WHO IS PAYING FOR MEDICAL EXPENSES?

Law 100 of 1993 defined a health system with two groups: the contributive group is for citizens who enjoy sufficient income to pay for health insurance, and the subsidized group (SHIR Subsidized Health Insurance Group) is meant for citizens who have no economic capacity for paying their health insurance. Law 100 mandated the use of SISBEN to select beneficiaries of the SHIR, created for the poor and most vulnerable without the capacity to pay for health insurance. In order to differentiate who can afford to pay and who cannot, the population was classified into six socioeconomic levels through an interview. The entity responsible for this classification is the System for Identification and Classification of Potential Beneficiaries of Social Programs (SISBEN). The population is classified into one of six stratum (one being the lowest and six the highest). Stratum three to six are assigned to the contributive system and stratum one and two to the subsidized group. When a family is classified as level one or two, a Subsidized Insurance Company (ARS) must affiliate the family and give it a card in order to access the health system.

The following table shows the responses of the 624 individuals interviewed to the question, “how do you pay for your medical expenses?”

Who pays?	Together with others	Only
Subsidized Insurance Company (ARS)	93	85
Health management organization (HMO)	412	191
Prepaid medicine (PPM)	40	9
Yourself	150	41
Your family	139	29
Plan for the integral attention for the population displaced due to violence (PFPDV)	6	6

You can see that many individuals depend on their family for payment of the medical expenses.

412 individuals, 66% of all the individuals interviewed, are affiliated with a Health management organization. These individuals belong to the so called contributive health group. This means that they do have to contribute with part of their salary to pay for health insurance. The individuals affiliated to a Health management organization usually enjoy good health.

The following table shows the frequency of how individuals of the six economic levels are paying their medical expenses. The last column of the table shows the number of individuals in each of the six stratum according to the sample size of the investigation:

Level	HMO	PPM	ARS	PfPDV	Yourself	Family	Control sample
1	12	0	5	0	4	7	17 (2.7 %)
2	171	7	65	5	62	53	295 (47.3 %)
3	123	13	21	0	46	52	185 (29.6 %)
4	77	9	2	0	30	18	96 (15.4 %)
5	24	10	0	1	5	9	27 (4.3 %)
6	3	1	0	0	0	0	4 (0.6 %)

If those numbers are right, the System for Identification and Classification of Potential Beneficiaries of Social Programs (SISBEN) does not work in Bogotá. Millions do not get the medical services they are promised by the Constitution.

Castañeda tells us that Bogotá at the beginning of the program SISBEN, when it was not fully operational, was allowed to include individuals using other criteria, such as the Estratificación Socioeconómica (ESE), to include individuals in the program. In 2000 it was estimated that about 15% to 20% of those affiliated to the SHIR had no SISBEN records.

The population of levels one and two, in the above table, make up about 50% of Bogotá's population. But only seventy individuals of our control sample of 624 have access to the Subsidized Insurance Company (ARS). According to our control sample of 624 individuals the seventeen individuals from level one and the 295 individuals of level two have the right of access to an ARS. But, only seventy individuals actually are members of the Subsidized Insurance Company; that is only 23% of the individuals who need to be, and have the right, to be members. The problem for me seems to be that of the estimated 50% of the population who have the right to get into ARS; three quarters are not getting into it. On the other hand, you have got twenty one individuals of level three who do not have the right to get into ARS, but who are in it.

Tarsicio Castañeda published in June 2003 his report for the World Bank.²⁹ June 2003 was about the time when the last of our 624 questionnaires were completed in Bogotá. In the following I discuss the report of Castañeda on the basis of our data analysis:

The proxy-means testing instrument SISBEN (System for Selecting Beneficiaries of Social Programs) is based on assessment of living conditions of individual families. "Since

29. Tarsicio Castañeda. Targeting social spending to the poor with Proxy-means testing: Colombia's SISBEN System. www.worldbank.org

1994,' writes Castañeda, 'it has been extensively used to target subsidies for health insurance, scholarships, conditional cash transfers, public works, youth training, subsidies for elderly poor, and other subsidies by the national and local governments.' Castañeda documents the changes to SISBEN's welfare index, questionnaire and implementation arrangements, which started to be implemented in 2003. Whether in April 2003, when our interviewers started to complete questionnaires with the population from Bogotá, these changes were already implemented we do not know. At any rate we want to comment on the recommendations made by Castañeda. Article thirty of law sixty of 1993 defined targeting as, "the process by which social spending is effectively distributed to poorest and vulnerable individuals." SISBEN started in 1994 and replaced the Socio-Economic Stratification (Estratificación Socioeconómica) which operated since 1965 as a geographical targeting instrument based on the external characteristics of houses and neighbourhoods. SISBEN combines geographical targeting with family assessment. Means testing is not possible given the large size of the informal sector (over 40% of labor force). Independent income and assets verifications are also difficult, due to a high degree of under-reporting of income in the formal sector by both employers, and workers, to reduce social security contributions. According to Castañeda one problem was the possibility of manipulation, favouritism and misuse of SISBEN by local authorities.

SISBEN's variables include availability and quality of housing, basic public services, possession of durable goods, and human capital endowments. The objectives of SISBEN are to classify rapidly, uniformly, and equitably the national territory, to develop modern social information which can be communicated interinstitutionally. SISBEN's results are supposed to be the basis for social politic strategies, which are social development plans and projects. Since there are no future plans for further evaluation of SISBEN, I ask whether the CS7A would provide an effective and cheap instrument for that evaluation.

The new SISBEN uses only the household concept, with household being defined as a individual or group of individuals living in a house, or part of it, and sharing food, or food budgets. The household concept replaces the family concept which is as follows: An individual, or individuals, within the household who live permanently in the house, including the couple, single sons and daughters with, or without income, and individuals with no dependants and no income that depend from the family head. It is self evident that this kind of definition is too complicated to be operational. SISBEN questionnaires are applied to all residents in selected areas, on the basis of local poverty maps. Castañeda relates, "In the first step, municipalities identify poor areas to be surveyed, both rural and urban, using a variety of information to produce local poverty maps." Since there are so many individuals who do not get access to the health system I propose to use an instrument like the CS7A which can be applied to the whole population. With CS7A you get sub-populations and not areas. Currently, it is not possible to register information of new variables (pregnancy, displacement) into the SISBEN data entry software. With the questionnaire CS7A which is based on the individual's health it is very easy to collect new information. Our investigation has proved this.

VIII. ARGUMENTS TO INVESTIGATE

THE INDIVIDUAL STATE OF HEALTH

Our investigation with 624 questionnaires is a small investigation and we have to look at big studies in order to get more information about the economic situation in Bogotá.³⁰ We learn from Fainboim that 49, 6% of Bogotá's population lived in poverty in 2000. Poverty was defined as

30. Israel Fainboim. *Competitividad y Desarrollo Económico en Bogotá*. En: *Cambios en la calidad de vida de la ciudad 2000-2002*. Casa Editorial el Tiempo-Fundación Corona-Cámara de Comercio de Bogotá. www.fundacioncorona.org.co.

the minimum salary necessary for a household to buy the basic goods and services. This minimum salary was fixed at \$100 (US) income a month. 14.9% of the population cannot even afford the goods and services basic for survival and which would require a salary of at least \$33 (US) per month.

How to get the most vulnerable individuals of Bogotá into the Health insurance system? Castañeda concludes, “Proxy means testing systems, such as SISBEN, are more appropriate for use in targeting programs for the chronic (structural) poor than the transient poor. This has the advantage that updating is not needed as frequently, but the disadvantage of not being able to “catch” vulnerable families when they fall into poverty. As it seems to us the Proxy means testing system of SISBEN is failing to give sufficient data on the needs of individuals to get into the Subsidized Health System. It is right, structural poverty changes very little, and can be verified more easily than the vulnerability of individuals, but it is not enough to look at the structural poverty when the needs of the individuals are overlooked and not taken into consideration by the variables which measure this structural poverty. The new SISBEN index does have some very good variables, but paying attention to human capital, social security, unemployment, income and room crowding, housing characteristics and forming a public utility services factor is not enough to get the individuals into the health care system. Experts of the Columbian Health System publicised their demands for changes in the System for Identification and Classification of Potential Beneficiaries of Social Programs (SISBEN).³¹

31. Román Vega Romero, Amparo Hernández Bello, Sergio Torres Valdivieso, Nelson Ardón Centeno. Evaluación de los efectos de la política de focalización de subsidios en salud y del SISBEN sobre la población vinculada sin capacidad de pago de las localidades de Bosa, Kennedy, Fontibón y Puente Aranda de Bogotá, D.C., 2001. Recomendaciones generales. En: Investigaciones en seguridad social y salud. Número 5 / Enero-diciembre de 2003. Bogotá. 123-163.

Dr. Vega, and his team of co investigators are worried about the participation of the population, community leaders, health functionaries and local authorities in the classification and selection process for the Subsidized Health Insurance.³² They emphasize the importance of enabling the population to participate actively in the process of organising the Health System.

It is our conviction that a standardised questionnaire answered by the individual diminishes the exclusion of these individuals from the health system. The questionnaire identifies the needs of the individuals by asking the individuals themselves and at the same time it provides the individual with information concerning the complexity of the health concept. From our questionnaire individuals were learning that pain is an important part of their health situation and that violence is destroying their health. These individuals were also learning that education and stable work are essential to their health. On the other side, the interviewers themselves learned a lot about the social situation of many individuals they would not otherwise have gotten to know without this kind of investigation. For Dr. Vega, his team and our investigation, it is very clear that the problems of health have to be investigated from the point of view of the affected individuals themselves.³³ Dr. Vega asked the individuals and they demanded universality, equality and no discrimination in the access to the health care system. The health system should be effective and give the same quality of services to all; services should be given according to the needs of the individual and not according to the economic capacity of the sick.

Health is a function of the individual, and as a consequence, we have to get information about the health status of the individual, we have to get informed on the needs of the individual in order to effectively help them.

32. Ibid. 128.

33. Ibid. 144.

Our small investigation tried to participate in the process of constructing a life of dignity, peace and good health, in Bogotá and it is evident that the standardized questionnaire would serve in developing the participation of both sides, the helpers and the needy, in this construction process.

During the planning phase of the investigation many professionals told me that it would be impossible to get the participation of the people with the questionnaire and the interview. At the end of this report I would like to go back to the interviews. People are ready to participate in investigations concerning the health care system. People are ready and demand to participate in the process to construct healthy cities. People tell moving stories of their life. If you do not believe, go back to hear the story of the lady from the Amazon or the artist lady. Then go straight to the people to listen and hear and to join the common effort for a life of dignity, peace and good health.



BIBLIOGRAFY

- ACERO VELÁSQUEZ, HUGO Y BULLA, PATRICIA, [http: www.colciencias.gov.co/seiaal/Ponen13Acero_Bulla.htm](http://www.colciencias.gov.co/seiaal/Ponen13Acero_Bulla.htm)
- ARDILA, GERARDO (COMPILADOR), “Consideraciones sobre los temas del POT de Bogotá no concertados con la CAR. La expansión urbana”, en *Territorio y sociedad: el caso del Plan de Ordenamiento Territorial de la ciudad de Bogotá*, Departamento Administrativo de Planeación Distrital, Bogotá, 2003, pp. 77-90.
- BÁEZ, JAIRO, La familia en Colombia, Universidad Antonio Nariño, Facultad de Psicología, en www.gratisweb.com/jairobaz/indexb.html.
- BROMAGHIN, J.F., “Simple Size Determination for Interval Estimation of Multinomial Probabilities”, en *The American Statistician*, Vol. 47, No. 3, 1993.
- CAROZZA, PAOLO G., “From Conquest to Constitutions: Retrieving a Latin American Tradition of the Idea of Human Rights”, en *Human Rights Quarterly* 25.2, 2003.
- CASTAÑEDA, JAVIER; PÉREZ, ADRIANA; GIL JACKY, FABIAN, “Tamaño de la muestra en análisis de sobrevivencia”, en *Revista colombiana de estadística*, Vol. 23, No. 2, 2000.
- CASTAÑEDA, JAVIER; PÉREZ, ADRIANA; GIL JACKY, FABIAN, “Una mirada a los intervalos de confianza en investigación”, en *Revista colombiana de psiquiatría*, Vol. 33, No. 2, 2004.
- CASTAÑEDA, TARSICIO, *Targeting Social Spending to the Poor with Proxy-Means Testing: Colombia’s Sisben System*, en www.worldbank.org

- DENZ, HERMANN, *Grundlagen einer empirischen Soziologie. Der Beitrag des quantitativen Ansatzes*, Muenster, 2003.
- DENZ, HERMANN, “Naturheilkunde und Alltagsmagie”, en Denz, Hermann, Manfred Tschaikner, *Alltagsmagie, Hexenglaube und Naturheilkunde im Bregenzer Wald*, Innsbruck, 2004.
- ESTEBAN, AZUCENA; AMARO, JAVIER Y BASALLO, AURORA, “La privatización de la salud en Colombia (Una reflexión para todos). La aldea global”, en *Revista de la SEMGm*, No. 51, febrero de 2003.
- FAINBOIM, ISRAEL, “Competitividad y desarrollo económico en Bogotá”, en *Cambios en la calidad de vida de la ciudad 2000-2002*, Casa Editorial el Tiempo-Fundación Corona-Cámara de Comercio de Bogotá. www.fundacioncorona.org.co.
- GIBSON, JOHN S., *Dictionary of International Human Rights Law*, Boston, 1996.
- GREEN, MARIA, “What we Talk About When we Talk About Indicators: Current Approaches to Human Rights Measurement”, en *Human Rights Quarterly* 23, 2001.
- HOFF, E., “Conciencia del control. Representaciones fundamentales de la propia persona y del entorno en jóvenes trabajadores”, en *Kölner Zeitschrift für Soziologie und Sozialpsychologie* 34 (1982).
- HOFF, E.H., “Socialización profesional. Hacia la unión de la investigación sociológica y psicológica”, en HOFF, E.H., LAPPE, L., LEMPER, W. (EDITORES), *Biografía laboral y desarrollo de la personalidad*, Berna, 1985.
- HOFF, E.H., *Trabajo, tiempo libre y personalidad. Muestras significativas científicas y cotidianas*. Heidelberg 2, 1992.
- HOFF, E.H., HOHNER, H.U., *Métodos para la comprensión de la conciencia del control*, Berlín, 1992.
- HOFF, E.H., LEMPERT, W., Y LAPPE, L., *Desarrollo de la personalidad en biografías de trabajadores cualificados*, Berna, 1991.

- HOFF, E.H., LEMPERT, W., Y LAPPE, L., “Reflexiones teóricas sobre socialización para el análisis del trabajo, la empresa y la profesión”, en *Mundo Social* 33, 1982.
- JOHNSTON, PAUL, *Wittgenstein and Moral Philosophy*, London, 1991.
- LACHIN, J.M., *Introduction to Simple Size Determination and Power Analysis for Clinical Trials. Controlled Clinical Trials*, Vol. 2, 1981.
- PEÑALOZA QUINTERO, ENRIQUE, ET AL., *Evolución y resultados del régimen subsidiado de salud en Colombia, 1993-2000*, Ceja, Bogotá, 2001.
- VEGA ROMERO, ROMÁN; HERNÁNDEZ BELLO, AMPARO; TORRES VALDIVIESO, SERGIO; ARDÓN CENTENO, NELSON, “Evaluación de los efectos de la política de focalización de subsidios en salud y del Sisben sobre la población vinculada sin capacidad de pago de las localidades de Bosa, Kennedy, Fontibón y Puente Aranda de Bogotá, D.C., 2001. Recomendaciones generales”, en *Investigaciones en seguridad social y salud*. No. 5, Bogotá, enero-diciembre de 2003.
- WITTGENSTEIN, LUDWIG, *Culture and Value*, G.H. von Wright (ed.), translated by Peter Winch, Oxford, 1980.
- WITTGENSTEIN, LUDWIG, *Philosophical Investigations*, Bilingual edition with translation by G. E. M. Anscombe, Oxford, 1968. Part 1.
- WITTGENSTEIN, LUDWIG, “Remarks on Frazer’s Golden Bough”, en Luckhardt, G., (ed.), *Wittgenstein: Sources and Perspectives*, Cornell University Ithaca, NY, 1979.
- WITTGENSTEIN, LUDWIG, *Tractatus Logico-Philosophicus*, Madrid, 2000.



APPENDIX 1

DESCRIPTION OF THE QUESTIONNAIRE HQ7A

SEVEN ASPECTS HEALTH QUESTIONNAIRE (HQ 7A)

The questionnaire has been structured in such a way that the interviewed individual will be led through each issue, or subject, in an adequate and logic manner. It consists of the following seven aspects, or topics, each of which is characterized by more sub-topics.

I. HEALTH STATUS, OR CONDITION, FROM THE INDIVIDUAL'S POINT OF VIEW

This module is an adaptation of the SF36 questionnaire. Questions one through eleven concern health condition from the individual's point of view and includes the following issues:

1. Personal opinion of health status / condition
2. Personal opinion of health status / condition
3. Physical capacity / ability
4. Detriment at work due to physical problems
5. Detriment at work due to emotional problems
6. Detriment to routine social activities
7. Pain
8. Detriment to work capacity / ability due to pain

9. Vitality
 10. Diminished normal social activities
 11. Personal perception of health status / condition
- II. PAST HISTORY OF ILLNESSES AND PRESENT ILLNESSES
1. Diagnosis
 2. Treatment
 3. Access to medical services
 4. Efficacy of treatment
- III. CURRENT DAILY LIFE
1. Medication
 2. Consumption of nicotine and/or alcohol
 3. Preventive measures/ behavior
 4. Health risk factors
 5. Nutritional habits
 6. Sexual life/ activity
- IV. FAMILY LIFE
1. Children
 2. Pregnancies
 3. Abortions
 4. Housing
 5. Access to public services
 6. Quality of public services
 7. Participation in decision-making process of socio-economic issues
- V. PLACE OF RESIDENCE, EDUCATION AND WORK SITUATION
1. Social participation
 2. Education
 3. Rights

VI. SOCIAL RELATIONSHIPS

1. Social network
2. Quality of social relationships
3. Civilian security
4. Human Rights: civil, social and cultural

VII. QUESTIONS REGARDING THE FUTURE

1. Emotions, feelings and thoughts

HEALTH QUESTIONNAIRE 7 ASPECTS

HQ- 7A

Sector	Section	Block	House	1	2
Address		Age	Sex	F	M

The following are questions regarding your health. Your answers will provide information on how you are and your capability to perform daily activities.

PERSONAL PERCEPTION OF HEALTH STATUS (adapted SF36)

Answer every question by marking the answer as indicated. If you are unsure about how to answer a question, please give the answer you deem most fitting.

1. In general, your health is:

1. Excellent	2. Very good	3. Good	4. Fair	5. Poor
--------------	--------------	---------	---------	---------

2. Compared to your health condition one year ago, how would you rate your current health?

1. Much better now	2. Somewhat better now	3. More or less the same	4. Somewhat worse now	5. Much worse now
-----------------------	---------------------------	-----------------------------	--------------------------	----------------------

3. The following questions are about activities you might do during a typical day. For the following activities, how does your health now limit you in these activities? (Check only one box per question.)

Activities	1. Very limited	2. Some-what what limited	3. Not limited at all
Intense activities such as running, lifting heavy objects or participating in contact sports.			
Moderate activities such as moving a table, vacuuming, or riding a bicycle.			
Walking, bathing or showering, or dressing yourself.			

4. During the past four weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health? (Check only one box per question.)

Problem	1. Yes	2. No
The time dedicated to your work or other activities has been reduced		
Accomplished less than you would like		
Were limited in the kind of work or other activities		

5. During the past four weeks, have you had any of the following problems with your work, or other regular daily activities, as a result of an emotional problem (such as feeling depressed or anxious)? (Check only one box per question.)

Problem	1. Yes	2. No
The time dedicated to your work or other activities has been reduced.		
Accomplished less than you would like		
Didn't do work or other activities as carefully as usual		

6. During the past four weeks, how much has your physical health, or emotional problems, interfered with your normal social activities with family, neighbours, friends or others? (Check only one box per question.)

1. Not at all	2. Slightly	3. Moderately	4. Quite a bit	5. Extremely
---------------	-------------	---------------	----------------	--------------

7. Have you had physical pain in the past four weeks as a result of your current health?

1. Yes	2. No ? (continue with question 10)
--------	-------------------------------------

8. How much physical pain have you had during the past four weeks as a result of your current health?

1. Very little	2. Little	3. Moderate	4. Much	5. Very much
----------------	-----------	-------------	---------	--------------

9. During the past four weeks, how much did pain interfere with your normal work, or hinder you in your normal work (including work outside the home as well as housework)?

1. Not at all	2. Slightly	3. Moderately	4. Quite a bit	5. Extremely
---------------	-------------	---------------	----------------	--------------

10. The following questions are about how you feel and how things have been with you during the past four weeks. For each question, please give the answer that comes closest to the way you have been feeling.

How much of the time during the past four weeks have you..... (Check only one box per question)

Mood	1. Always	2. Almost always	3. A lot	4. Some-times	5. Hardly ever	6. None
Felt full of life?						
Been very nervous?						
Felt so downhearted that nothing could cheer you up?						
Felt calm and serene?						
Felt downhearted and sad?						
Felt worn out, exhausted or tired?						
Felt happy?						

11. How true or false is each of the following statements for you? (Check only one box per phrase.)

Statement	1. Definitely true	2. Mostly true	3. Don't Know	4. Mostly false	5. Definitely false
I seem to get sick a little easier than other individuals.					
I expect my health will worsen.					
My health is excellent.					

PAST AND PRESENT ILLNESSES OF THE INDIVIDUAL

I have an idea of how you're doing and how you feel physically. Now I would like to know a little more about your present illnesses and the therapies you've received during your lifetime.

12. In the past, have you had any of the following illnesses? (Check all that apply)

#	Illness	1. Yes	2. No	3. Don't know
1	Cardiovascular diseases			
2	Malignant neoplasms, carcinoma			
3	Diabetes Mellitus			
4	Acute respiratory infections			
5	Diseases of the genito-urinary apparatus			
6	Skin diseases			
7	Musculo-skeletal diseases			
8	Chronic respiratory diseases			
9	Digestive diseases			
10	Congenital malformations			
11	Dental diseases			
12	Diseases of the organs of the senses			
13	Maternity diseases			
14	Nutrition diseases			
15	Neuropsychiatric diseases			
16	Immunopreventable infectious diseases			
17	Sexually transmitted diseases (STDs)			
18	Infection with a human immunodeficiency virus (HIV) or AIDS			
19	Tropical diseases			
20	Accidental lesions			
21	Others, specify			

In case of not having suffered any of the previous diseases in the past, please go on to question 16. If you have suffered any of the above, continue with question 13.

13. Who diagnosed the disease (s)? (Check all that apply)

1. Family members	2. Professionals	3. Others
-------------------	------------------	-----------

14. Did you receive everything necessary for the management of the disease (s)?

1. Yes	2. No	3. In part	4. Do not know
--------	-------	------------	----------------

15. Was it easy to diagnose the disease(s)?

# of Illness Group (take # from question 12)	1. Not at all	2. A little	3. More or less	4. Pretty much	5. Very easy

Now I would like us to talk about your current situation.

16. Do you currently suffer from any of the following illnesses? (Check all that apply)

#	Illness	1. Yes	2. No	3. Don't know
1	Cardiovascular diseases			
2	Malignant neoplasms, carcinoma			
3	Diabetes Mellitas			
4	Acute respiratory infections			
5	Diseases of the genito-urinary apparatus			
6	Skin diseases			
7	Muscular-skeletal diseases			
8	Chronic respiratory diseases			
9	Digestive diseases			
10	Congenital malformations			
11	Dental diseases			
12	Diseases of the organs of the senses			
13	Maternity diseases			
14	Nutrition diseases			
15	Neuropsychiatric diseases			
16	Immunopreventable infectious diseases			
17	Sexually transmitted diseases (STDs)			
18	Infection with a human immunodeficiency virus (HIV)			
19	Tropical diseases			
20	Accidental lesions			
21	Others specify			

In case of not suffering from any of the previous diseases in the present, please go on to question 22. If you are suffering of any of the above, continue with question 17.

17. Was it easy to diagnose the illness (yes)?

# of Illness Group (take # from	1. Not a all	2. A little	3. More or less	4. Pretty much	5. Very easy

18. For the treatment of your current illness (yes), what therapies do you require? (Check all that apply)

1. Pharmaceutical medication	3. Chemotherapy and/or radiotherapy	5. Psychotherapy	7. Alternative therapies
2. Surgery	4. Rehabilitation	6. Diet	8. Other

19. Are you receiving everything necessary for the treatment of your illness?

1. Yes? (go to question 22)	2. In part	3. No	4. Do not know
-----------------------------	------------	-------	----------------

20. What did you need for the treatment of your illness (yes) that you did not receive? (Numbers from question 18)

1.	2.	3.	4.	5.	6.	7.	8.
----	----	----	----	----	----	----	----

21. Do you have any illnesses that have not been diagnosed or treated satisfactorily? (Use answers from question 16)

No					
----	--	--	--	--	--

22. How do you access medical services? (Check all that apply)

1. Health management organization	2. Subsidized group administrator	3. "Vinculado" (not covered)
4. Prepaid medical services	5. Private service	6. Other

23. If on question 12, you quoted question 20 for accidental lesions, what types of accidents have you had? (Check all that apply). If question 20 was not quoted, please go on to question 31.

1. Traffic accident	3. Work related accident	5. Accident during free time
2. Accident at home	4. Criminal aggression	6. Other

24. Do you have any physical limitation, or disability, due to this (these) accident(s)?

1. Yes	2. No? (go to question 30)
--------	----------------------------

25. Approximately how much has your working capacity decreased?

1. 0% - 30%	2. 31% - 50%	3. 51% - 70%	4. 71% - 100%
-------------	--------------	--------------	---------------

26. Are you suffering economic losses due to your disability?

1. Yes	2. No? (go to question 30)
--------	----------------------------

27. Do you receive any type of economic aid?

1. Yes	2. No? (go to question 30)
--------	----------------------------

28. From whom do you receive economic aid?

1. Family members	4. Private insurance	7. State social security
2. Compensation/ damages by the responsible party	5. Collection from the neighbourhood	8. Company or employer
3. Donations from friends	6. State pension	9. Other

29. Approximately how much of the economic loss is covered by these measures?

1. 0% - 30%	2. 31% - 50%	3. 51% - 70%	4. 71% - 100%
-------------	--------------	--------------	---------------

30. Will you be able to reintegrate yourself to the working life?

1. Yes, completely	2. In part	3. Not at all
--------------------	------------	---------------

CURRENT DAILY LIFE

I would now like to change subjects and ask you about your current daily life, lifestyle, and attitude about your health.

31. Do you currently take any medication? (Check all that apply)

Type of medication	1. Yes	2. No	For how many illnesses?
Pharmaceutical medication			
Alternative medication			

32. Do you currently smoke?

1. Yes	2. No? (go to question 34)
--------	----------------------------

33. On average, how many cigarettes do you smoke in a day?

1. Up to 5 cigarettes daily	2. 6 to 20 cigarettes daily	3. More than 20 cigarettes per day
-----------------------------	-----------------------------	------------------------------------

34. Have you ever smoked in your life?

1. Yes	2. No? (go to question 37)
--------	----------------------------

35. If you smoked in the past, for how many years did you smoke?

Years

36. On average, how many cigarettes did you smoke in a day?

1. Up to 5 cigarettes daily	2. 6 to 20 cigarettes daily	3. More than 20 cigarettes per day.
-----------------------------	-----------------------------	-------------------------------------

37. Do you drink any alcoholic beverages once or more times in a week?

1. Yes	2. No? (go to question 39)
--------	----------------------------

38. On average, how many beers or bottles of liquor do you drink in a week?

1. # of beers	2. # of bottles of liquor
---------------	---------------------------

39. Did you drink one or more alcoholic beverages per week in the past?

1. Yes	2. No? (go to question 42)
--------	----------------------------

40. In the past, how many beers or bottles of liquor did you drink in an average week?

1. # of beers	2. # of bottles of liquor:
---------------	----------------------------

41. Compared to last year, your current intake of alcohol

1. Has increased	2. Is the same	3. Has decreased
------------------	----------------	------------------

42. Have you ever wanted to end take your life (commit suicide)?

1. Yes	2. No → (go to question 44)
--------	-----------------------------

43. If you ever thought about ending your life (committing suicide), were you able to talk to someone about it?

1. Yes	2. No
--------	-------

44. **(For women only)** How often do you go for a pap smear (vaginal cytology)?

1. Never	2. Every 3 years	3. Every 2 years	4. Every year	5. Only when sick
----------	------------------	------------------	---------------	-------------------

45. **(For women only)** How often do you examine your breasts?

1. Never	2. Rarely	3. Every month	4. Every week	5. Every day
----------	-----------	----------------	---------------	--------------

46. **(For men only)** How often do you visit the urologist?

1. Never	2. Every 3 years	3. Every 2 years	4. Every year	5. Only when sick
----------	------------------	------------------	---------------	-------------------

47. Most individuals do not have all of their teeth. How many teeth have you lost?

--

48. How much do you weigh in kilograms?

	Do not know
--	-------------

49. How is your weight compared to one year ago?

1. Same	2. Has increased	3. Has increased a lot	4. Has diminished	5. Has diminished a lot
---------	------------------	------------------------	-------------------	-------------------------

50. How tall are you?

meters

51. **(Do not ask)** Body-Mass-Index (BMI): kg/m²

Low weight	Normal weight	Overweight	Obesity	High degree of obesity
< 19.	19.1 – 26.9	27.0 – 29.9	30.0 – 39.9	> 40.0

52. Do you know how your blood pressure is?

1. Yes	2. No (go to question 55)
--------	---------------------------

53. How is your blood pressure?

1. High	2. Normal	3. Low	4. Do not know	55
---------	-----------	--------	----------------	----

54. Are you satisfied with your blood pressure?

1. Yes.	2. No.3.	Do not care
---------	----------	-------------

55. Your regular diet (eating habits) usually contains:



Food	1. Daily	2. 2 or 3 times a week	3. Once a week	4. Less than once a week	5. Never
Meat					
Chicken					
Fish					
Yoghurt, milk or cheese					
Sausages, mortadella, processed cold meats					
Ham					
Eggs					
Sardines or tuna					
Potatoes, pasta, yucca (manioc root) or plantain					
Beans, peas, lentil beans or chickpeas					
Vegetables (other than legumes)					
Arepas ("corn pancakes")					
Corn					
Fruit or natural fruit juices					
Bread					
Rice					
Butter					
Oil (cooking)					
Sweets like chocolate bars					
Cocoa drinks					
Coffee					
Refined sugar, brown sugar loaf or honey					

Now allow me to ask you some questions about your sexual life.

56. Do you currently have an active sex life?

1. Yes (go to question 58)	2. No (answer question 57 and then go on to 59)
----------------------------	---

57. Why don't you have an active sexual life?

1. I have no desire	2. I have no partner	3. My partner has no desire	4. Other
---------------------	----------------------	-----------------------------	----------

58. How do you and your partner communicate about your sexual life?

1. Very well	2. Well	3. Not very well	4. Bad.	5. In no way
--------------	---------	------------------	---------	--------------

59. Are you satisfied with the sexual activity you lead?

1. Very satisfied	2. Satisfied	3. More or less	4. A little	5. Not at all
-------------------	--------------	-----------------	-------------	---------------

60. Are you afraid of getting infected with AIDS?

1. Yes	2. No
--------	-------

61. Do you protect yourself from an AIDS infection?

1. Yes	2. No (go to question 63)
--------	---------------------------

62. What type of protection do you use? (Multiple answer)

1. Condom	2. Control test for your partner	3. Being faithful.	4. Other: which?
-----------	----------------------------------	--------------------	------------------



FAMILY LIFE

I would like to ask you about your family, your family life and your domestic activities.

63. What is your marital status?

1. Single	2. Married	3. Living together	4. Other
-----------	------------	--------------------	----------

64. Have you had children born alive?

1. Yes, how many?	2. No (go to question 68)
-------------------	---------------------------

65. Have any of your children died?

1. Yes, how many?	2. No
-------------------	-------



66. How many children live with you?

67. Of the children living with you, have any of them been sick in the past four weeks?

1. Yes, how many of them?	2. No
---------------------------	-------

If the individual interviewed is a female, go on to question 70, otherwise ask questions 68 and 69, and then skip ahead to question 74.

68. Has your wife or partner ever had an abortion?

1. Yes, how many?	2. No (go to question 74)	3. Do not know (go to 74)
-------------------	---------------------------	---------------------------

69. Did you accept your wife's or partner's decision to have an abortion?

1. Yes (go to question 74)	2. No (go to question 74)
----------------------------	---------------------------

70. Are you pregnant?

1. Yes	2. No	3. Do not know
--------	-------	----------------

71. Have you had any miscarriages or involuntary abortions?

1. Yes, how many	2. No	3. Do not know
------------------	-------	----------------

72. How many times have you had an abortion and how old were you? If never had an abortion go on to question 74.

	No. of times	Age at each event
1. Voluntary		
2. Due to medical reasons		

73. Who practiced the abortion(s)? (Check all that apply)

1. Medical doctor	2. Nurse or midwife	3. Other	4. Yourself
-------------------	---------------------	----------	-------------

74. How many individuals live with you at the moment (forming a home, or family)?

--

75. Your housing is:

1. Rented house	3. Own house	5. Family's house or apartment
2. Rented apartment	4. Own apartment	6. Elderly home
7. Other		

76. Your housing corresponds to which socioeconomic stratum?

1	2	3	4	5	6
---	---	---	---	---	---

77. How many square meters does your housing have?

Sqm	Do not know
-----	-------------

78. How many homes or families live in the same construction, if you live in an apartment building, or if there are other homes in your house?

Homes / families	Total number of individuals	Do not know
------------------	-----------------------------	-------------

79. In what condition is your place of residence?

1. Very good	2. Good	3. Regular	4. Bad	5. Very bad
--------------	---------	------------	--------	-------------

80. What public services does your place of residence have? (Check all that apply)

1. Running water	2. Electricity	3. Telephone	4. Sewers	5. Natural gas
------------------	----------------	--------------	-----------	----------------

81. What type of lighting does your place of residence have?

1. Electricity	2. Illegal electricity	3. Candles	4. Kerosene	5. Other, specify
----------------	------------------------	------------	-------------	-------------------

82. What do you cook with at your home?

1. Gas	2. Carbon	3. Wood	4. Gasoline	5. Cooking alcohol	6. Electricity	7. Other specify
--------	-----------	---------	-------------	--------------------	----------------	------------------

83. Is the supply of drinking water enough for your consumption?

1. Yes	2. No
--------	-------

84. What is the quality of the drinking water?

1. Very good	2. Good	3. Regular	4. Bad	5. Very bad
--------------	---------	------------	--------	-------------

85. Do you have an economic income?

1. Yes	2. No
--------	-------

86. How is the economic contribution distributed in your home?

1. You: ___ %	2. Your partner: ___ %	3. Others: ___ %
---------------	------------------------	------------------

87. Do you decide how to spend your income?

1. Yes	2. In part	3. Not at all	4. I have no income
--------	------------	---------------	---------------------

88. Are there conflicts or arguments in your place of residence?

1. Never	2. Sometimes	3. Regularly	4. Frequently	5. Permanently
----------	--------------	--------------	---------------	----------------

89. When making decisions at home, are you taken into account?

1. Always	2. Almost always	3. Sometimes	4. Hardly ever	5. Never
-----------	------------------	--------------	----------------	----------

PLACE OF RESIDENCE, EDUCATION, AND WORK SITUATION

I would now like to ask you about your country, your education and your work situation.

90. Where were you born?

Country:	Town or city:
----------	---------------

91. How old are you?

Years old

92. For how long have you lived in Bogotá?

Years

Note: if always lived in Bogotá go to question 94

93. Why did you come to Bogotá? (Check all that apply)

1. Voluntarily	3. Depression	5. Anxiety	7. Health problems
2. Unemployment	4. Fear	6. Violence	8. Other:

94. Are you currently studying?

1. Yes	2. No	96
--------	-------	----

95. How is the quality of your study environment?

1. Very good	2. Good	3. Normal	4. Bad	5. Very bad
--------------	---------	-----------	--------	-------------

96. What type of educational formation do you have and which would you like to have? (Check all that apply)

Education	1. Actually have	2. Would like to have
None 98		
Elementary		
High school		
Technical / vocational		
University		
Postgraduate		
Master's Degree		
Doctorate / PhD		
Post doctorate		

97. Are you hopeful about achieving your educational goal?

1. Yes	2. No
--------	-------

98. What is your current work situation? (Check all that apply)

1. Independent worker	3. Unemployed (go to question 107)
2. Employed	4. Other (specify): (go to question 107)

99. How many hours do you work per week?

1. More than 48 hours per week	2. Full time (48 hours)	3. Part-time (24 hours per week)	4. On an hourly basis (less than 15 hours per week)
--------------------------------	-------------------------	----------------------------------	---

100. How many jobs do you have?

101. Do you like your job(s)?

1. Very much	2. A lot	3. More or less	4. Very little	5. No
--------------	----------	-----------------	----------------	-------

102. Is your input recognized by your workmates?

1. A lot.	2. Somewhat.	3. Very little.	4. No
-----------	--------------	-----------------	-------

103. Is your input recognized by your boss / supervisor?

1. A lot.	2. Somewhat.	3. Very little.	4. No
-----------	--------------	-----------------	-------

104. Do you take part in the decision making process at work?

1. Always	2. Almost always	3. Often	4. Hardly ever	5. Never
-----------	------------------	----------	----------------	----------

105. Do you have a secure job?

1. Yes	2. No
--------	-------

106. The environment at your workplace is:

1. Very good	2. Good	3. Normal	4. Bad	5. Very bad
--------------	---------	-----------	--------	-------------

107. Have you achieved your professional goal?

1. Yes	109	2. No
--------	-----	-------

108. Are you hopeful about achieving your professional goal?

1. Yes	2. No
--------	-------

109. Have you ever had or do you currently have an occupational disease? (Check all that apply)

Period	No	Yes, specify from illness group number
1. Past		
2. Present		
3. Fear in the future		

110. With your income you manage to live:

1. Very well	2. Well	3. Regular	4. Bad	5. Very bad
--------------	---------	------------	--------	-------------

111. Do you have difficulty paying your rent, or public services?

1. Never	2. Rarely	3. Regularly	4. Almost always	5. Always
----------	-----------	--------------	------------------	-----------

112. On average, how many hours do you work per week? (Including house work)?

Hours

113. How many vacation days do you have per year?

Days

SOCIAL RELATIONSHIPS

We are close to finishing. I would like to ask you about your social relationships, about your family and friends, as well as knowing if you are able to live in a somewhat safe and protected environment from certain types of violence.

114. Your circle of friends is made up of:

1. More than 3 friends	2. One or two friends	3. No friends
		116

115. Who in the group determines what will be done? Who makes the rules?

1. Someone else	2. Yourself	3. All together	4. No one	5. Do not know
-----------------	-------------	-----------------	-----------	----------------

116. How do you feel when you have absolutely no type of friendship?

1. Excluded	2. Lonely	3. Bad	4. All right	5. Do not know
-------------	-----------	--------	--------------	----------------

117. Have you ever been a victim of the following forms of violence?

Violence type	1. No	2. Yes, once	3. Two or three times	4. More than three times
Family violence	Go to 120			
Common violence	Go to 120			
Violence from the government or organizations against the state/government	Go to 120			

118. If you were ever a victim of violence, how did you react?

Violence type	1. Kept quiet	2. Reporting it	3. Public denunciation
Family violence			
Common violence			
Violence from the government or organizations against the state/government			

119. Was the guilty party discovered, arrested and sentenced?

1. Yes.	2. No.
---------	--------



120. Has someone in your family ever been a victim of any sort of violence?

Violence type	1. No	2. Yes, once	3. Two or three times	4. More than three times
Family violence				
Common violence				
Violence from the government or organizations against the state/government				
Traffic accident (vehicular)				

121. Have any of your family members died in the past year?

1. Yes	2. No (go to question 123)
--------	----------------------------

122. What was the cause of death?

1. Natural cause	124	2. Illness	124	3. Accident	124
4. Homicide	123				

123. Was the guilty party discovered, arrested, and sentenced?

1. Yes	2. No
--------	-------

124. Have you ever been a victim of any form of corruption? (Check all that apply).

1. None	3. Theft	5. Nepotism or favoritism by others
2. Arbitrary act	4. Bribery	6. Other specify

125. Are you effectively protected by the state? (i.e., the police?)

1. Yes	2. No	3. Do not know
--------	-------	----------------

126. Have you ever committed or been an accomplice to an act of violence?

1. Yes	2. No	129
--------	-------	-----

127. How often?

1. Once	2. Two or three times	3. More than 3 times
---------	-----------------------	----------------------

128. What type of violence was involved? (Check all that apply)

1. Family violence	2. Personal violence	3. State or political violence
--------------------	----------------------	--------------------------------

129. Do you make use of your right to vote? (Check all that apply)

Election level	1. Always	2. Almost always	3. Regularly	4. Rarely	5. Never
Local					
Regional					
National					

130. Are there enough female candidates in the election lists?

1. Yes.	2. No	3. Do not know
---------	-------	----------------

131. Do the representatives elected by the individuals take care of the citizens' needs?

Election level	1. Always	2. Almost always	3. Regularly	4. Rarely	5. Never
Local					
Regional					
National					

132. Are the rights to freedom of opinion, of speech, of press, and freedom to coalition? guaranteed in Bogotá?

1. Always	2. Almost always	3. Not always	4. Rarely	5. Never
-----------	------------------	---------------	-----------	----------

QUESTIONS ABOUT THE FUTURE

I would like to finish the questionnaire with four questions about the future.

133. When you think of your future, how do you see it?

1. Very positive	2. Positive	3. Neutral	4. Negative	5. Very negative
------------------	-------------	------------	-------------	------------------

134. How do you think your children and grandchildren will do compared to you?

1. Much better	2. Better	3. The same	4. Worse	5. Much worse
----------------	-----------	-------------	----------	---------------

135. Do you think of your death?

1. Never	2. Rarely	3. Often	4. Almost always	5. Always
----------	-----------	----------	------------------	-----------

136. Are you frightened by this thought?

1. Not at all	2. A little bit	3. More or less	4. A lot	5. Very much
---------------	-----------------	-----------------	----------	--------------

These questions are for the interviewer.

137. Were you alone with the individual interviewed during the completion of the questionnaire?

1. Yes.	2. No
---------	-------

138. Were there interruptions during the completion of this questionnaire?

1. Yes.	2. No
---------	-------

APPENDIX 2

THE INTERVIEW GUIDE

One possibility for starting the interview, “You have answered my questions patiently and constantly and I have been able to get an idea of your life and state of health.”

The answer to question 1 provides a summary of the general health condition. The interviewer can take relevant information from the questionnaire. This may help the interviewer concentrate on the individual interviewed and their individual characteristics.

The central phrase for starting the interview is:

1. I would now like to talk to you about your life in a more concrete manner. I would like you to choose a specific situation in your life, with a specific problem you had to solve, or *a situation in which you had to make a decision*. It can be a past or present situation. Now, tell me which aspects play or placed an important role in that situation? Can you tell me a bit more about how you solved that problem? (*The idea is for the individual to give details, give an in-depth description of the situation and everything relating to it.*)
2. How was it exactly? Could you please describe the situation in more detail?
3. What else happened that was also important?

4. Do these same aspects you have talked about affect other situations in your life as well?
5. Describe these situations and experiences more precisely. When you face these situations do you act in the same way you described before? The interviewer mentions the first example presented by the individual.
6. Were there other influences (the interviewer mentions one of the influences already mentioned that was important in the individual's behavior) in that situation (the interviewer repeats other situations one after the other)? Are these influences always the same or do they vary?
7. *I am going to show you four cards with four basic beliefs.* Please think of what you told me, and tell me which of these messages corresponds to how you feel.

My life is determined by...

My life is determined
by
Myself, my own influences

For ex: By my abilities, qualities, talents, qualities
 By my will, determination, perseverance
 By my mental force, energy, my ego,
 purpose, effort

My life is determined
by
External influences

For ex: By important persons, their power and influence (for ex: Husband, wife, partner, children, parents, boss, superiors, friends, etc.).
By general circumstances, society, social or economic situation (for ex: poverty, political decisions, work situation, unemployment)
By mental forces; (for ex: spirits, mental powers, sacred powers, ancestors, idols, God, a god, a goddess, a transcendental principle, cosmic energies, etc.)

My life is determined
by:
Unpredictable influences

These influences keep coming and going in one form or another

For ex: Good luck or bad luck
Destiny, fate, mood states, whim
Feelings or presentiments
Chances or accidents, external coincidences

My life is determined
by:
All influences together

External as internal as unpredictable influences, they all are important.
It depends on the specific situation which influence is the most important.

8. Please elaborate on what you have just told me. Could you be more specific? Please describe exactly which influences should be taken into account.
9. How do you reach these conclusions or evaluations?
The interviewer mentions the examples on the selected card and tries to establish which the control factors of mutual interdependence are. (Additive or dynamic, for example)
When internal and external factors (possibly fatalist) are mentioned, do these count as additive determinants, are they associated in an interactionist way, or casually and independently? What type of a link is there between them? The interviewer patiently insists on a description of those associations (treated in an interinstitutional way, referred to the same situation, the same example, the same object of reflection.) In the interactionist orientation, the type of interdependence, or union as a whole, should be questioned.
10. Having faced the situations described, what would be your answer if you asked yourself what is the meaning and point of your life? What is important for you in your life?
11. Could you please describe this little better?
12. Are you grateful for your life? What does this mean to you?
13. Would you like to ask your life for something?

I would like to thank you for this dialogue, your patience, and perseverance. Good bye, good luck with your life.