

C O U N T R Y T R I P R E P O R T

NATIONAL CONTROL OF DIARRHEAL DISEASES PROJECT

CAIRO, EGYPT

APRIL 7, 1983

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John Snow Public Health Group
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Country Trip Report

National Control of Diarrheal Diseases Project (NCDDP)

Cairo, Egypt

This country trip report summarizes the major activities and accomplishments of a country trip to Egypt by Rachel Greenberg of Porter, Novelli & Associates during March, 1983.

I. PERSONNEL AND DATES

Rachel H. Greenberg
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Washington, D.C. 20007

Dates: Left -- Washington, D.C., Tuesday, March 8, 1983
Returned -- Washington, D.C., Saturday, March 26,
1983.

Worked With:

Dr. Norbert Hirschhorn - NCDDP

Dr. Loutfy El-Sayyad - NCDDP

Mr. Jerry Russell - NCDDP

Mrs. Loula Zaklama, Ph.D. - Radar Public Relations
and Research Company

Dr. Mary Khalil Ibrahim - Ministry of Health, MCH Center,
Giza

Dr. Mabel Sadik Sawiris - Ministry of Health, MCH Center,
Assiut

I. PURPOSE OF VISIT

The trip to Egypt was intended for the following reasons and activities:

1. To train a group of researchers from the private, public and academic sectors in conducting focus group interviews;
2. To plan and conduct research designed to test a series of potential logos for the NCDD project;
3. To plan and conduct focus group interviews in Cairo and Assiut to explore various ethnographic issues related to ORT and infant diarrhea;
4. To provide recommendations regarding future marketing and communication research activities to be conducted by the NCDD Project.

III. ACTIVITIES AND ACCOMPLISHMENTS

A. Prior Preparation

Prior to arrival in Egypt, Bill Smith (Academy for Educational Development), Terry Baugh (Porter, Novelli) and Ms. Greenberg met and spoke by telephone with Dr. Hirschhorn to discuss the scope of work for this country visit. Ms. Baugh worked with Ms. Greenberg on preparing for the trip. In addition, several telephone briefing conversations were held with Dr. Hirschhorn and Richard Clement from JSI's staff. The focus group training session handouts were prepared and duplicated for use in Egypt (See Appendix A for a copy of the handout.)

Prior to Ms. Greenberg's arrival in Cairo, Ms. Baugh met briefly with Dr. Hirschhorn to discuss the overall NCDD project plan and gave him a background paper on the use of market research in contraceptive social marketing (CSM). This paper provides an overview approach for CSM that can extend to ORT program planning and implementation.

B. Activities While in Egypt

1. Focus Group Interview Training

- o Five training sessions, totaling approximately 12 hours, were conducted on March 11, 12, 14, 15 and 16. Twelve trainees participated in the training program. The topics covered included: definition and use of focus group interviews, role of the moderator, group dynamics, essentials for conducting an effective interview, interviewing and probing techniques, dealing with typical problems, the moderator's guide, analyzing the interviews and recruiting respondents. Most of these topics were addressed in the hand-outs trainees received.

With the assistance of Dr. Loula Zaklama, Director of Radar Public Relations and Research, the concepts and principles covered during the training sessions were demonstrated through role-playing and practice interviews. Dr. Zaklama also assisted by translating into Arabic the typical probe and perception questions used in focus group research.

At the conclusion of the training program, Dr. Zaklama and Ms. Greenberg determined which trainees appeared to have the most potential as focus group moderators and established a schedule for these individuals to observe and lead interviews in Giza and Assiut. Others were invited to observe the interviews as they wished.

It was agreed that Dr. Zaklama and five of the trainees would conduct the focus group interviews during Ms. Greenberg's country visit. This would enable trainees to observe Dr. Zaklama in order to learn more about moderating techniques; this also enabled Dr. Zaklama to observe the

trainees in order to further assess their skills and to provide feedback for improvement.

- o In addition to the training program described above, eight hours of training in focus group interviews were given to Dr. Mary Khalil Ibrahim who could not attend the group training session.

(See Appendix B for more details regarding "Outcomes and Recommendations from Focus Group Training.")

2. Planning and Implementation of Logo Testing and Ethnographic Issues Research

- o Working with Drs. Hirschhorn, El-Sayyad, Ibrahim, Sawiris, and Zaklama, focus group interviews were planned and conducted in Cairo and in Assiut. Drs. Hirschhorn and El-Sayyad provided direction as to the questions and issues of concern to the NCDD Project. They selected seven logo designs for testing and also identified the MOH personnel in Cairo and Assiut who could assist in the research. Drs. Ibrahim and Sawiris partici-

pated in the focus group training and were also given responsibility for arranging respondent recruitment for the focus group interviews.

It was agreed that in addition to testing the logos in the focus group interviews, central location intercept interviews would be conducted in Assiut. Intercept interviews, which are conducted with one respondent at a time, were necessary to obtain individual comprehension and reaction measures to the logo designs.

Ms. Greenberg and Dr. Zaklama developed the moderator's guide and questionnaires for the focus group and intercept interviews. These were modified and revised based upon pretesting and debriefing sessions.

In summary, four focus group interviews were conducted in Cairo (one each on March 16, 17, 22 and 23) and four were conducted in Assiut and Hawatka (two each on March 19 and March 20). Thirty-nine intercept interviews were conducted in Assiut on March 19 and 20. The results of the logo testing that was done during these interviews were written up with the assistance of Dr. Zaklama,

one of her staff members, and Dr. Modiha El Safty (American University in Cairo). Appendix C contains the summary report on the "Pretest of Product Logos, National Control of Diarrheal Diseases Project." Dr. Zaklama is preparing a separate report on the ethnographic issues related to ORT and infant diarrhea. This will be submitted to Dr. Hirschhorn in Cairo.

The focus group and intercept interview research was planned and implemented during Ms. Greenberg's country trip. The research served dual purposes -- to gather information for the NCDD Project and also to provide hands-on experience for those who participated in the training program. In addition to providing NCDD Project staff with direction for selecting a product logo, the research conducted during Ms. Greenberg's trip served as a "pilot" for planning future project research. A series of "Recommendations for Improving the Reliability and Effectiveness of Future NCDD Focus Group and Central Location Intercept Interview Research" was developed to guide Drs. Hirschhorn and El-Sayyad in undertaking additional research (see Appendix D).

3. Develop Recommendations for Additional Marketing and Communication Research

- o Based on discussions with Dr. Hirschhorn, Dr. El-Sayyad and Mr. Russell, as well as a review of the NCDD Phase I Workplan, a set of recommendations regarding research activities was prepared, Ms. Baugh reviewed the workplan as well and provided input for Ms. Greenberg's recommendations submitted to Dr. Hirschhorn. These recommendations, which focus on marketing and communication issues, appear in Appendix E of this report.

IV. FINDINGS AND RECOMMENDATIONS

As referenced in the previous sections, the findings and recommendations pertaining to the activities undertaken during Ms. Greenberg's country trip are presented in Appendices B through E of this report.

RECOMMENDATION REGARDING NCDD RESEARCH ACTIVITIES

DURING PHASE 1 : JANUARY 1983 - JUNE 1984

Submitted to NCDD by Rachel Greenberg - March 24, 1983

NCDD has outlined a series of research activities to be conducted during Phase 1, January 1983 through June 1984. These are research and studies directed toward the health worker, the pharmacist and the consumer, the ultimate target audience. Research is being planned to study bio-medical, instructional and marketing aspects of the NCDD project.

The following recommendations regarding NCDD research activities focus on research assigned for marketing decision-making.

1. Expand the list of ethnographic questions to include a series of product usage questions.

The focus group research conducted thus far has begun to explore the "diagnosis" and "seeking help" issues listed by the NCDD staff. These need to be investigated further and in greater depth through the additional focus groups and individual in-depth interviews.

The list of treatment questions is quite comprehensive and will yield good insights regarding current behaviors in treating diarrhea with home remedies. They should, however, be expanded to focus on needs, wants and perceptions related to the currently available ORT products -- the UNICEF packets and Rehydran. Questioning areas should include:

- advantages and disadvantages of the products
- satisfaction and dissatisfactions
- purchasing behavior in the case of Rehydran -- how often and how much purchased? Where brought? How is it asked for? Availability?

- usage rate and loyalty to product
- sources of awareness / information about the products
- observation of correct /incorrect usage of products
- comprehension of instructions; how instructed in use
- is ORT combined with home treatments?

Focus groups, in-depth interviews and in-home observation should all be used to gather this information. At a minimum, it is recommended that two groups each be held with Unicef packet and Rehydran users. At least 10 in-depth interviews and 10 home observations also should be conducted with each of these segments as part of the ethnographic study.

This research will provide additional direction for NCDD's own packaging decisions and will also provide insight for developing Phase 1 messages which may promote the Rehydran and/or Unicef packets.

2. It is recommended that the ethnographic research be conducted among the following population segments:
 - mothers whose children have died of diarrhea
 - mothers whose children have had diarrhea but have not died
 - mothers of only one child 6 to 18 months old ("new" mothers)
 - users of Unicef packets
 - users of Rehydran
 - non-users of ORT
 - fathers
 - mothers-in-law

These groups and interviews should be beyond the Giza MCH center into areas such as Boulaq and Shoubra. Also, more rural areas of Cairo should be used for this research. Finally, Sohag may be an excellent location for conducting in-home observation research in conjunction with the study of lay healers. Representation of those areas at highest risk to mortality from infant diarrhea should be sought throughout this exploratory research stage of the NCDD project.

3. The product development research should combine both qualitative and quantitative methods.

Many decisions regarding the NCDD product will need to be made during the summer months.

Qualitative research using focus groups on in-depth interviews should be used to assist in designing a more quantitative study for testing the following elements:

- product name
- package color and type of paper
- pricing paper
- perceptions of private / public sector product (same or different?)
- alternative packaging ideas
- instruction for mixing

Few focus groups should suffice and will be very useful in developing the questions and codes for the more quantitative study. The quantitative study should consist of at least 100 interviews in each of these locations -- urban, periurban and rural:

4. Message development should be guided by a communication strategy that is based on NCDD understanding of public knowledge, attitudes and practices. The strategy should guide the development of message concepts or ideas to be tested in focus groups followed by development of nearly finished messages to be tested in intercept interviews.

5. Research should be conducted among pharmacists to ascertain:
 - perceptions, knowledge, behaviors regarding treatment of infant diarrhea
 - perceptions of NCDD's potential product /packaging
 - perceptions of client / customer's needs and wants in a diarrhea treatment
 - pharmacist's needs and wants in terms of point-of-purchase, information and educational materials

This is my initial thinking based on review of the Phase 1 workplan, our conversations, and the work that was accomplished during my country visit. I'd like to give some more thought and perhaps flesh out the marketing research and process steps which may be suitable for NCDD project needs. Please let me know if you think this would be worthwhile.

APPENDIX A

HANDOUT FOR FOCUS GROUP TRAINING PROGRAM

NATIONAL CONTROL OF DIARRHEAL DISEASES

PROJECT

THE FOCUS GROUP INTERVIEW:
GUIDELINES FOR THE MODERATOR

March 1983

Prepared for the Egyptian Oral
Rehydration Therapy Project

Prepared by Porter, Novelli &
Associates
Washington, D.C.

INTRODUCTION

What Is a Focus Group Interview?

A focus group interview is a research technique designed to find out how and why people think, feel and behave the way they do. Most research interviews are conducted with one person at a time. Focus groups are conducted with 8 to 10 people at the same time. The group discussion involves participants and makes them feel comfortable to talk freely about their thoughts and feelings. A focus group often yields information about people's beliefs and behaviors that may not be uncovered in an individual interview.

Focus groups are different from other research interviews in that they are less formal and less structured. The setting and atmosphere should be relaxed. It should be conducted like a conversation taking place in someone's home rather than a classroom lecture or a courtroom investigation.

The person who conducts the interview uses a discussion guide -- a list of topics to be covered -- rather than a formal questionnaire. This person is called a "moderator" rather than an interviewer. This title is very appropriate because the role of the moderator is not to ask every person every question that comes up. Instead, the moderator's role is to:

- o get the discussion started,
- o stimulate the group members to interact with each other
- o keep the discussion focused on the topics in the guide, and
- o explore the discussion topics in-depth for insight and new information about people's beliefs, attitudes and behaviors.

When Are Focus Groups Used?

Researchers use focus groups for several purposes, including:

- o to formulate well-defined hypotheses, or research questions, for a large scale research study;
- o to help researchers in developing questions for a large scale survey -- focus groups can provide direction for how to word the questions so that they will be understood;
- o to help interpret the results from a large scale survey; that is, to find out the reasons why a certain percent had a specific attitude or behavior;
- o to study embarrassing or personal topics that people may feel more comfortable talking about in a group rather than in an individual interview;
- o to obtain a general understanding of how people talk about products or issues that concern them, how they make decisions to act in certain ways, and their reasons for acting;
- o to obtain people's reactions to ideas for new products, services or programs at an early stage so that planners avoid serious mistakes;
- o to get impressions of potential communication messages (advertisements, brochures, posters) and product packaging at an early stage to avoid mistakes and to generate new ideas.

Focus group interviews can be conducted for any one or a combination of these purposes. It is important to plan them in advance and to know exactly what you want to accomplish.

THE QUALITIES OF AN EFFECTIVE FOCUS GROUP MODERATOR

1. CONVEYS WARMTH AND FRIENDLINESS
 - o Result -- participants feel more comfortable and relaxed.
2. LISTENS VERY CAREFULLY
 - o Results -- encourages others to pay attention; makes participants feel important; enables moderator to connect the comments of various participants throughout the focus group.
3. DRESSES APPROPRIATELY
 - o Result -- by dressing in a manner that is acceptable to participants, the moderator will avoid creating any barriers.
4. IS ACCEPTING OF ANY AND ALL OPINIONS
 - o Result -- allows participants to disagree with each other
5. ACTIVELY ENCOURAGES PARTICIPATION
 - o Result -- feelings and opinions are obtained from all participants in the group
6. BECOMES ACTIVELY INVOLVED IN THE GROUP
 - o Result -- the discussion evolves so that participants spark one another to talk about the topics rather than the moderator constantly asking questions.
7. IS KIND, BUT ALSO FIRM
 - o Result -- when discussion has wandered off topic, moderator can direct the group without offending participants.
8. SEARCHES FOR THE UNDERLYING MEANING OF PARTICIPANTS' COMMENTS BY PROBING
 - o Result -- the interview provides information about participants' feelings that goes beneath the surface, beyond intellectualized opinions.

9. SHOWS INCOMPLETE UNDERSTANDING
 - o Result -- by projecting a need for more information or clarification, the moderator elicits richer responses from participants

10. IS FLEXIBLE IN RUNNING THE GROUP
 - o Result -- by being able to let the group discuss topics spontaneously, the moderator demonstrates genuine interest and also can capitalize on the direction the discussion takes

11. SHOWS SENSITIVITY IN PROBING PARTICIPANTS
 - o Result -- builds the trust and confidence of group participants

12. CAN STAY FOCUSED ON PURPOSE OF INTERVIEW WHILE BEING ACTIVELY INVOLVED IN THE GROUP
 - o Result -- the objectives of the focus group research are met.

HOW TO CONDUCT AN EFFECTIVE FOCUS GROUP INTERVIEW

Focus group interviews usually last about 90 minutes. Participants get tired and restless if the interview goes on much longer than that.

The moderator must come to the focus group with a clear understanding of the purpose of the interview. It is helpful to have a basic knowledge of the topics to be discussed. Most importantly, the moderator must be very familiar with the topic guideline and the kinds of questions you want to ask for each topic.

Focus groups interviews are structured to have three parts:

- o Warm-up and introduction
- o Discussion
- o Summary and conclusion

The following techniques should be used in each part of the interview.

During the Warm-Up and Introduction . . .

- o Create an environment in which participants feel trusting and comfortable. They must not feel intimidated
- o Establish rapport with each person by listening intently to what is said. Give everyone a name card so that you call each person by name.
- o Make every effort to help participants feel less anxious. Some "small talk" in the warm-up period is useful. Don't go overboard.
- o Introduce yourself and make a welcoming statement that includes the following points:
 - o Explain the general purpose of the discussion (to talk about child health).
 - o There are no right or wrong answers
 - o You want to hear both positive and negative opinions

- o The tape recorder is being used so that you can remember what every person has said.
- o Each person must speak up so that the tape recorder can pick up their voices.
- o Only one person can speak at a time to avoid confusion. Also, no private conversations, please.

During the Discussion Period . . .

- o Cover the topics that are important to meeting the research objectives.
- o Follow the "road map" that is outlined in the topic guide, but try to remain flexible. If the discussion is leading naturally from Topic 1 to Topic 4, don't try to change the direction of the conversation.
- o Be prepared to improvise if the discussion is not providing useful information. For example, take an opposite point of view and ask participants to challenge you.
- o Ask open-ended questions that are not leading. That is, ask questions that encourage participants to talk freely and that do not direct them to give a particular response.
- o When you feel you have received an inadequate response, ask a "probe" question. "Probes" are used to get a clearer and more complete answer (see attached list of probe questions).
- o Be sensitive to the participants. Know when to probe and when to accept an answer as stated.
- o Be permissive in letting participants talk, but also keep the discussion focused.
- o Do not react defensively if a group member attacks you. Divert the problem by asking others what they think.
- o Encourage the shy participants to become involved without offending them.
- o Avoid conducting a serial interview -- that is, asking the same question of everyone in the group around the room in order. Ask people to talk at random.

- o Show participants that you are listening and involved in the discussion.
- o Be conscious of how much time is being spent on each topic and move on to a new topic when the discussion is becoming boring.
- o If participants have incorrect information, do not try to teach or inform them during the interview. You can do that after the interview by talking to them privately.

During the Summary and Conclusion . . .

- o List the main points that were made.
- o List the problems that were discussed and their solutions.
- o Ask the group for its help in summarizing. Use questions, such as -- did I forget anything? Do you want to add anything? Is there anything else you want me to tell the people who asked me to do this research?
- o Thank the participants for coming.
- o Privately talk to participants who have incorrect information.

PROBE QUESTIONS FOR FOCUS GROUPS

A probe is a special kind of question. It's used when you feel you've received an inadequate response. The response may be incomplete, too general, or unusually vague. Some examples of probes are:

- o remaining silent or rephrasing the question
- o why? why do you say that or think that?
- o can you tell me more about that? can you please explain that to me.
- o what do you mean by that?
- o what makes you feel that way?
- o can you think of an example of that?
- o I'd like to know more about your thinking on that issue
- o I'm not sure I understand how you are using the word _____
- o what are some your reasons for feeling as you do?
- o you seem to feel strongly about this. How do you think other people might feel about this? (example of third-person probe)
- o use the mirror technique. Restate what the respondent has just said. (This idea is based on Rogerian counseling techniques)
- o confront the respondent to clarify a position. "I'm a little confused. Earlier you said 'X' Now you are saying 'Y'"
- o what does the (message) say for you? what do you see in this (message)?
- o what does it say to you personally?
- o what were you thinking as you were watching it?
- o what stood out in your mind? What other things made an impression?
- o you started to say something about . . .
- o you mentioned something about
- o did you get any new insights about . . . from the . . . ?
- o what words would you use to describe. . . ?

PROBLEMS MODERATORS OFTEN FACE IN FOCUS GROUP INTERVIEWS

There are several problems that moderators may face in conducting focus group interviews. These are listed below along with some suggested solutions.

1. Problem : EVERYONE IN THE GROUP EXPRESSES THE SAME OPINION

Solution : In the warm-up emphasize that participants are free to disagree; repeat it again during the discussion.

Show respect for different opinions throughout the interview.

2. Problem : PARTICIPANTS WHO DOMINATE THE DISCUSSION

Solution : State that everyone's comments are important and that others should be permitted to speak.

Call on others to speak and to comment on opinions of the dominating participants.

Ask the dominating participants to respond only after others are heard.

Avoid eye contact with dominating participants and turn your body away from them.

Address group members by name so that dominant ones can't jump in as easily.

3. Problem : THE DISCUSSION IS DULL

Solution : Take a refreshment break to let participants walk around and relax; this also allows you to think of alternate plans and to discuss the problem with colleagues.

Try to generate a confrontation between participants with different views.

Play the role of "devil's advocate" -- that is, take on an opposite position and challenge participants to counter your views.

4. Problem : GROUP MEMBERS WHO DO NOT PARTICIPATE

Solution : Try to figure out why a group member is not participating. Is the person shy? Nervous? Lacking confidence? Lacking knowledge?

Ask non-threatening questions that only require short answers.

Emphasize that you are interested in all opinions and they are all valuable.

Ask questions that are projective. That is, ask the non-participating group members what they think their friends or neighbors feel. This lightens the burden of talking about themselves.

5. Problem : THERE ARE FRIENDS AMONG THE GROUP PARTICIPANTS WHO ARE HAVING SIDE CONVERSATIONS OR NOT SPEAKING OPENLY.

Solution : Assign friends seats so that they are separated and do not easily have eye contact.

Discourage conformity of response.

6. Problem : PARTICIPANTS GIVE IRRELEVANT ANSWERS

Solution : Try restating the question or asking it in a different way.

7. Problem : PARTICIPANTS ALL GIVE POSITIVE ANSWERS

Solution : Remind participants that you want to hear both positive and negative opinions.

Again, try playing "devil's advocate" and suggest that other people have told you just the opposite.

8. Problem : PARTICIPANT "ATTACKS" YOU PERSONALLY WITH NEGATIVE REMARKS

Solution : Try to defend the participant by acknowledging the anger, but don't react defensively.

Put the burden on the attacking participant to explain the reason for his or her attack. Try the following approach: "You seem to feel very strongly about this. Why do you feel this way?"

Ask others in the group how they feel.

9. Problem : RESPONDENTS KEEP ASKING YOUR OPINION

Solution : Tell them you're here to find out how they feel. If necessary, tell them you'll give them your opinion when the discussion is over.

FORMAT OF A FOCUS GROUP MODERATOR'S GUIDE

I. Warm-up and Introduction

A. Introduction

1. Moderator to Group
2. Purpose of Session
3. Planned Activities

B. Ground Rules

1. 90 Minutes (Tape Recorded)
2. Speak Clearly/One at a Time
3. Conversation/All Participate
4. Want Everyone's Opinions
5. No Right/Wrong Answers
6. Courage of Convictions

C. Introduction of Participants to Group

1. Name
2. Number of Children/Age of Children
3. Where from
4. Anything Else

II. Discussion

A. General Questions

1. Easy-to-Answer
2. Rapport Building

B. Specific Questions

C. Interventions (e.g., materials, logos, packages, messages, etc.)

III. Wrap-up Summary

A. Summary of points covered and group opinions

B. Thank-you and acknowledgments

25

APPENDIX B

OUTCOMES AND RECOMMENDATIONS

FROM FOCUS GROUP TRAINING

Greenberg

No time to type this -
but it is really good stuff.

Outcome and Recommendations from Focus Group Training

Thirteen people participated in approximately 15 hours of focus group interview training. The main objective of the training was to teach the ^{essential} ~~basic~~ skills needed for moderating an interview with particular emphasis on the following principles:

- ~~the~~ ways to establish rapport with the respondents
- the proper interviewing and probing techniques
- the process of conducting an interview
- the qualities of an effective interview
- the nature of group dynamics

Training consisted of ^{instruction in} ~~teaching~~ these principles, role playing sessions ^{by} ~~among~~ trainees, and observation of actual ~~sessions~~ interviews conducted by an experienced moderator.

Trainees represented both MOTT employees ^{and} ~~as~~

MCDD-related individuals, and researchers from the private sector. For the most part, attendance, interest, and enthusiasm ~~and~~ was excellent. The group of trainees worked very well together.

Based on my impressions from the training sessions and practice group interview sessions, the following recommendations emerge:

Dr. Zaklana is an excellent focus group moderator. Her ability to establish rapport and to conduct a free-flowing, spontaneous interview are quite good. Her major limitation, as was anticipated prior to my arrival, is her ability to translate her skills to the more psychological levels of health research and to go into greater depth with ~~non-product~~ behavioral/non-consumer product research. She ~~has~~ is ~~too~~ very easy to work with which

makes refocusing and suggesting changes an easy task. ~~I think~~ ~~at~~ her assistance in the training sessions was very helpful in that she could translate into Arabic the language, key terms, and methods being discussed while Dr. Zaklana could assist NCDD with ~~additional~~ training, more people, I would recommend that an American counterpart also be involved to be sure that her training is in fact on target and that all concepts/principles are being taught & correctly.

2. There are three definite "winners" among the trainees -- Maha Tahlawi (who has observed Loula many times in the past two years), Modika El Safty, and Mary Khalil Ibrahim. These three have real potential in moderating groups. They have ~~an~~ excellent interpersonal skills and do very well leading a group.

Mary, in particular, did a fantastic ~~first~~ ^{practice} session, given her lack of familiarity with the technique. She was great! Modika and Mary could benefit from more training ~~and~~ in the form of observing Loula and discussing technique; but more importantly, they need to run groups, and under Loula's observation, and receive feedback on their performance. In focus group interviewing, practice is the key to ~~be~~ success.

Finally, Fawzia Tadros may ~~have~~ come along as a moderator in the future. She needs practice as well, but her tendency ~~app~~ was to control the group and not let people talk. She's a good researcher, but perhaps better suited to a one-on-one interview. NCDI may wish to top her assistance at that level. Fawzia is interested in learning more and, if possible, she should be included in future training

3. The two men, Nagy Barsoun and Ossama Solamo, grasped the nature of focus group interviews during the training I think they could be effective moderators with practice and feedback from Dr. Zaklana.
4. The remaining participants in the training did not show much promise in the focus group technique and I would discourage NCDD from using them as moderators.

X = present
 - = absent

Attendance - Focus

	March 11 10-2	March 12 9:30-11:30	March 14 10-1 / 3-6	
1. Loula Zaklana	X	X	X	X
2. Maha Tahawi	X	X	X	X
3. Mira Fanous	X	X	X	
4. Ossama Solamo	X	X	X	
5. Mehal El-Aify	X	X	X	
6. Dina El-Refai	X	-	X	
7. Nagy Barsoun	X	X	X	
8. Modika El Safty	X	X	-	
9. Fawzia Tadros	X	X	X	
10. Hanna Kilany	X	X	X	
11. Sara Loza	X	-	X	
12. Mabel Sadik Sawiris	-	X	X	
13. Mary Khalil Ibrahim	-	-	-	

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Handwritten header text, possibly a title or description.

March 15
9-11

March 16
Giza Groups

March
17
Giza

March
18, 19, 20

March
22 Giza

March Giza
23 Group

X

4-7

4-7

Assiout

4-7

4-7

X

4-7

4-7

Assiout

4-7

X

X

X

X

X

-

X

-

X

X

-

9-11

9-11, 4-7

9-11

9-11

9-11, 4-7

1:30-4, 4-7

4-7

~~4-7~~

4-7

~~4-7~~
1:30-4,
4-5

Assiout

Assiout

4-7

4-7

12-4,
4-7

4-7

APPENDIX C

REPORT ON PRETEST OF PRODUCT LOGOS,
NATIONAL CONTROL OF DIARRHEAL DISEASES PROJECT

Pretest of Product Logos
National Control of Diarrheal Diseases Project

March 21, 1983

Prepared by: Rachel Greenberg,
Porter, Novelli & Associates
Washington, D.C.

Introduction

The National Control of Diarrheal Diseases Project, Cairo, Egypt, is developing a product logo design to appear on the Project's packages and other printed materials. Several Egyptian advertising agencies and artists were commissioned to design potential logos for the project. Each was told to consider the several concepts in developing the designs including regulation, nourishment, feeding, and motherhood.

NCDDP staff members ^{received} ~~received~~ ^{over} ~~about~~ 40 logo designs in response to ^{their solicitation} ~~to~~ ~~request~~. Many of the designs were submitted with one basic theme and variations. Staff members reviewed the designs and selected seven of them for testing. Copies of these designs are attached to this report.

In general, the ^{logos} ~~designs~~ contained elements that were intended to communicate the concepts NCDDP staff wished to convey. However, there was ^{3/6}

a good deal of variation in the size, format, use of color and degree of finish in the logos submitted to NCDDP. Nonetheless, the seven designs ~~provided~~ represented a range of ideas suitable for testing with individuals typical of the Project's target population.

Methodology

Purpose of the Pretest

A product logo ~~can~~ ^{can} serve a major role in heightening awareness and ^{product} identification. It also ^{can} convey ~~a~~ the product "image" -- that is, the logo ^{can} tell the consumer about the nature of the product, what it is associated with, the type of person who the product is designed for, etc.

~~The purpose of pretesting potential logo designs is to determine~~
Pretesting potential logo designs with individuals typical of the target population is essential to

determine what ~~the~~ designs ^{is} are communicating and to identify "red flags" in the designs. These "red flags" ^{are} ~~may be~~ elements that ^{may be} ~~are~~ confusing, misleading, offensive or inappropriate. In other words, these elements must either be refined prior to final ~~product selection~~ developing the finished logo or avoided completely.

The NCDDP pretest of its potential product logos was designed to:

- assess the communication potential of each logo design
- gather consumer reactions in the form of "likes" and "dislikes" for each logo

identify "red flags" that ^{might} ~~should~~ be ~~as~~ interfere with the effectiveness of the ^{final} NCDDP logo

provide direction for selecting a product logo or ^{for} winnowing out the ^{logo elements} ~~with~~ the most ~~into~~ ~~it~~

Methodology

Two methods were used in implementing the NCDP product logo pretest -- ^{focus} focus group interviews and ³⁹ central location intercept interviews. The focus groups allowed for probing in depth regarding consumer reactions to the logos; the ~~one~~ individual intercept interviews allowed for obtaining individual response to each design without the influence of other respondents. In the focus groups, the interviewers used an unstructured approach to obtain a free-flowing discussion. In the intercept interviews, a structured questionnaire, using mainly open-ended questions, was used. In both methods, the interviewers tried not to "aid" (or lead) the respondents in soliciting ~~the~~ reactions to the designs. Instead, respondents first were encouraged to ~~for~~ freely associate regarding the meaning of the designs. Then, the interviews focused on the designs' ~~potential~~ suitability.

for a ~~pa~~ ~~diacritical~~ medicine for children.

The Respondents

Respondents for the focus group interviews were from Giza ^(2 groups) Assiut ^(2 groups) and Hawatka ^(1 group). These respondents were recruited through Ministry of Health Maternal and Child Health Units in each area. Approximately ~~30~~ 45 respondents (about 9 per group) participated in the focus groups.

Respondents for the central location intercept interviews were from Assiut. They were stopped in highly trafficked locations in Assiut's ~~best~~ ^{main} shopping district. A total of 39 interviews were completed; ^{however} many more individuals were stopped and screened to participate in the pretest.

In both ^{methods} ~~groups~~ respondents were mothers of children under three years of age. The majority were lower class; many were illiterate. Demo-

6
graphic characteristics were not gathered in
either interviewing situation to avoid arousing
respondent suspicion.

The Findings

The following sections describe the major findings from the product logo pretest. For the most part, the findings reflect the results of the intercept interviews which could be quantified and categorized. The focus group interviews yielded information that was directionally consistent in terms of ~~the~~ each logo's communication potential and in terms of the respondents' reactions to the designs.

The findings report the results for each logo in summary form. ~~Emphasis has analysis~~ describing the most frequent responses, ~~the~~ and highlighting responses which ~~indicate~~ might be considered "red flags" ~~to further~~ to avoid in developing the final product logo design.

Reactions to the Logo Designs

Logo #1 (Spoon holding a drop of water that contained a mother carrying a child next to a palm tree)

What Respondents Saw

- When asked what they saw in the drawing, all respondents mentioned a woman carrying a child or a baby.

None mentioned seeing the drop of water.

In addition to seeing the mother carrying a child some respondents mentioned the spoon ^{and} the ~~child~~ palm tree.

The setting in which the mother and child were seen was described by a few respondents. The settings included a "rural, romantic atmosphere," "in the desert," "in a field," "in a home," and "out in the sun and fresh air."

The child was perceived as "sick" by several respondents. A few thought

The woman was a "pleasant" woman.
What Respondents Liked

- When asked what they liked, respondents gave ~~answers~~ a range of answers relating to "the 'nice scene,'" "the ~~picture~~ 'natural,'" "quiet" picture, the "tenderness" of the mother carrying the child.
- Some respondents alluded to the symbolism in the drawing and said it represented: "mother's hope for her son," "family planning," "that mother only has one child," "when a child gets well he has good health like a palm tree," and "evidence of life."

What Respondents Disliked

~~most respondents~~
~~Respondents~~

- Over half of the respondents had no "dislikes" after seeing this logo #1.
- The remainder mentioned a variety of "dislikes" scattered across several answers, including:
 - the black dress of the mother

- woman is sad and depressed
- the way the woman is carrying the child
- the spoon ~~being~~ ^{is} an inappropriate symbol
- the woman is incomplete / face is not clear
- instead of the ~~cross~~ tree there should have been a crescent to symbolize health.

Logo #2 (Triangle containing abstract drawing of mother feeding child with a spoon and a cup)

What Respondents Saw

One third of the respondents said they did not understand the drawing or see anything in it.

Only three respondents identified the meaning of the drawing correctly.

The ~~two~~ two elements mentioned most often were the triangle and the glass

but these responses were, ^{often} accompanied by mention of many other objects such as eggs, olives, flowers, flower pots, pills, a bucket, chains, and a house.

What Respondents Liked

Twenty-five of the 39 respondents said there was nothing they liked about the drawing.

Those that ~~mentioned~~ mentioned liking something about it referred to the objects they saw in it. Two respondents liked the mother's position and the way she was caring for the baby.

What Respondents Disliked

- The over half of the respondents felt the drawing was "unclear" or meaningless.

Specific dislikes included:

- the black
- the black circles
- lines look like worms that.

- Symbolize sickness
- Two babies are a big number.
- The ~~for~~ flowers aren't natural

Logo #3 (Child's face and glass with spoon inside center of a flower)

- All respondents correctly identified the baby in the drawing.
- The majority correctly identified ~~three~~^{two} or more elements.
- The contents of the glass were variously interpreted as "milk," "water," or "juice".
- The baby was described in several ways: "healthy," "lovely," "nice," "upset," "dirty faced," "smiling."
- The flower was ~~deser~~ interpreted as "a cage," a the "sun" and a "frame."

What Respondents Liked

- The most frequently mentioned "likes" were the "lovely baby" and the idea of the "baby framed by the flower".
 - The symbolism of the drawing was described in several ways:
 - the beautiful baby symbolizes childhood
 - baby is a blooming flower
 - medicine makes the baby like a blooming flower
 - implies something that appeals to the baby
 - baby can see the way of using the glass and spoon
 - baby should have his own special things for drinking
- when number of children is small & we can provide for food and milk and health is good.

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 - when number of children is small & we can provide for food and milk and health is good.

What Respondents Disliked

- Two-thirds of the respondents had no dislikes.
- The remaining respondents had dislikes that clustered into ~~the~~ three areas:
 - the glass -- uncovered, not good.
 - the spoon -- position in the glass is wrong.
 - the baby -- face ^{seems} dirty or sad.

Logo # 4 (mother sitting cross-legged feeding child on her lap with ^{spoon} spoon.)

What Respondents Saw

- All respondents correctly identified the mother or woman in the drawing.
- The vast majority could correctly identify the mother and child.

There was some confusion as to what the mother was doing in the drawing in that about one-third

of ^{the} respondents ~~thought~~ ^{said} she was breast-feeding while another third said she was feeding the child. Also, some said she was bottle-feeding the baby.

- Three respondents perceived the mother ^{specifically} feeding ~~to~~ giving the child medicine.

What Respondents Liked

- One third of the respondents liked the "motherhood" or "tenderness" represented in the picture.
- Many liked the position in which the mother was sitting and feeding the child, but confusion about breastfeeding was found in some responses.

What Respondents Disliked

- Three-fourths had no dislikes.
- Among the remaining fourth of ~~just~~

respondents, "dislikes" included

- the color black
- the woman's position being incorrect
- that mother was giving food with force, not tenderness.
- that baby must be bottlefed, not spoonfed.
- the artificial feeding
- it's gloomy.

Logo #5. (linear design of ^{seated} mother handing cup to child with palm tree and flower)

- Half of the respondents correctly identified the mother in the drawing. About one-third ^{saw} interpreted ~~the~~ a mother giving ~~the~~ a child something to drink. The palm tree and flower were mentioned by about one-third as well.

Among the incorrect perceptions of the drawing were: ~~the~~

- a nun offering a glass
- an animal drinking

- a man drinking water
- an old man drinking
- a tree and a cross
- pharaonic style of art
- The ~~glass~~ ^{of medicine} was perceived as containing either ^{of} m.l.k, juice, or water.

What Respondents Liked

about one-third liked the tenderness and "mother's caring" depicted in the drawing.

The remaining liked "likes" were scattered across mention of the style of the drawing, the tree, the mother's position, giving the child a drink, "the husband and wife in harmony," and the shape of the glass.

- Seven respondents liked ^{"nothing"} ~~not~~ about the drawing.

What Respondents Disliked

Over half of the respondents had no "dislikes" of for drawing #5.

- ~~The remaining~~
- Those respondents that mentioned a "dislike" referred to a range of items, including:
 - the black color
 - the position of the mother and child while baby is drinking
 - the lines
 - instead of plants, there should be pyramids to symbolize ancient times.

Logo #6 (Black rectangle containing a child's side silhouette in white, with one triangle pointing downward on the baby's head. In xeroxing, the second triangle pointing upward did not copy).

What Respondents Saw

- All respondents correctly identified the baby in the drawing.

The baby was variously described as: healthy, naked, deformed,

missing one leg, holding hands
above head, pretty and sitting
alone, crawling, happy, unborn (in
mother's womb).

What Respondents Liked

About one-third of respondents
had no "likes" for ~~drawing~~ ^{logo} #6.
Many mentioned their dislikes.

The remainder mentioned they
liked the baby in general or
specifically they liked its movement,
its happiness, ^{and its} playfulness.

What Respondents Disliked

About one-third of respondents had
no "dislikes" for logo #6.

The remaining two-thirds gave
~~me~~ a scattered set of dislikes.
Several thought the drawing was
unclear or meaningless. Others
did not like the drawing because
of the baby and described it as:
• deformed missing one leg

- no face showing -- only back to us
- head was big, abnormal
- avit like the black

In the focus groups the respondents saw the ^{black} and red triangles of the actual logo. Some of these respondents thought the red triangle indicated danger.

Logo # 7 (a circle divided into two crescents with one containing a cup glass of fluid and a spoon, the other containing a mother and child)

What Respondents Saw

Almost ~~Almost~~ all the respondents correctly identified the glass in the drawing, but few could identify all of the elements.

About half identified the glass and the spoon.

The glass was ~~of~~ seen as containing either milk or medicine by a few respondents

The mother/child portion of the design was somewhat confusing for several respondents who interpreted it as contain depicting a pregnant woman with an embryonic child

Five ~~Several~~ respondents found the drawing too unclear to describe anything about it.

What Respondents Liked

- about one-third had no "likes" for ago #7.
- The remained ^{den} gave scattered responses mentioning they liked the spoon, the glass, the symmetry of the design, and "the whole thing."
- In terms of symbolism, the drawing

was seen as conveying:

- that food is important for pregnant women so baby can have good health
- milk is essential for life
- care for mother's health when she is pregnant
- care for the child

What Respondents Disliked

- About half of the respondents had no "dislikes."
- One-fourth thought the drawing was unclear or meaningless.

The remainder said they did not like:

- the black
- separating the food from the mother and child
- the frame around the picture
- the mother's womb and the baby's position.

The Logos Liked Most

In both the focus group interviews and the central location intercept interviews, logo #4 (the mother sitting cross legged feeding her child) ^{and} ~~was~~ among logo #3 (the child, ^{glass and} ~~co~~ spoon inside a flower) were rated as the logos liked most. Preference for #4 was attributed to its representation of motherhood and tenderness, preference for logo #3 was attributed to the ^{depiction} ~~portrayal~~ of ~~the~~ a "nice, healthy" baby. Logos ~~#1~~ ^{#1} and ~~#5~~ ^{was the} were "runners

up ~~on~~ ^{as} the logos most liked by the focus group and intercept interview respondents. Respondents liked ~~it~~ ^{for} its symbolismsm of good health, life, hope, unity and tenderness.

The Logos Liked Least

Logos # 2 and # 7 were liked least across all groups of respondents. Lack of clarity and meaninglessness were, ^{most often} given as the reasons for this rating. Logo # 6 was a close "runner-up" in the liked least category because of the depiction of the child as abnormal.

deformed, faceless and naked.
Best Logo for a medicine for children

~~The~~ Respondents were asked two questions to determine their perceptions of the ^{drawings as symbols} ~~logo~~ ~~on relation~~ for a product that is a medicine for children. ~~Logo~~ Logo # 4 was considered ~~rated~~ as a very good or good design for a ~~po~~ medicine for children by those who had selected it as the drawing they liked most. However, when asked more directly which drawing would be ~~be~~ best for a medicine

for children, logos # 3 and # 1 were selected by 15 and 11 respondents, respectively. Logo # 3 was considered best because it contained the symbols of a spoon, a glass and a healthy baby and because the drawing will make baby accept the medicine. Logo # 1 was rated best because of ~~the~~ its depiction of ~~the~~ a spoon for giving medicine and the ~~the~~ picture of the palm tree as a symbol of medicine being extracted from natural things

Conclusions

1. The three logo designs that demonstrated the most communication potential and acceptance by respondents were logos # 1, 3, and 4. The designs with the least potential were # 2, 5, 6, and 7.
2. The logo pretest indicated that those drawings that are clearest in depicting objects and people, and from which respondents can themselves extract meaning, appear to perform best. The more abstract the logo the less potential it has for communication or acceptability.
3. ~~to~~ The results of the pretest ~~for logos # 1, 3, and 4~~ provide important direction for rendering the final logo design. There are several "red flags" which ~~at~~ must be avoided. These include:
 - the use of black in apparel, or in depicting objects and faces;
 - must be done with caution

~~to~~

attention should be paid to the positioning of objects and people -- ~~to~~ they should be very realistic and "correct" (i.e., not exaggerated)

uncovered glasses sitting by themselves are perceived as a bad hygiene -- avoid their use in project-related ~~material~~ print materials unless they are essential to your message.

be sure that facial ~~types~~ ^{expressions} are executed to depict what you intend to communicate -- i.e., tenderness, happiness, illness, etc. ^{Based on} ~~from~~ this pretest, it would appear that a clearly ^{rendered} happy, tender expression will be most acceptable.

⊗ Watch that the position of the spoon and cup in the mother's hand ~~are~~ do not connote "force-feeding."

4. The three ~~was~~ most promising logos -- #1, 3, and 4 -- each have elements that were perceived positively. The tranquility and symbolism of logo #1 elicited ~~several~~ positive response as did the "lovely" baby in logo #3. However, the meaning of these logos was more closely tied to cleanliness or hygiene than to ^{the health and} nourishment of the type the NCDD project is concerned with.

On the other hand, logo #4 -- the mother sitting cross-legged on the floor with ~~the~~ ^{her} child -- clearly communicated motherhood, and tenderness and feeding, a key message the project will be promoting. Although several respondents in the intercept interviews incorrectly perceived the design to be showing breast feeding, this finding ^{work in the} ~~actually~~ ^{project's favor} in that this logo, ~~can also serve the~~ ^{may actually contribute} ~~logo's communication potential~~ project's objective of promoting continued breastfeeding ~~even~~ during a diarrheal bout

While the intercept interviews indicated that logo #4 communicated its meaning and was well-liked, the results did suggest some problems with the ~~woman's black dress~~ "blackness" of the design and the lack of clarity as to what the mother was doing. In follow-up focus group interviews, conducted in Giza, another rendition of this logo was tested. This rendition was done in outline form, ~~as opposed~~ ~~to the darkened~~ figures people and objects were depicted without colouring in ~~the~~ their form (see drawing next page).

This version ~~was~~ tested very well in both groups and women again liked the tenderness and position depicted in the logo. They also felt it was very suitable for a diarrhea medicine for children, a finding that was not as clearcut in the intercept interviews.

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APPENDIX D

RECOMMENDATIONS FOR IMPROVING THE RELIABILITY AND
EFFECTIVENESS OF FUTURE NCDD FOCUS GROUP
AND CENTRAL LOCATION INTERCEPT INTERVIEW RESEARCH

Recommendations

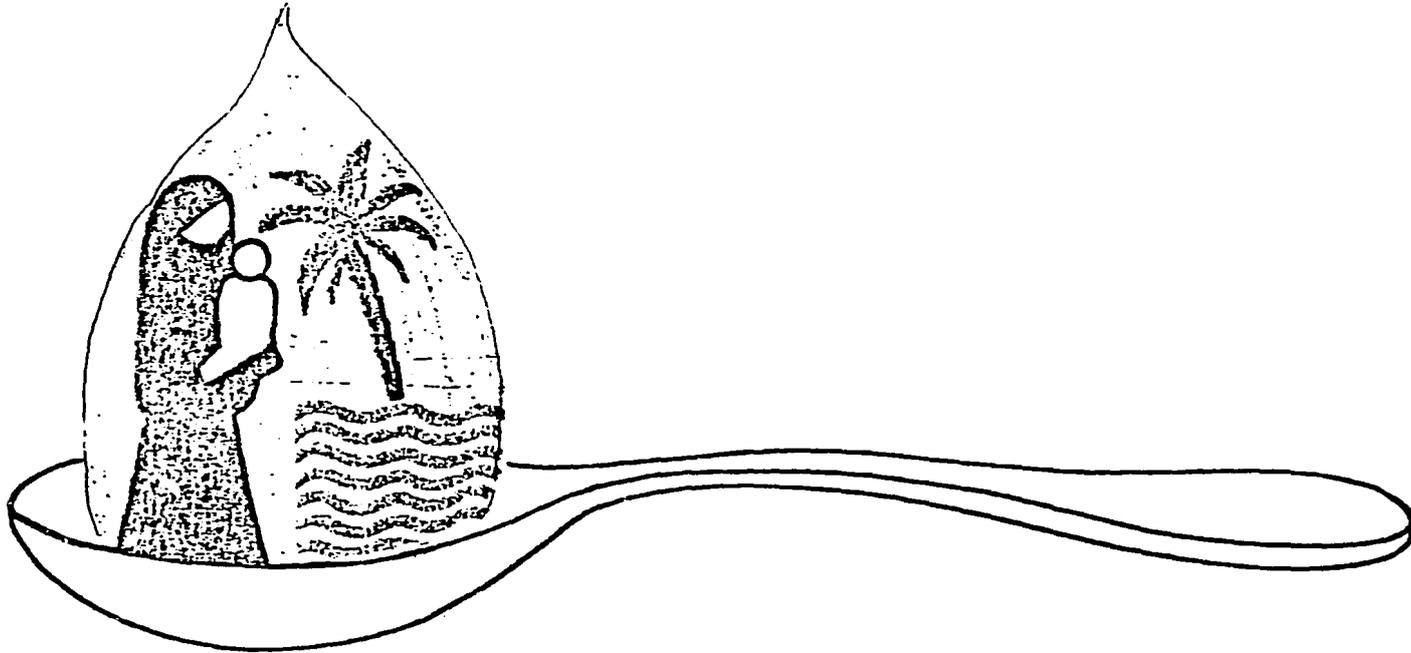
1. The second rendition of logo #4 appears to be ^{quite} promising in communicating ~~the~~ a message of tenderness and care for a baby. Of the logos tested, it should be considered the "winner."
2. In rendering the ^{final} line drawing of ~~for replication~~ this design, it is recommended that the drawing be simplified further for replication purposes.
3. The ~~desi~~ ~~for~~ next rendition of this ~~drawing~~ design should be tested along with the potential product names that are ~~selecte~~ ~~and~~ being considered. The ~~project~~ product name and logo design ~~shoul~~ ~~not~~ ^{should} work together and not be contradictory or confusing. Hence, ^{product} name testing should include ~~ques~~ investigation of the compatibility between the names and the logo. This is also an excellent opportunity.

to determine whether the final rendition of the product logo is clear and acceptable.

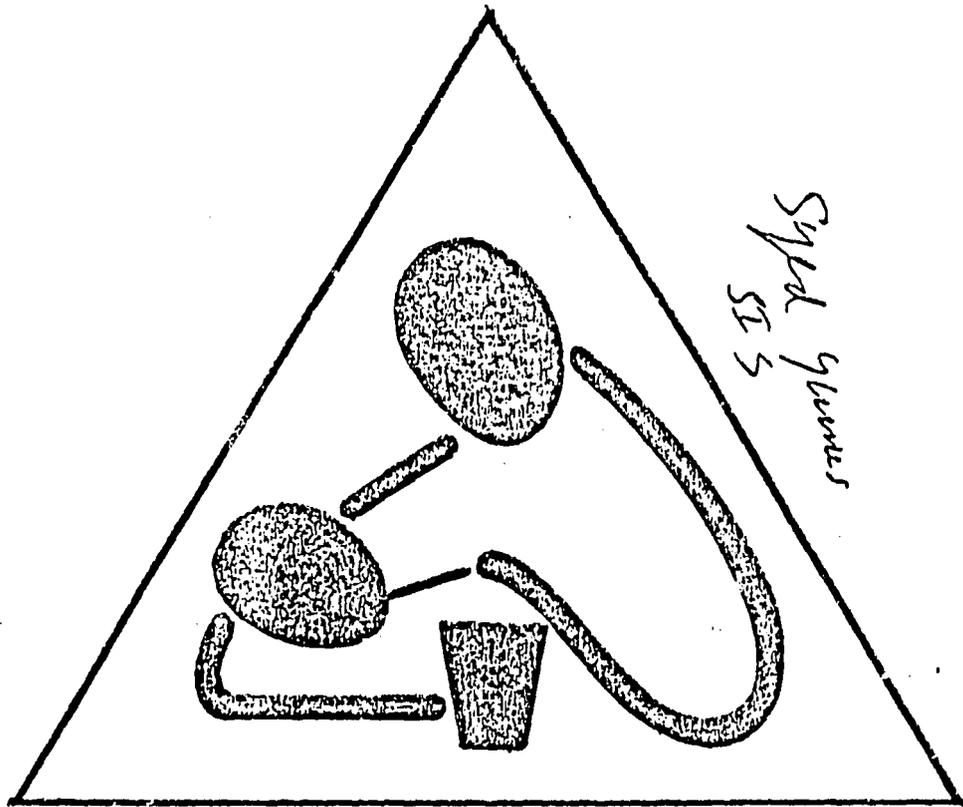
1

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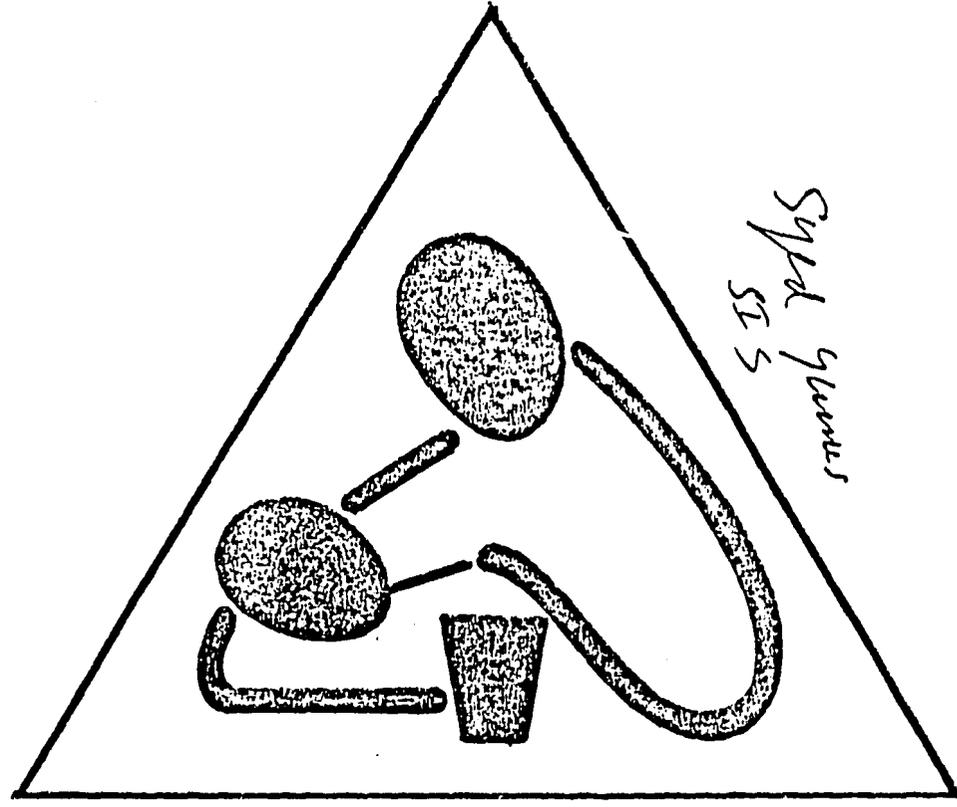
Americana (English woman)



2

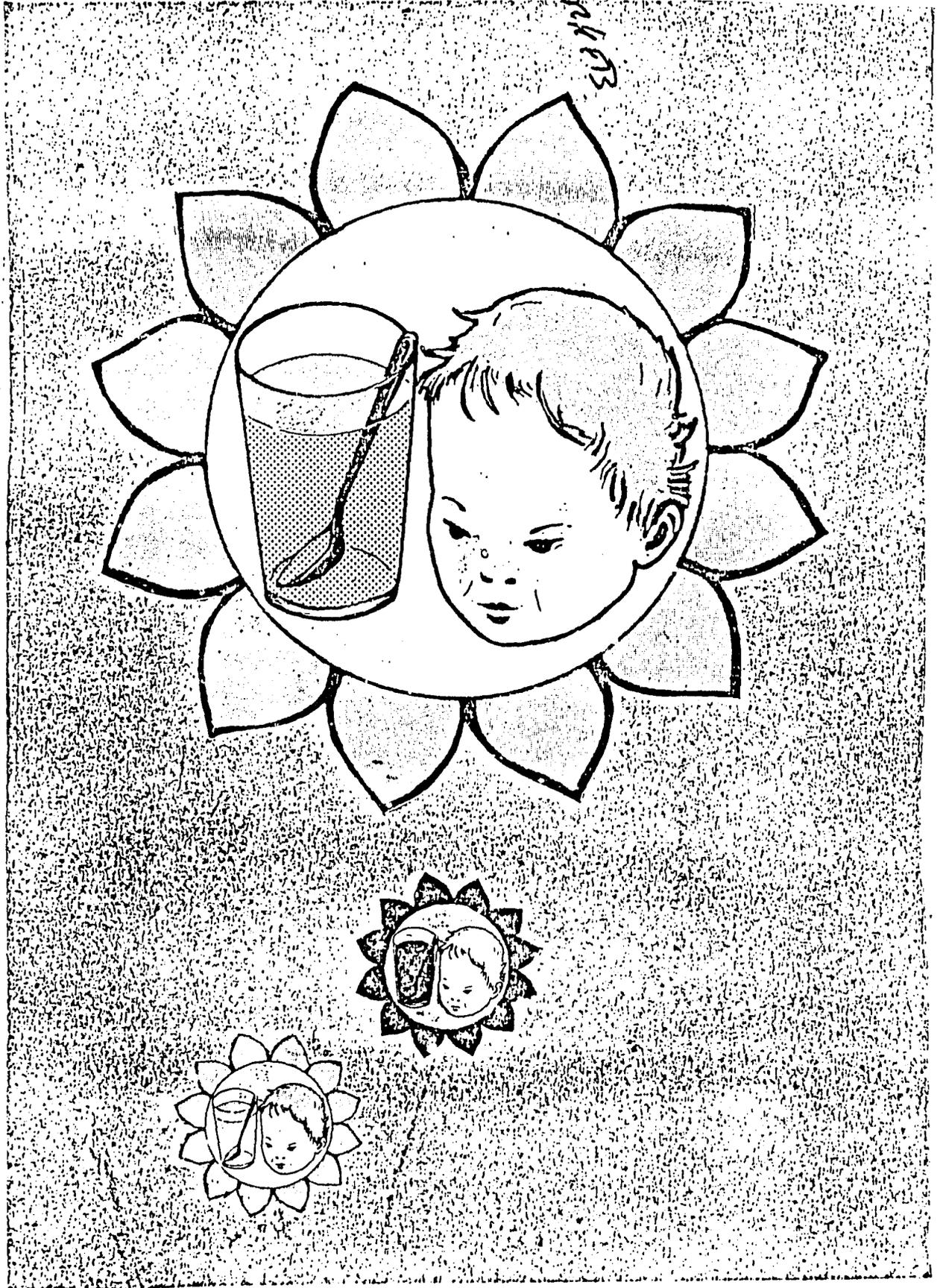


2



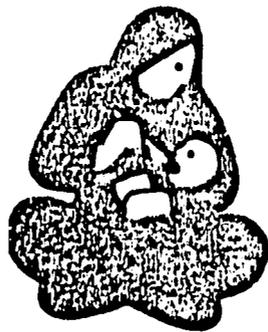
Syda gwanis
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INTERVIEWERS

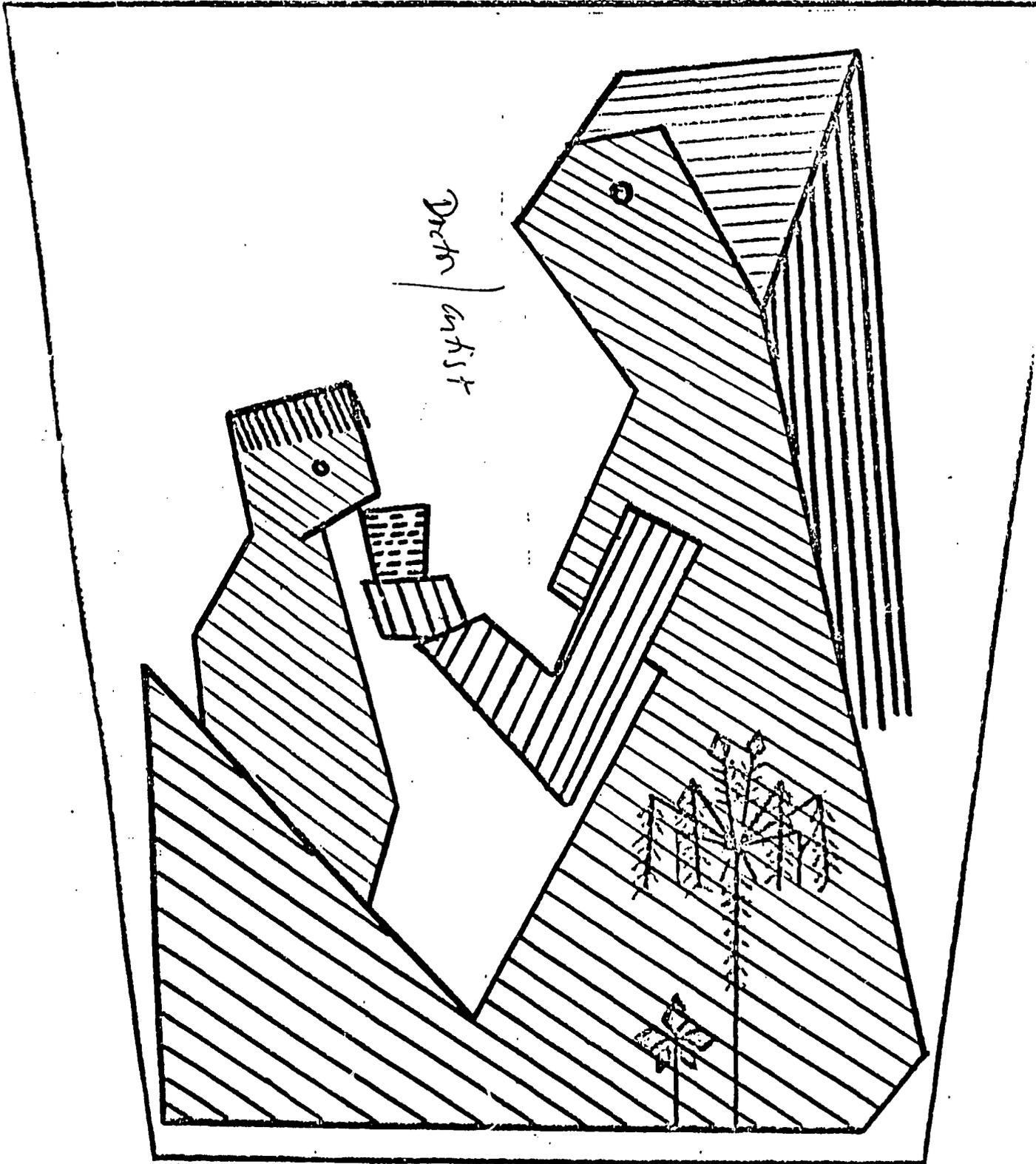


4

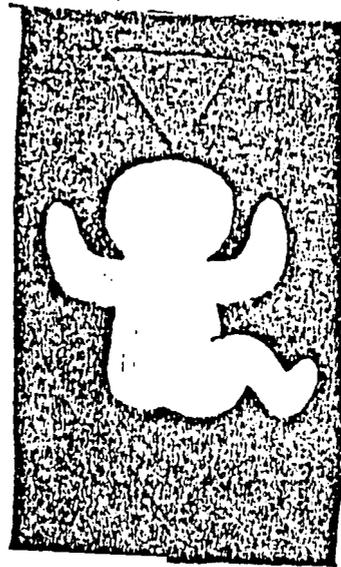
mc MILK



5



6



Hand!
EP
Mama

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