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TRIP REPORT:
PRINT MATERIALS DEVELOPMENT,
ASSESSMENT AND TRAINING WORKSHOP
CONDUCTED BY PIACT
BANJUL, THE GAMBIA

Prepared by: Kim Winnard, JHU/PCS
Program Officer

Dates of In-Country Work:
March 16-22, 1986

Population Communication Services
Population Information Program
The Johns Hopkins University
624 North Broadway
Baltimore, Maryland 21205
USA

ACKNOWLEDGEMENTS

The workshop would not have been as gratifying were it not for the support and congeniality of Mr. J. T. Taylor-Thomas and the staff of The Family Planning Association of the Gambia; the depth of experience shared by participants from 15 countries; the artistry and perseverance of FPA illustrator Ebou Sillah; and the fine training skills of Margot Zimmerman, Pamela Greene, Joan Haffey and Danusia Szumowski of PIACT.

EXECUTIVE SUMMARY

Kim Winnard, Program Officer for The Johns Hopkins University Population Communication Services (JHU/PCS) attended The African Print Materials Development Assessment and Training Workshop in Banjul, the Gambia, March 17-23, 1986. The workshop conducted by The Program for The Introduction and Adaptation of Contraceptive Technology (PIACT), was attended by health officials from 15 African nations. Adolescent pregnancy was the topic selected to create messages for the development of a pictorial booklet. In general, the workshop was well-conceived and structured. PIACT presented the material in a concise and entertaining way. The logistical support provided to participants by the Family Planning Association (FPA) of The Gambia was especially appreciated.

Introduction

Kim Winnard, Program Officer for the Johns Hopkins University Population Communication Services (JHU/PCS), was invited to attend the African Print Materials Development, Assessment and Training Workshop held in Banjul, The Gambia from March 17-23, 1986. The workshop was conducted by The Program for the Introduction and Adaptation of Contraceptive Technology (PIACT), supported by The United Nations Fund for Population Activities (UNFPA) and hosted by the Family Planning Association (FPA) of The Gambia.

Winnard's objectives in attending the workshop were:

- 1) to meet representatives of FP organizations from other Anglophone countries in Africa;
- 2) to exchange information on experiences in print materials development;
- 3) to provide information to participants on JHU/PCS activities; and
- 4) to observe PIACT's training methodology.

Winnard debriefed with Ida Ceesay, Program Officer at USAID/Banjul.

Observations and Activities

PIACT conducted a structured but flexible workshop. The principal points of message development through focus group discussions and pretesting were well presented. Adolescent pregnancy was the topic selected by PIACT for the creation of messages for the development of a pictorial booklet. Didactic training on conducting focus group discussions to generate messages was supplemented by actual visits and discussions held with boys and girls at several secondary schools in Banjul.

Due to time constraints, however, the actual messages produced and the illustrations accompanying them were designed by PIACT. This was understandable and did not distract participants from learning the process. PIACT explained this time-saver, and participants were supportive of PIACT's efforts. Still, the process of writing explicit messages based on information gathered in

focus group discussions is an important step; in future workshops, time should be allocated so that participants can be exposed to this experience.

Illustrations were drawn by an excellent artist, Mr. Ebou Sillah, who works with the FPA. His patience, artistic skill and quick production time made the workshop all the more meaningful in terms of pretesting materials. The resultant pretested pictorial booklet will be revised, tested again and printed by the FPA for use in their adolescent program.

During the evening hours, participants had the opportunity to present their own experiences in print materials development. These sessions were invaluable. Learning the difficulties of message development in various countries tempered the structured successes of the workshop's activities.

The background experience of participants was mixed, ranging from health workers with years of experience in message development to health officials with little exposure to the actual process. People learned from one another, and the workshop was effective in fulfilling the needs of most participants. It refreshed the knowledge of experienced participants and encouraged them to continue their efforts upon their return. It also exposed the inexperienced participants to the process and helped them not only to walk through the steps of message development, but also to be able to walk others through it.

Winnard presented a slide-show to participants about JHU/PCS activities in Africa including how other media could be designed using the same process of message development conveyed by PIACT. As a follow-up, packets of information on adolescent pregnancy, male motivation, film lists on family planning and Population Reports were sent to participants. Many who already received the Pop Reports stated that these were invaluable sources of updated, consistent and vital information for doctors, health workers and planners alike. In Botswana, the Population Reports are the chief source of medical information on family planning available to health officials there.

Summary

The workshop, in general, was well-conceived and structured. The PIACT trainers presented the material in a concise and entertaining way. Special appreciation should be given to Mr. J. Taylor-Thomas, Executive Director of the FPA of The Gambia, and his staff for their excellent organization and the logistical support given to participants.

The following appendices have been attached:

- A. List of Contacts
- B. Workshop Agenda
- C. Overview of the Print Materials' Development Process
- D. Visual Perception Module
- E. Focus Group Discussions
- F. Guidelines for Pretesting

APPENDIX A

LIST OF CONTACTS

BOTSWANA

Address:

Family Health Division
Ministry of Health
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Ms. Mary Kay Larson
Mrs. Rose Mandevu

The Gambia

Address:

United Nations Fund for
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Banjul, The Gambia

Ms. Grace Camara

Address:

Family Planning Association
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Mr. J. T. Taylor-Thomas
Ms. Alaba M'Boge
Mr. Ebou Sillah
Artist
Mr. B. Goree-N'Diaye

Address:

Health Education Unit
Department of Medical and
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Banjul, The Gambia

Mr. Saihou Cessay

GHANA

Address:

Ministry of Health
Health Education Division
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Accra, Ghana

Mrs. Martha Osei

KENYA

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Protestant Churches Medical
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Dr. Kenneth Hart

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Independent Consultant

Address:

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Nairobi, Kenya

Mrs. Joyce Naisho

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Nairobi, Kenya

Ms. Margaret Thuo

LIBERIA

Address:

Family Planning Association
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Maseru, Lesotho

Mr. Raymond Toe-Pleh Nigba

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Ms. Geeta Oodit

APPENDIX A
LIST OF CONTACTS
PAGE TWO

NIGERIA

Address:
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Program Manager

Address:
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2 Akinmade Street
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Mr. Olu Alebiosu

SIERRA LEONE

Address:
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P.O. Box 414
Freetown, Sierra Leone

Mr. T. E. A. Macauley

Address:
PIACT/PATH Association
P.O. Box 414
Freetown, Sierra Leone

Ms. Pamela Greene

SUDAN

Address:
Department of Community Medicine
Sudan Community Based Family
Health Project
P.O. Box 102
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Khartoum, Sudan

Ms. Ilham Bashir
Dr. Adbel Rahman El Tom

Tanzania

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Family Planning Association
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Mr. Celerin Mbeleka
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TOGO

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Mrs. Koffi Adakou

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APPENDIX A
LIST OF CONTACTS
PAGE THREE

UNITED STATES

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Ms. Tamara Smith

Address:

INTRAH
University of North Carolina
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Ms. Catherine Murphy
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Ms. Margot Zimmerman
Ms. Danusia Szumoski
Ms. Joan Haffey

FINAL AGENDA
 MATERIALS' DEVELOPMENT, ASSESSMENT, AND TRAINING WORKSHOP
 March 17-24, 1986, Banjul, The Gambia

APPENDIX B

<u>Date</u>	<u>Time</u>	<u>Activity</u>
March 15-16, Saturday, Sunday	All day	Arrival of Participants and Registration at the Senegambia Hotel
March 17, Monday	8:30-9:30	Participant Introduction: Danusia Szumowski, Assistant Program Officer PIACT/PATH, USA
	9:30-9:40	Introductory Remarks: Mr. J. Taylor-Thomas, Executive Director Family Planning Association of the Gambia
	9:40-10:00	Welcome: On behalf of GFPA: The Chairman of the Association Or: behalf of PIACT/PATH: Margot Zimmerman, Director, Communication Department Opening Address: Hon. Mrs. Louise A. Njie, Minister of Education, Republic of the Gambia
	10:15-10:20	Vote of Thanks On behalf of participants:
	10:20-10:30	Overview of Workshop Agenda and Objectives: Pamela Greene, PIACT/PATH Associate Freetown, Sierra Leone
		* * * * *
	10:30-11:00	Coffee/Tea Break
		* * * * *
	11:00-11:15	Preliminary Activities-- Completion of Pre-Workshop Questionnaire Sign-up for Informal Evening Exchange Sessions: Danusia Szumowski
	11:15-12:30	Overview of PIACT/PATH Materials' Development Process: Margot Zimmerman
		* * * * *
	12:30-2:00	Lunch
		* * * * *
	2:00-3:45	Overview of Focus Group Discussions (FGDs): Joan Haffey, Associate Program Officer, PIACT/PATH, USA
		* * * * *
	3:45-4:00	Coffee/Tea Break
		* * * * *
	4:00-5:15	Reporting and Assessing Country-Specific Experiences with the FGD Technique: Ilham Bashir, Dept. of Community Medicine, Khartoum, The Sudan
	5:15-5:30	Summary of Day's Activities and Outline of the Next Day's Agenda: Pamela Greene
Evening Activities		Open

REVISED AGENDA

Tuesday,
March 18

Conducting FGDs to generate messages for print materials.

7:30 - 8:00 - Participants to decide, as a group, on general topics for discussion.

8:00 - 10:00 - Participants will work in 4 smaller groups to develop an FGD guide, and then meet to conduct a mock FGD.

10:00 - 11:00 - Finalize guide to be used during fieldtrip. Entire group

11:15 - 2:00 - Fieldtrip: Conducting actual FGDs in local schools.

2:00 p.m. - LUNCH BREAK
Free for shopping, sightseeing, relaxing, etc.

8:00 p.m. - Informal discussion of country specific experiences in print materials' development: participants are invited to share their organization's IEC project activities.

All participants and training staff who wish to attend.

March 19,
Wednesday

- 8:00 -9:30 Discussion of Major Findings from the FGDs:
All participants and training staff
- 9:30-10:00 Reporting on and Assessing Country-Specific
Experiences: Incorporating FGD Results into the
Development of Messages:
Mary Kay Larson, Family Health Division
Ministry of Health, Gaborone, Botswana
- *****
10:00-10:15 Coffee/Tea Break

- 10:15-11:30 Why Use Visual Aids? (Group Exercise):
Danusia Szumowski
Visual Perception:
Margot Zimmerman
- 11:30-1:00 Summarizing FGD Data and Developing Messages:
(small group activity/all participants)
- *****
1:00-2:00 Lunch

- 2:00-3:00 Discussion of Specific Messages:
Margot Zimmerman
- *****
3:00-3:15 Coffee/Tea Break

- 3:15-4:00 Working with the Artist or Photographer to
Illustrate Messages:
Ebou Sillah, Family Planning Association
of the Gambia
George Chowa, Health Education Unit,
Ministry of Health, Malawi
- 4:00-6:00 Message Selection and Illustration:
Up to 16 messages will be selected and participants
will discuss ways of illustrating these messages.
Joan Haffey
- 6:00-6:15 Summary of Day's Activities and
Outline of Next Day's Agenda:
Pamela Greene
- Evening Activity Informal Discussion of Country-Specific Experiences
in Print Materials' Development:
Participants are invited to share their organization's
IEC project activities.
All participants and training staff who wish
to attend

March 20,
Thursday

8:30-9:00 Overview of Pretesting--Definition and Importance
in the Materials' Development Methodology:
Margot Zimmerman

9:00-9:30 Reporting on and Assessing Country-Specific
Experiences in Pretesting:
C. Mbeleka or E. Mmbando, UMATI,
Dar es Salaam, Tanzania

9:30-10:30 Pretesting Methodology
Margot Zimmerman

* * * * *

10:30-10:45 Coffee/Tea Break

* * * * *

10:45-12:00 Pretesting (cont'd)
Margot Zimmerman

* * * * *

12:00-1:30 Lunch

* * * * *

1:30-2:15 Establishing Criteria for Pretesting
(Includes preparing pretesting forms for
role-playing exercise):
Joan Haffey

2:15-2:45 Demonstration of Pretesting and Group Critique:
Danusia Szumowski and workshop participants

* * * * *

2:45-3:00 Coffee/Tea Break

* * * * *

3:00-4:00 Role-Playing: Pretesting Simulation Exercise
Small group activity

4:00-4:30 Reporting on and Assessing Country-Specific
Experiences in Pretesting:
G. B. Namanja, Health Education Unit,
Ministry of Health, Malawi

4:30-6:00 Preparations for the Next Day's Fieldwork
(Includes preparing forms for next day's pretesting):
Joan Haffey

Evening Activity To be announced.

March 22, Saturday	8:00-9:00	Training Health Workers in the Use of Print Materials: T.E.A. Macauley, Health Education Unit, Ministry of Health, Freetown, Sierra Leone
	9:00-9:30	Encouraging Collaboration in IEC Projects: Pamela Greene A. El Tom
	9:30-10:00	Evaluating Print Materials Pamela Greene
	10:00-10:15	Coffee/Tea Break
	10:15-11:00	Reporting on and Assessing Country-Specific Experiences in Evaluating Print Materials Mrs. L. Adesemi-Davies, Sierra Leone Home Economics Association, Freetown, Sierra Leone Mrs. Mariam M'Boge, Family Planning Association of the Gambia, Banjul, The Gambia
	11:00-12:30	Assessing the Methodology: Summary of Lessons Learned During Training (Group Discussion): Joan Haffey
	12:30-1:30	Lunch
	1:30-5:00	Report Writing for all Participants: (Includes a Coffee/Tea Break)
	5:00-5:15	Summary of Day's Activities and Outline of Next Day's Agenda: Pamela Greene
	Evening	Free

March 23,
Sunday

This day is unscheduled. Participants are
free to plan their own activities.

Evening
Activity

Banquet
Certificate Presentation
Group Photograph

March 24,
Monday

8:30-12:30

Separate Groups:

1) Proposal Preparation for Participants from African
Organizations with no Previous Experience with the
PIACT/PATH Methodology:

Danusia Szumowski

Pamela Greene

2) Assessing the Methodology,
for Project Staff from Previous PIACT/PATH-Assisted
Projects:

Joan Haffey

Margot Zimmerman

12:30-2:00

Lunch

2:00-4:00

Continuation of Separate Group Meetings and
Completion of Questionnaire for Workshop
Evaluation Purposes.



Program for the Introduction and Adaptation of Contraceptive Technology

Program for Appropriate Technology in Health

OVERVIEW OF THE PRINT MATERIALS' DEVELOPMENT PROCESS®

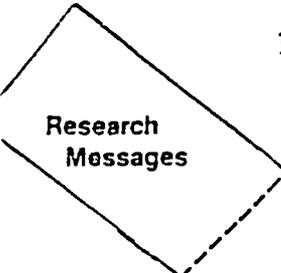
ANALYZE NEEDS AND RESOURCES

1. RESEARCH THE FOLLOWING TOPICS PRIOR TO SELECTING A PROJECT:
 - A. The target audience(s): groups to be served, social setting
 - B. Suitability of existing materials
 - C. Types of materials needed
 - D. Local institutional capabilities
 - E. Program priorities: audiences and services

DESIGN A PLAN

1. FORMULATE OBJECTIVES:
 - A. Specific
 - B. Realistic
 - C. Measurable
2. SELECT TOPICS TO ADDRESS
3. DETERMINE TARGET AUDIENCE AND SEGMENT IT BY:
 - A. Demographic (e.g., age, sex, literacy, and education, family size, occupation, religion, etc.)
 - B. Geographic (e.g., regions, urban vs. rural, population density)
 - C. Psychological characteristics (e.g. contraceptive practice, readiness to be acceptors, spacers vs. limiters, media usage, etc.)
4. IDENTIFY RESOURCES AND LIMITATIONS
 - A. Investigate local artists, printing and binding capabilities
5. ENCOURAGE INTER-AGENCY COOPERATION
6. PREPARE A WORK PLAN
 - A. Prepare budget
 - B. Identify project staff and indicate specific responsibilities
 - C. Outline work schedule

RESEARCH MESSAGES



Research
Messages

1. Review available literature on the product, service or health problem to further enhance understanding of research findings, current practices, acceptability, morbidity and mortality implications.
2. Hold a series of focus group discussions (FGDs) to learn as much as possible about the product, service, or health problem; i.e., how it is perceived; acceptability; side effects; preconceptions; rumors; current practices; preference in print materials; etc.

A focus group is usually formed with eight to ten persons of homogeneous backgrounds or interests. Under the guidance of a facilitator, topics related to the subject matter of the research are discussed. The objective is to learn how people behave and, in particular, why. The results of focus group sessions are qualitative--an exploration of feelings and attitudes--rather than a quantitative tabulation of yes-and-no answers to questions.

FGDs are conducted as an open-ended conversation, usually one to two hours in length, in which all participants are encouraged to interact with one another--to comment on the topics, to ask questions of one another, to respond to others' comments. The sessions enable the facilitator (and project staff) to hear and observe the groups' reactions to the topic under discussion and to gain insight into the participants' knowledge, beliefs, and concerns. For further information, see separate handouts on FGDs.

3. It is also helpful to interview fieldworkers who use the materials to find out if they think the materials assist them in informing/motivating clients, and what the fieldworkers' experiences with the materials have been. Be sure to ask for their suggestions for improvements.
4. If project staff would like to determine the impact of the materials (i.e., whether people who receive the materials are better informed about the product/service, and more likely to use the product/service properly, etc. than people who do not receive the materials), the small-scale evaluation will require an experimental design. That is, a different town, village, or region where people who were motivated/informed but not provided with any materials must be selected as a control group.
5. Based on the analysis of the results of the small-scale evaluation, revise the materials and make arrangements for a large-scale printing so they can be used in both clinic- and community-based programs throughout the country.

Short-term evaluation of ^{methods} booklet

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PIACT/PATH

- knowledge
- comprehension
- treatment of side effects
- attitude
- use of booklet by health workers & clients
- continuation of method

Long-term Evaluation

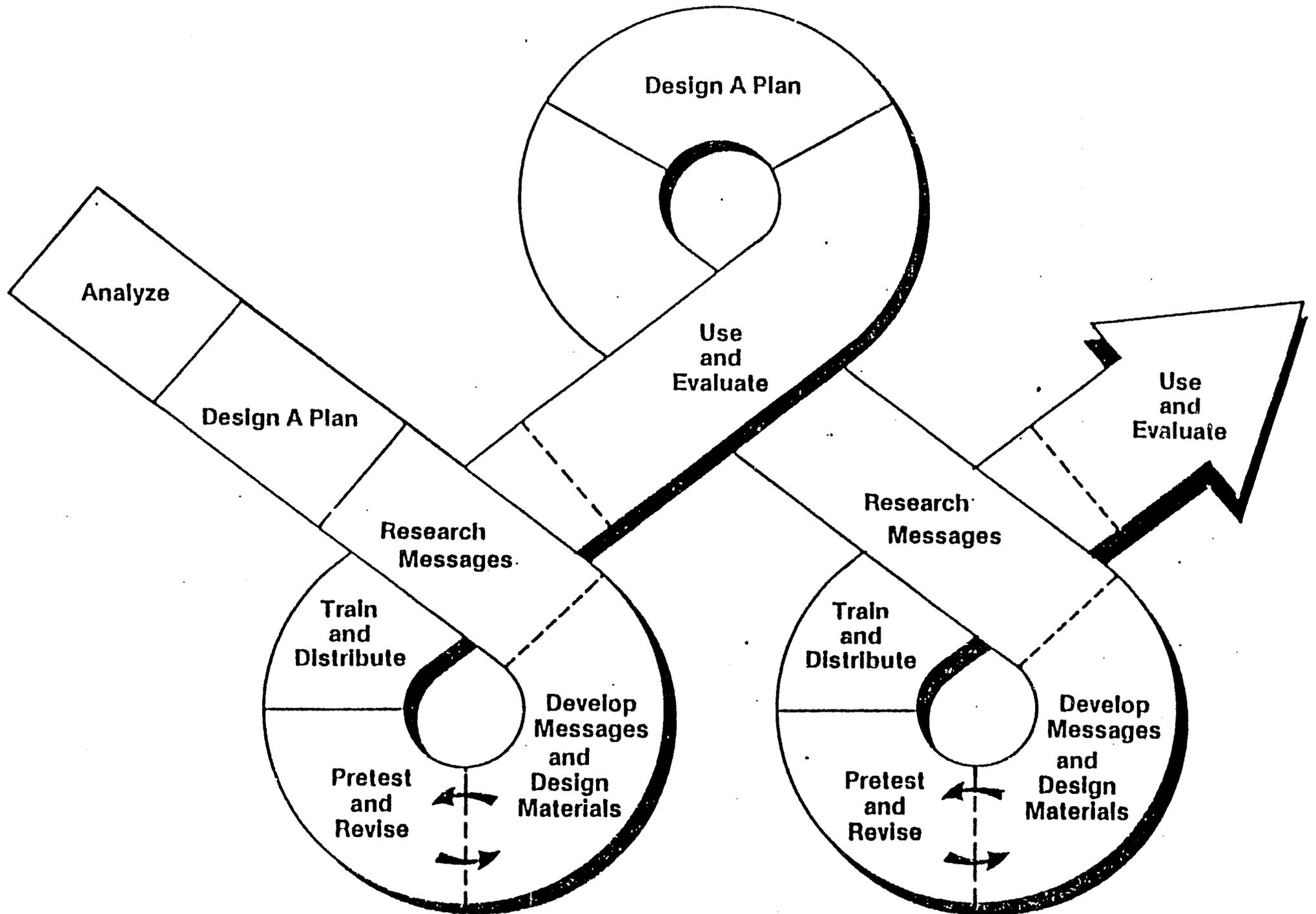
- distribution and diffusion of materials
- use in clinic
- effect on clinic load
- public and private sector affectiveness

Develop research instruments⁷

- questionnaires
- FGD's

MATERIALS' DEVELOPMENT LOOP

- FLEXIBILITY
- FEEDBACK
- FOLLOW-UP



FGDs should be held with people who are representative of the target audience. Separate groups may be held with:

- A. People who have used/accepted the product/service or had experience with the health problem that is the topic of the materials;
- B. People who have never been exposed to the product/service or health problem;
- C. Service providers.

Several FGDs with similar groups will help to confirm/reinforce findings.

- 3. Because service providers are generally more willing to express their opinions on an individual basis, as an alternative to FGDs one can interview service providers at various levels..
- 4. If available, review appropriate materials on the topic developed in other countries.

DEVELOP MESSAGES AND DESIGN MATERIALS

- 1. Analyze the research results (FGDs and literature review). List each idea separately without repeating any topic.
- 2. Write a message which addresses each issue raised in the research results. Review messages with technical and program staff for accuracy and consistency with program policies and activities.
- 3. Work with the artist to determine how each message can be portrayed visually. Prepare one or two illustration(s) for each message.
- 4. Write the text to accompany each illustration.

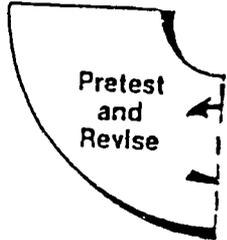


MATERIALS' DESIGN WORKSHEET

<u>Research Results</u>	<u>Message</u>	<u>Illustration</u>	<u>Text</u>
a) Parents want to know what to do when child has diarrhea.	a) Prepare oral rehydration solution (ORS) when child has diarrhea.	a) Young child with diarrhea. Mother emptying ORS packet into 1 liter container.	a) When your child has diarrhea prepare a solution of (ORS name) for her.
b) Parents want to know how many hours the ORS solution stays fresh.	b) Any ORS not given to the child within 24 hours should be thrown away.	b) Mother pouring ORS solution into a bucket. Child lying on father's lap. Lamp on table.	b) The (ORS name) only stays fresh for one day and night. Throw away any unused (ORS name) after this time and prepare fresh (ORS name).
c) Parents believe the child should not eat other foods when she has diarrhea.	c) The child should continue to breastfeed and, if he is eating foods, eat soft foods.	c1) Mother breastfeeding child. c2) Father feeding child porridge (ingredients on table with banana, eggs).	c) Breastfeed your child between ORS feedings. She can eat soft foods such as porridge, soft banana, eggs if she is not vomiting.

5. Depending upon the country, literacy levels, and preferences identified during the focus group sessions, decide whether materials will have a simple line or two of local text for each message. When text is used, it should contain the same information as the message, but in easily understood vocabulary. In many situations, it is advantageous to use text: it will standardize the information health workers give to clients, and even if the client is illiterate, there is usually a family member or neighbor who can read. In countries where many local languages are spoken, separate versions of text should be prepared and printed for each language, or the text could be in the official language. If text is not used, health workers must be thoroughly trained and become familiar with each message.
6. Artist prepares at least one drawing to illustrate each message. In some instances he or she may prepare alternative illustrations and let the target audience select the one that is better understood.
7. Begin preparation for pretesting (see handout on pretesting).

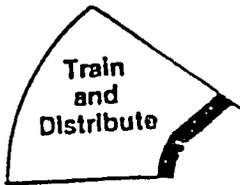
PRETEST AND REVISE



1. Pretesting is testing print materials with representatives of the target audience before the materials are finalized or printed. In pretesting, an interviewer shows the materials to an individual, and asks open-ended questions to find out if the materials are understood, if the intended message is conveyed, and if the materials are liked. Pretesting is done when the materials are still in an unfinished state (pencil drawings, for example), so that changes can be made, based on the audience's reactions and suggestions. Each new or revised version is pretested again, until the material is well liked and understood by the audience.
2. Pretest and revise all materials. Repeat as necessary to assure comprehension of each message by at least 90 percent of the target audience when testing illustrations with text and 70 percent when testing illustrations without text.
3. After the pretests are done but before finalizing materials, share them with the various levels of program staff who will be responsible for including the materials in the program. This is to ensure that they accept the materials.
4. Make arrangements for printing. In many countries, these arrangements should be made well in advance. Points to consider include:
 - A. Budget constraints
 - B. Quality of paper for pages and cover
 - C. Use of color
 - D. Number of pages. In most cases, to accommodate high speed presses it is much more economical to print materials with a total number of pages that is a multiple of four, e.g., 8, 12, 16, 20, 24.

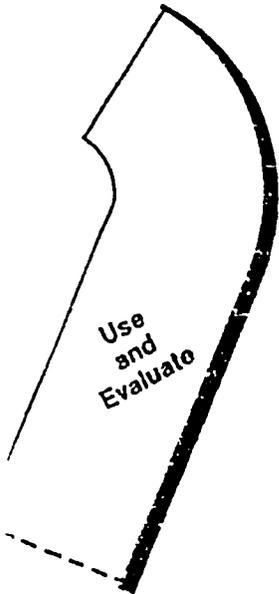
- E. Number of copies to be printed. A first run printing of 2,000 is recommended. These materials will then be evaluated for acceptability and comprehension before printing larger numbers.

TRAIN HEALTH WORKERS AND DISTRIBUTE MATERIALS



1. Before the new material is distributed to the motivators, clinicians, and/or fieldworkers, someone from the project staff should train these people to use the pictorial material to best advantage. This is very important, for if service delivery personnel do not understand the benefits they can derive from using and distributing this material, they will probably not use it properly.
2. It may be helpful to develop brief guidelines on how to use the material. These can be included with each booklet.

USE OF THE MATERIALS IN ONGOING PROGRAMS AND SMALL-SCALE EVALUATION



1. This phase (initial distribution and use) should be monitored carefully so that the use of the materials under actual field conditions can be evaluated. An interview questionnaire that asks if the client still has the material, if they have shared it and with whom, and tests their recall of the information should be prepared. Three months after field workers begin using the materials as they contact clients, someone should follow up by conducting an interview with the clients. Follow-up is greatly facilitated if records of who receives the material (and where they reside) are kept as the material is distributed.
2. At the end of each interview, the evaluator might ask the client if she/ he has any suggestions for improving the material to make it more valuable to people like him or her.

piact/path

Program for the Introduction and Adaptation of Contraceptive Technology

Program for Appropriate Technology in Health

VISUAL PERCEPTION MODULE

Use of Visual Aids

Visual aids should be used to capture the attention of the audience, to reinforce information health workers give, and to aid in remembering instructions or information. Clients do not necessarily learn from printed materials alone, but often need the interaction and explanation available from personal contact with a health worker. Visual materials can help, or support, health workers when they educate their clients; thus they are often called "support materials".

Visual aids can affect the way that information is interpreted. Each person's background and experience influence the way he or she understands or perceives the visual aid. This training module focuses on the variables that affect perception of visual images and offers practical advice in materials' design for diverse low-literate and illiterate audiences. Some basic information on the way people perceive illustrations will help us avoid some common mistakes and facilitate the materials' development process. Later, careful pretesting will help assure that the support materials we develop convey the messages that we wish to express.

Advantages of Visual Aids

Visual aids:

- make it easier for people to learn and remember
- help people to see things they normally cannot see (like internal anatomy or microscopic germs)
- facilitate comparisons between objects and ideas
- show steps in a procedure clearly
- illustrate action and consequence
- review information, reinforce learning, and test understanding
- attract, interest, and entertain
- provide the basis for discussion
- demonstrate the process of growth/change

Materials' Development Objectives

When designing support materials, always keep in mind the objectives of the materials. The following questions are useful to consider:

- For whom are we designing the materials?
- What do we want them to understand?
- How can we appropriately communicate the information with pictures and words?

Guide for Materials' Developers

A recent study has shown that, on average, only 20% of what someone hears is remembered. If people hear the information, and see visual aids, they remember twice as much (40%). The most effective teaching methods use explanation with visual aids, followed by personal experience. In this way an average of 80% of the information is retained.¹

The following suggestions have resulted from field experience in materials' development. Because each material has different purposes and target audiences, it is impossible to generate hard and fast rules for materials' design. However, understanding where potential difficulties may lie will help us look for clearer ways of illustrating messages and to plan more effective pretesting.

1. Simplify the illustration and avoid extraneous details. When possible, present only one message per page.

Notes:

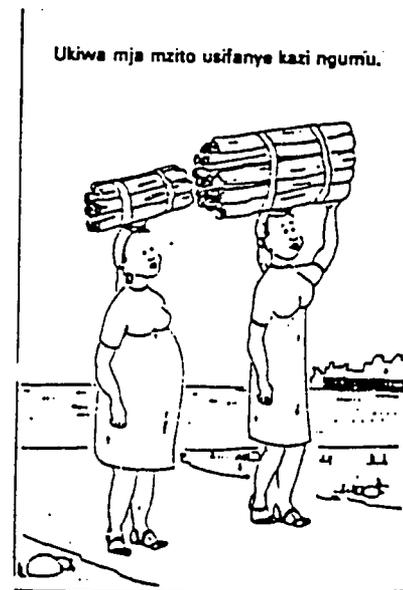
Though photographs can give us very realistic images, they often include many extraneous details which can be distracting. Sometimes artists or photographers are able to "erase" unnecessary details, as in this photo from a booklet developed in Botswana. Since the background was erased, the reader is not distracted from the central message which shows a health worker explaining how to use contraceptive pills.



2. Try to use expressions, activities, clothing, buildings and other objects which are familiar to the audience. This helps to communicate messages more effectively. People are attracted to pictures with which they can identify.

Notes:

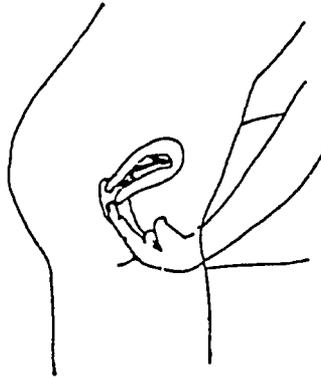
The dress, shoes, scarves, background, and chores shown in these two drawings are those appropriate to the habits of the respective countries, Kenya and Pakistan.



3. Use drawings that realistically portray people or objects as they occur in day-to-day life. These are often the easiest to recognize. Drawings that do not look like things that people normally see are harder to understand (e.g., anatomical drawings, cut-away drawings, enlargements, parts of things or people, schematic diagrams, maps, etc.) However, sometimes such drawings are necessary.

Notes:

The anatomical drawing on the left, which shows a part of a woman separated from the rest of her body, might be unclear to some audiences.



The picture on the right also uses an anatomical drawing, but shows more of the woman's body in order to increase comprehension.



4. Avoid unusual angles and drawings with too much perspective.

Notes:

The drawing on the left was meant to show a family in their home. When pretested, it was misunderstood because of the use of perspective. Some viewers misinterpreted the relative ages of the family members because the figures in the background appear so much smaller than those in front (the seated baby in the foreground is bigger than an older brother walking in the back).



The booklet on the right illustrates a family grouping clearly because the relative size of family members is realistic.



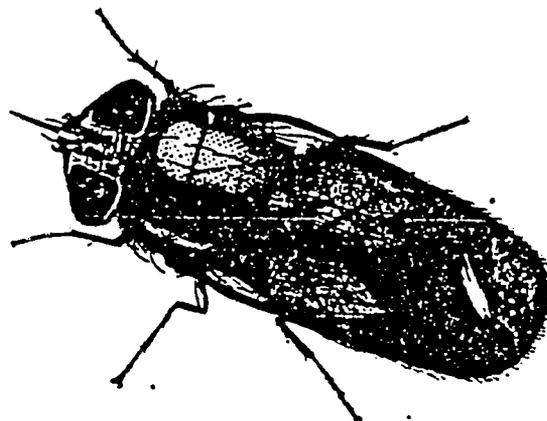
5. In general, objects should be in scale and in context. Enlargement of detail may have a negative effect on understanding of the message.

Note:

This picture attempts to teach about nutrition and the need for different types of foods. But the ear of corn and the bananas are almost as big as the goat. Some audiences might have difficulty understanding these objects.



There is a well-known story about materials' developers who designed a poster on the tse-tse fly, whose bite causes sleeping sickness in parts of Africa. The poster showed a large, ugly, menacing fly; the text warned of the danger it represented. When the developers pretested the design, villagers agreed that the fly looked evil. They said that if a fly that big ever came to the village, they would be sure to hide!²



6. Some kinds of pictures are easier to recognize than others. For example, photos and shaded line drawings can be clearer to target audiences than simple line drawings, although this may vary depending on the group. The more stylized a drawing is, the less success it is likely to have. (However, even a crude drawing can be useful as a reminder of a message already conveyed by person-to-person contact.)

Notes:

In a survey conducted in Nepal, respondents were asked to identify the following drawings. The percentage of respondents who were able to correctly identify the drawings is indicated below the illustration, as are some of their comments. The illustration most often correctly identified is the photograph without background (62%), followed by the shaded line drawing (51%).³



recognised by 38%



recognised by 62%



recognised by 51%

Answers counted as recognition: Man (or person) digging (or working, or holding digging tool)



recognised by 49%



recognised by 47%



recognised by 47%

Other answers given (in order of frequency):

Person and weapon
Don't know
Person
Person ploughing

Person and non-digging tool
Person holding something
Devil

7. People scan, or look at, pages in different ways, especially people who are not used to reading. People who learn to read from right-to-left will probably "read" pictures on a page that way, too.

It often proves helpful, as messages are being tested, to ask several members of the target audience to arrange the individual messages in a sequence that seems most logical to them.

Notes:

Materials' developers in Banagladesh tested drawings in a fold-out packet insert for the contraceptive foaming tablet. Respondents looked at a series of 5 pictures arranged (1) left to right; and (2) top to bottom. Test results indicated the target audience was more likely to "read" the illustrations from top to bottom.



8. Be sure that colors are carefully tested with audiences, as they have different connotations in different cultures.

Notes:

In many Asian countries, red is a symbol of happiness, while in Southern Africa it is a symbol of death. Thus, a depiction of an infant wrapped in red in Asia would be well received, while in Africa the message would probably be perceived as negative.

9. Symbols must be used with caution. Crosses, arrows, check marks, inserts and balloons that represent conversations and thoughts are not usually understood by people who have not been taught what they mean. Such symbols, when used, must be very carefully tested.

Notes:

Communicating "negative" messages (ones telling people that something is bad or should not be done) is difficult. Often materials' developers think that the only way to do this is by using abstract symbols (an X, the international "circle and slash" sign, the skull and crossbones on a bottle of poison). However, with some imagination, more easily understood images can often be developed.

The drawing on the right shows a nurse telling a client not to eat foaming contraceptive tablets (they must be inserted into the vagina). The use of familiar gestures is more easily understood than abstract symbols.



When this drawing was pretested, many respondents said there was a flower floating over a woman's head, instead of the intended message, that the woman was talking about the contraceptive pill.

10. Whenever possible, use a positive approach, as a negative message may be alienating or discouraging, rather than motivating.

Notes:

The poster on the left shows female goiter victims and warns about the disease. This material created a negative image and offended traditional Islamic ideas of female modesty. The posters were ripped off of walls and destroyed.



The materials' developers tried a different approach by showing a healthy young man who had used iodized salt to protect himself from goiter. This poster elicited a much better response.⁴

11. Cartoon figures may not be well understood by some audiences.

Notes:

The cartoon characters shown are popular figures in the U.S. and other countries. However, readers unfamiliar with them might perceive them in many different ways. Only careful pretesting with the target audience will tell us whether or not the images are understood.



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12. Pictures should be large enough for people to see. The print should be clear and simple so that people not accustomed to reading can decipher it without difficulty.
13. When designing a booklet or flipchart, limit the number of concepts per material to 16-20 messages (or pages). If there are too many messages, readers may become restless or bored, or find them hard to remember.

References

1. Dondi, N., Towards Effective Family Planning Programming, The Family Planning Association of Kenya, 1980, pp. 107-108.
2. McBean, G., N. Kaggwa, J. Bugembe, Illustrations for Development, UNICEF, 1980, p. 4.
3. Fussell, D., A. Haaland, Communicating with Pictures in Nepal, UNICEF, 1976, pp. 15-16.
4. Mason, D., "Don't Just Say Salt. . ." UNICEF News, Issue 114, 1982, pp. 12-13.

TITLE: WHY USE VISUAL AIDS? (Exercise)

TIME: 20 minutes

OBJECTIVE: Learners will recognize and state that visual aids are sometimes necessary for a clear understanding of new information.

MATERIAL NEEDED: Pencils and paper for each participant.

Picture of an animal or object to be described in activity. If you have more than 15-20 participants, you will need a larger drawing.

- INSTRUCTIONS:
1. Be sure everyone has pencil and paper.
 2. Explain that this activity is like a game that will lead to a discussion of teaching. Explain that you will be asking people to draw an animal based on a description from an encyclopedia which you will read to them two times. Emphasize that it doesn't matter how well they draw. Ask them to think about their reactions to the activity as they do it.
 3. Read the following description slowly and clearly. Do not worry if people express confusion. Ask your learners to draw whatever kind of picture the words suggest to them.

"The body is stout, with arched back; the limbs are short and stout, armed with strong, blunt claws; the ears long; the tail thick at the base and tapering gradually. The elongated head is set on a short, thick neck, and at the end of the snout is a disc in which the nostrils open. The mouth is small and tubular, furnished with a very long, thin tongue."

If learners want to hear the description again, read it to them again.

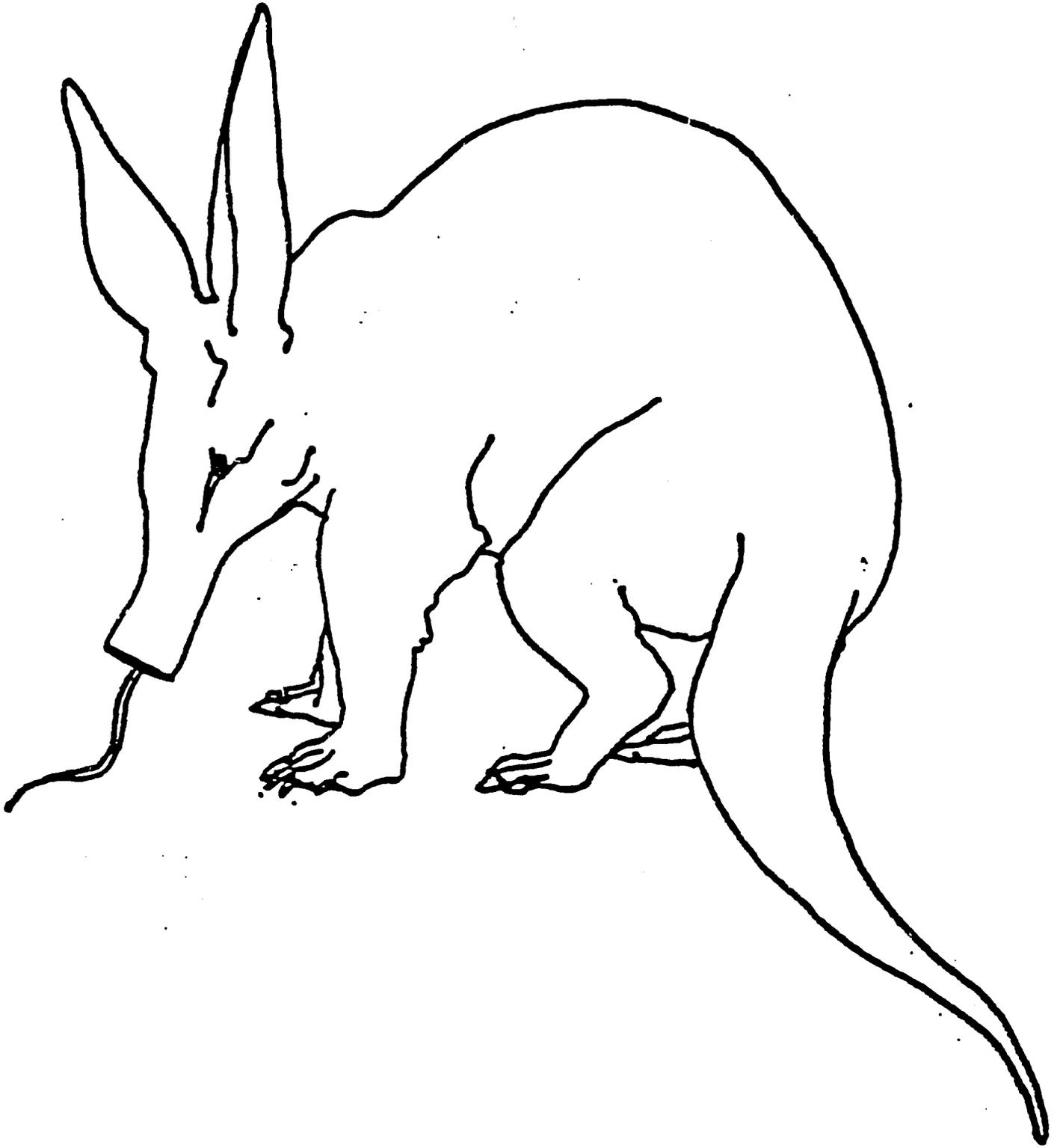
Tell them they have 5 minutes to complete the drawing. Let them work on the drawing for 5 minutes.

4. Ask learners how they feel about doing this activity. List some of their responses on the chalkboard to refer to later. Some of the responses you can expect are: "not clear," "not enough information," "I got lost after the first sentence."

5. Ask a few people to guess what kind of animal they have been drawing. Show participants the picture of the animal. Reread the description, pointing to each part of the picture as it is described.
6. Ask people to summarize what they have learned from this activity. They should state some version of the objective for this activity. If they have difficulty, give them a hint such as: "What has this shown you about learning new information with words and pictures?"
7. Ask learners to imagine they are nursing students and an instructor has just given them a verbal description of how an IUD is inserted, but has not shown them what the IUD or the inserter looks like! Point to the list of frustrations expressed while they tried to draw the animal. Ask them how they can apply what they have learned in this activity to their own work.
8. Summarize the activity by stating the objective ("You have stated that visual aids. . ."). Repeat their list of frustrations, noting the similarity with frustrations often stated by the students.

- POSSIBLE ADAPTATIONS:
1. The aardvark seems to work well. But you may want to use another example that will be more interesting to your learners. Choose any description of an animal or object that is confusing when described only with words.
 2. If time allows, in instruction 5 above, you may want to have learners post their pictures after they guess what animal it is, but before you show the aardvark picture.

Adapted from Teaching and Learning with Visual Aids, INTRAH, 1984, pp. 45-48.



TITLE: SEEING THE SAME PICTURE IN DIFFERENT WAYS (Exercise)

TIME: 10 minutes

OBJECTIVES: This activity will enable learners to:

- explain how people can see different things in the same picture but be equally "right"
- explain how students' and clients' interpretation of pictures will affect their work as health and family planning educators and community workers
- state the importance of trying to understand and respect the viewpoints of their clients

MATERIALS: Copies of the attached picture if possible (one for each participant), or one copy large enough for everyone to see.

Blackboard and chalk, paper and felt pens.

INSTRUCTIONS:

1. Give each person a copy of the picture or show them a large version. Ask learners to look at it for 5 minutes and be prepared to say what they see in the picture.
2. Ask for the descriptions. List the descriptions and the number of people who gave each.
3. Point out which descriptions were given by the most people.
4. Write the following questions on the chalkboard:
 - a) Why did we see different things in the same picture?
 - b) What comparisons can we draw from our own experiences?

Lead a discussion of those questions.

5. Summarize the discussion. Emphasize that as trainers we must respect people's perceptions in any situation, and recognize that a person's background and environment affect the understanding of pictures. Emphasize that health educators and community workers must use pictures and teaching methods appropriate to the experiences of the people with whom they work.



POSSIBLE ADAPTATIONS: The drawings below outline two of several possible figures that can be seen in the picture adapted from W. H. Hill. The "young woman" and "old woman" can be seen in the picture on the next page. Other figures are possible. You may wish to use these or similar drawings to show how people "fill in" information in a picture to understand it. The drawings also show how people ignore parts of a picture that do not make sense.



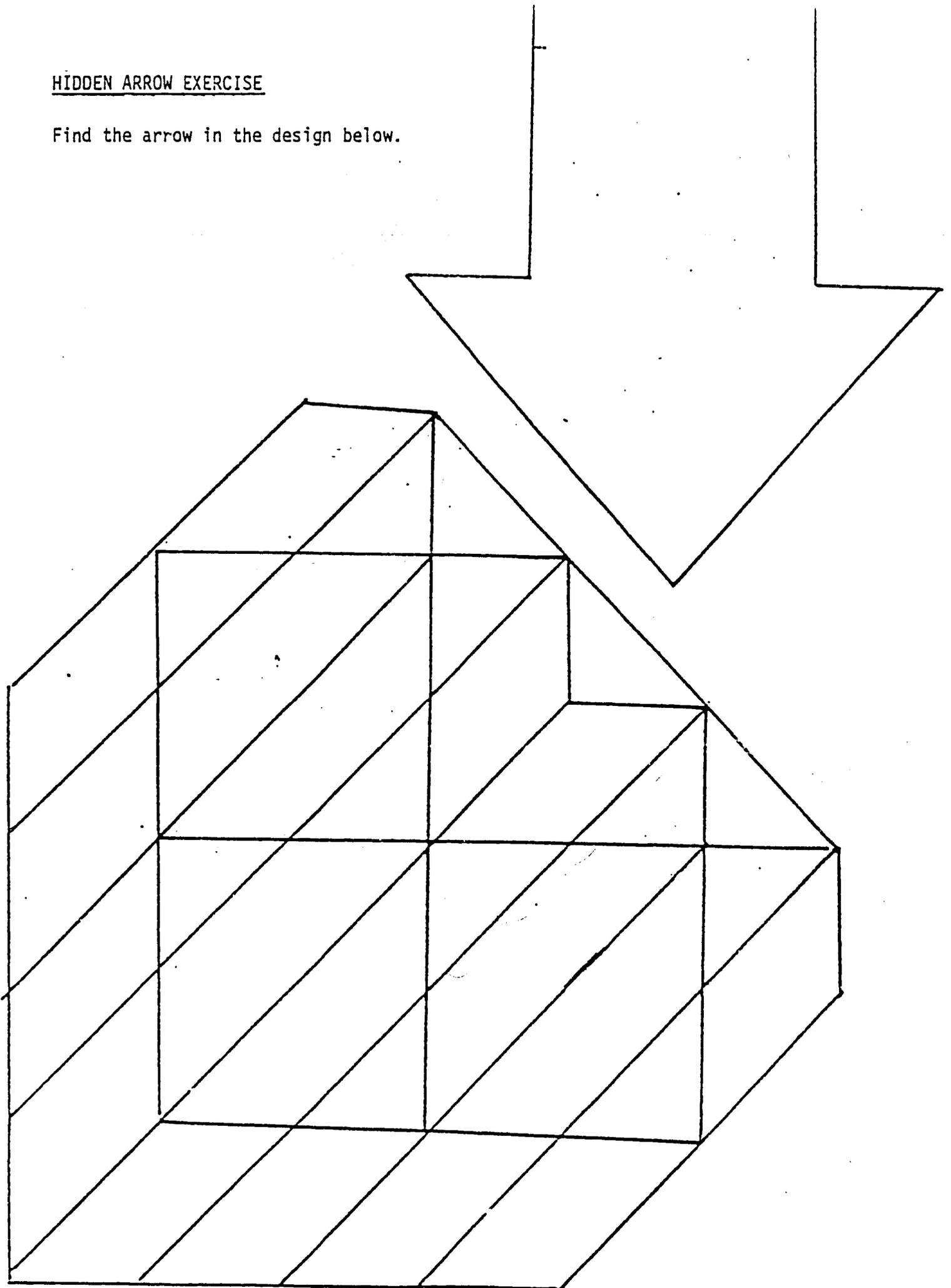
The "young woman" in the picture

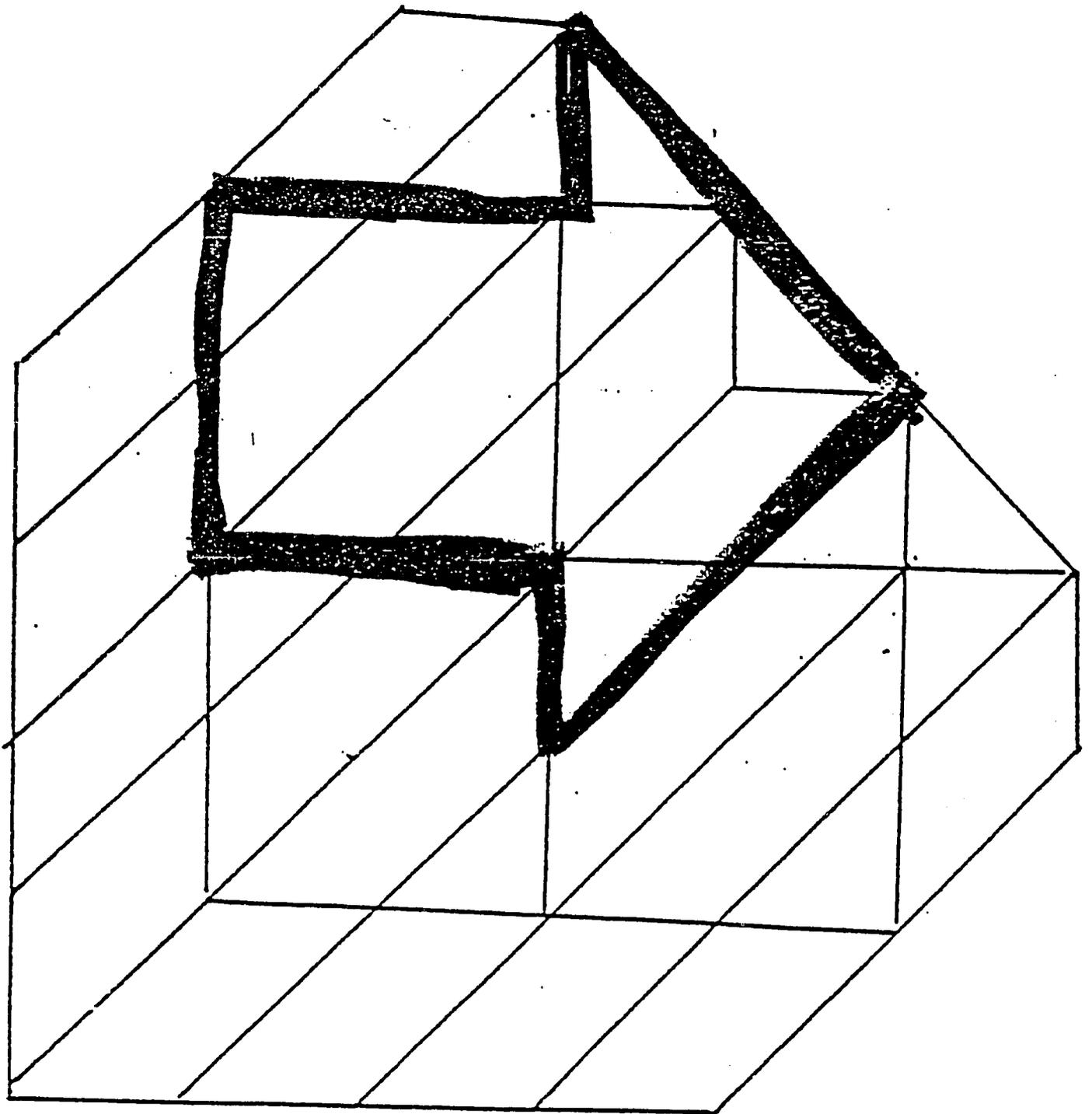
The "old woman" in the picture



HIDDEN ARROW EXERCISE

Find the arrow in the design below.







FOCUS GROUP DISCUSSIONS: USE IN THE PREPARATION OF PRINT MATERIALS®

I. DEFINITION

A focus group session is an in-depth discussion in which a small number of people, usually eight to ten, under the guidance of a facilitator, talk about topics that are of particular importance to a forthcoming project or activity. The focus group technique is a qualitative research method borrowed from commercial market research. In recent years, it has been employed successfully in health and family planning research in many Third World countries. Focus group discussions (FGDs) are helpful in answering questions of how and, in particular, why people behave as they do. Based on the analysis of FGD data, you can:

1. Develop appropriate messages for educational, informational, or motivational materials
2. Design survey questionnaires
3. Decide on a product introduction strategy
4. Expose and understand myths or beliefs related to the product/practice in question

Focus groups can also be used in many other situations when it is desirable to have input from the target audience.

II. CONDUCTING FOCUS GROUP DISCUSSIONS

A. FOCUS GROUP PARTICIPANTS

Participants in FGDs should be representative of the target audience of the project. The principal characteristics that the participants should have must be defined clearly according to the goals of the project; they may include sex, race, income, age, rural-urban, client-service

provider. Recruitment of participants can then be done at an appropriate location; a clinic, the market, or by going house-to-house recruiting participants from the target audience. The method of recruitment will depend on the composition of the community, but ideally, participants should not know each other or the subject of the discussion in advance of the FGD.

Generally, a total of six to eight FGDs are conducted in order to collect information relevant to the materials to be developed. For best results, the FGD groups should be as homogeneous as possible; people are more relaxed among others with the same background. The participants should be grouped according to the characteristics selected. Data collected are more likely to be representative if at least two groups for each major audience characteristic or combination of characteristics are conducted. For example, if age and income are major characteristics, two FGDs might be held with low-income women age 20-30.

B. THE FGD SITE

The FGD should be conducted in a quiet place large enough to accommodate 12 persons (participants, facilitator, and notetaker). Preparations may include getting enough chairs or mats for the group. If the FGDs are done in the evening, there should be adequate lighting. Someone besides the facilitator should take careful notes. The notetaker should be trained in objective recording of the discussion and observation of non-verbal group feedback, such as facial expressions (see pages 6-7 on data analysis). The notetaker will not participate in the discussion. Alternatively, sessions can be taped. In that case, at least one tape recorder and enough cassette tapes for a two-hour session should be available. Be sure to test the recorder and tapes before the session and watch that the tape does not run out. Sometimes both a tape recorder and a notetaker are used to record the sessions.

C. THE FGD FACILITATOR

The FGD facilitator should be of the same sex as the FGD participants. She/he should speak the common language of the group. The facilitator should be familiar with the topics to be discussed. A thorough understanding of the topic will enable the facilitator to probe further on statements made during the FGDs.

A Good Facilitator

DOES	TRIES NOT TO
<ul style="list-style-type: none"> ◦ Show flexibility ◦ Show sensitivity ◦ Have a sense of humor ◦ Link group ideas together ◦ Actively encourage participation of everyone in the group 	<ul style="list-style-type: none"> ◦ Dictate the course of the discussion ◦ Lose control over the conversation ◦ Judge comments ◦ Inform or educate participants during the FGD ◦ Act like the "expert" ◦ Turn the discussion into a question and answer session

A good facilitator establishes rapport with the group members. The facilitator introduces topics and encourages all group members to participate actively in a discussion of them. The interchange among participants is what makes the focus group effective and interesting. A FGD guide, prepared in advance, is used to identify topics of interest to the study.

D. DEVELOPMENT OF FGD GUIDE

In order to cover all topics of interest, the facilitator should develop a guide for discussion. Discussion guides will differ depending upon

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the group and their experiences (e.g., mothers who breastfeed vs. mothers who bottlefeed). There are three general categories that appear in a typical FGD guide:

1. General topics - Designed to open up the discussion; these allow the participants to reveal general perceptions and attitudes.
2. Specific topics - Ones that reveal key bits of information that show how participants make decisions and their attitudes and perceptions about a particular subject, product or service.
3. Probing questions - Questions designed to reveal more in-depth information or to clarify earlier statements or responses (but not leading questions).

After the facilitator introduces her/himself and asks everyone else to do the same, she/he introduces the general topics and then moves the discussion to in-depth investigation of the central theme. Before the end of the session, the facilitator can help the group to sift through the attitudes discussed to determine how they stand on important issues. This is also a good time to summarize, clarify, and obtain any additional information needed. For example, in an FGD on breastfeeding, a facilitator might begin with a general discussion of child care practices. After a few minutes, when people are comfortable with the discussion, the facilitator guides the group towards the specific topics, in this case, breastfeeding practices. To clarify a participant's earlier statement, the facilitator can ask probing questions, such as "Should a mother always use both breasts when breastfeeding?"

Do not force the participants to follow the guide strictly; use the guide to monitor the discussion and assure that the most important points are covered by the end of the FGD. Be careful not to include too many topics in the guide; the session might go on too long and the responses may become superficial.

E. THE FGD SESSION

Snacks or a drink may be served to welcome the participants and put them at ease. After introductions, the facilitator asks group members to provide any other information about themselves they would like to share. The facilitator introduces the topic for discussion and explains the presence of the tape recorder or notetaker, saying that this is to help the staff remember what was said. Assurance should be given that this information is confidential and for the exclusive use of the staff. The group may feel more comfortable about the tape recording or note taking if first asked for permission.

The facilitator starts the discussion with the first topic on the FGD guide. During the discussion, the facilitator uses the guide to check whether all items have been discussed. She/he should allow the order of topics to vary depending on the group's interest and concerns. Some strategies for generating discussion are to:

- Open the discussion with a statement like, "We're all mothers who care for small children", and wait for people to comment on that. Starting with a question can make the group expect a question and answer session and discourage discussion.
- Practice a form of "sophisticated naivete": "Oh, I didn't know that. Can you tell me more about it?"
- Use incomplete statements, i.e., "I don't know, maybe breastfeeding isn't so . . ." and wait for responses.
- Use controversial or erroneous statements. You might preface these with, "Some people say that . . ." Example: "Some people say that breastfeeding causes mothers to resent their babies."
- Ask someone a direct question (but do not let a question and answer session develop). Example: "What do you think about condoms? Do any of the rest of you agree or disagree with him?"

Use silence to your advantage. Do not let it intimidate you. It can make people talkative, as they feel compelled to fill the void created by the absence of discussion.

Sometimes participants ask the facilitator for important information or accept incorrect information during the FGD. The facilitator may want to help them by answering the question(s) or correcting their errors. But this should never be done during the FGD, as it will cause participants to stop giving their own ideas which are important for the project. Set aside some time at the end of the session to discuss these issues with the group. When participants ask the facilitator for ideas, tell them that these can be discussed later, but that now you are interested in their opinions.

III. DATA ANALYSIS

The objective of the FGD is to determine people's perceptions (and misconceptions) about the topics under discussion and to gain an understanding of why they feel and believe the way they do. Analysis of FGD data involves reviewing the statements made on each of the general and specific topics and determining if there is consensus or disagreement on issues. Findings can be arranged by FGD topic.

If a notetaker is present, she/he should be requested to record as objectively as possible both individual opinions and group consensus verbalized throughout the session. Other nonverbal feedback such as tone of voice, laughter, or posture should also be noted, as it may suggest attitudes which may be of interest in reports on the FGD. Nonverbal items to note and possible interpretations are:

NONVERBAL ACTION	POSSIBLE INTERPRETATIONS
◦ Posture: slumping, erect, leaning towards others	◦ Disinterest, disagreement, alert interested, bored, shy, uncomfortable
◦ Hand motions: pointing	◦ Disagreement/agreement
◦ Eye contact made	◦ Active listening
◦ Conversation flow: long gaps, interruptions	◦ Awkwardness, shyness, monopolizer, disagreement/agreement
◦ Voice tone: loud/soft	◦ Aggressive, enthusiastic, shy, hesitant
◦ Attitude: laughter, no laughter	◦ Comfortable, ridiculing, awkward, serious

Of course, these signs must be interpreted in context (which only those present during the group can evaluate). Having them on record may help in analyzing the FGD results.

After all the FGDs have been held, responses can be compared according to the characteristics of the groups. Careful documentation of all the FGD data should be filed for future reference.

It is hoped that, through the FGD, the underlying factors or reasons for participants' behavior will be identified, as well as some "hints" for arguments that may be used to persuade them to change behaviors or allay fears or doubts. FGDs do not provide quantitative data based on statistically significant samples. FGD data are qualitative in nature, providing in-depth information on the concepts, perceptions, and ideas of a group of persons.

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HOW TO BE A GOOD FGD LEADER[©]

HAVE CONFIDENCE

Remember that most participants will assume that you know what you are doing and will follow your lead. You have the discussion guide in front of you to review if you get off track. Seat the group's participants in a circle to avoid the "head of table" leader image and give them a sense of being equals. There is no perfectly run group. Some are better than others (this includes facilitators and participants!) For all facilitators, the more practice they have, the better they do. Fight the fear of making mistakes. You will probably make some, but you will learn from the experience, and the FGD will still be valuable.

ENCOURAGE PARTICIPATION

Spend enough time introducing people at the beginning of the FGD. Making the group comfortable at the beginning can help avoid problems later. Remember to include those sitting next to you in the discussion. The tendency is to relate more actively to those seated across from you because you have direct eye contact. See the group as a clock face. Be sure you get a report from every "hour", (but don't require that they respond in order).

BE PERSONABLE

During the introductions, be sure to tell participants something personal about yourself--become as much like a group member as your role will allow.

KEEP THE GROUP ON THE TOPIC

People will sometimes wander off the topic. When that happens, you can:

1. Hold up your hands and say, "Wait--how does that relate to ____?"
2. Say, "Interesting point. But how about ____?"
3. Say, "That's a side issue. Let's get back to ____."

FINISH "EARLY"

If you are using a recorder, keep the tape going even as the session breaks up. People tend to say things to you that they may not want to say in front of others. Sometimes it's a good idea to pretend the discussion will end soon by saying, "Oh, our time is running out." This may encourage participants to speak up.

LINK IDEAS

Practice linking ideas to arrive at group consensus. For example, if during an FGD on oral rehydration solution, the following statements were made: "I don't give my child anything to eat or drink when she has diarrhea", "Breastmilk makes sick children sicker", and "My mother always told us never to give our ill children water", a linking comment would be, "I think that many in the group feel that liquids are dangerous for children with diarrhea. Is that correct?" Then note how the group reacts to your summation.

SELF-EVALUATE

After the FGD is over, think about both the good moments, and the not-so-good moments, in order to learn from the process and enhance your skills. Ask the person taking notes for suggestions on how he/she might have handled the group. Facilitators become more and more skilled as they discuss and think about their experiences.

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PIACT/PATH

PROBLEMS THAT MAY ARISE DURING FGDs^o

SHY PARTICIPANTS

Encourage shy respondents to speak by calling on them by name and asking:

- "What do you think, Abdul?"
- "Has that ever happened to you?"
- "What do you do, Maria, when _____ happens?"

PARTICIPANTS WHO DOMINATE THE FGD

- Point out politely that others need to be heard.
- Redirect conversation to person sitting opposite the domineering participant.
- Look annoyed, avoid eye contact.
- Cut the speaker off in mid-phrase or when she/he draws a breath.
- Tell the person to be quiet and that she/he is hogging the conversation. Sometimes group members will do this for you but don't count on it. The worst that can happen is that a troublemaker will get mad and leave.
- Lean forward and look intently at the group member. This often helps the talker hurry and helps him/her feel that others are listening.
- Intervene by saying, "You present a complex problem (or an interesting perspective); can we talk about it after the session?"

PARTICIPANTS WHO ASK YOU QUESTIONS

When you are asked for your ideas or views by a respondent, remember that you are not there to educate or inform. Direct the question back to the group by saying:

- "What do you think?"
- "Why do you feel that way?"
- "What would you do?"

Avoid setting yourself up as the expert by starting off the session with a lecture. Set aside time after the session to give participants the information they need. Do not feel that you should comment on everything that everyone says. Allow some silences and see what happens.

GUIDELINES FOR THE PRETESTING
OF PRINT MATERIALS

WHAT IS PRETESTING?

Pretesting is testing print materials with members of the target audience before the materials are finalized or printed. In pretesting, an interviewer shows the materials to an individual, and asks open-ended questions to find out if the materials are understood, if the intended message is conveyed, and if the materials are liked. Pretesting is done before the materials are finished (with pencil drawings, for example), so that changes can be made based on the audience's reactions and suggestions. Pretesting can involve several rounds of tests and each new or revised version is pretested again, until the material is well-understood and acceptable to the audience.

WHY IS IT IMPORTANT TO PRETEST?

Pretesting is essential in order to find out how individuals interpret visual and textual messages. Often those who design a poster or booklet assume that everyone will be able to "read" the visuals and understand the text. But sometimes the target audience has not been exposed to many visuals, has had little or no formal schooling, or interprets symbols and illustrations differently than the materials' developer.

Pretesting is a cost-effective way of preventing the printing of communication materials that will be misunderstood by the audience for whom they are designed. All too often organizations design, prepare, and print a new poster, booklet or manual, and then realize they should test it. But it is too late to test material at this point. So much time and money have already been invested in the activity that neither the testers nor the program managers are likely to give credibility to any negative comments and different interpretations.

PRETESTING AND COMMUNITY PARTICIPATION

Pretesting provides community members (representatives of the target audience) with an opportunity to participate in the materials' development process. It is the point at which the audience approves or disapproves of the material produced for and with them. When pretesting, remember that the audience is the "expert." If we listen, they will provide us with useful information for improving the materials, so they will be both relevant and meaningful to the community.

This handout will take you through each step of the pretesting process.

I. INITIAL PREPARATIONS

1. Pick site(s) and get necessary clearances. When selecting a site and time for pretesting, keep the target audience in mind, and try to go to a location where you can find people who meet your pretest criteria and at a time when they will not be too busy to participate.
2. Select teams of two to do the pretesting. Pretest interviews are done in teams of two so that one person can talk with the respondent while the other records the respondent's remarks, i.e., the responses to each message. Usually, each team can do five to ten pretests a day.
3. Make at least one set of clear copies of all illustrations to be tested for each team of pretesters. If text is to be used, print the words on the edge of the illustration so the text can be folded under and out of sight while testing the illustration (see drawing on the next page) without the text. You can then unfold the page and pretest the illustration and text together.

* Illustrations may be line drawings or photographs. It is often more cost-effective to initiate pretesting with drawings. After comprehension and acceptability of the materials have been assured, you may wish to use photographs, which will also need to be pretested.

Best Available Docu



The nurse gives the baby his first vaccine against DPT when he is three months old.

(Courtesy of Peró-Mujer)

4. Give each message page (drawing/illustration) a number to refer to when pretesting. (Example: "1" and "1A" would be alternative versions of the same message.)
5. Predetermine the level of comprehension needed. The materials developers should decide beforehand what percentage of correct responses will represent an acceptable level of comprehension for the visuals alone and for the visuals plus text. We suggest that by the end of the pretesting, 70 percent of the respondents should be able to give an acceptable response to the visuals alone in a message, and 90 percent should be able to give an acceptable response to the visuals plus text. If the print materials are targeted for low- or illiterate audiences, then the pretesters should be sure to probe to see if the respondent can identify the message based on the visuals alone.

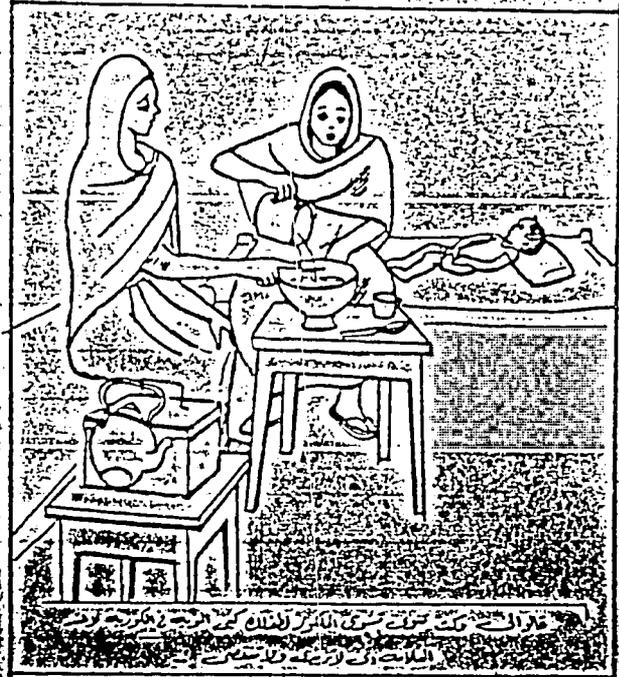
II. PREPARING THE PRETESTING FORMS

It is necessary to prepare the pretesting forms before going to the field to assure that all the pretesters are asking the same questions and that later, coders are judging the responses based on well-defined and standardized criteria. A pretest form must be completed for each message page (illustration plus accompanying text).

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6. VISUAL ALONE: Determine what will be considered an acceptable response for each illustration without text, and then write these criteria on the form. For example, for this drawing in a booklet on how to prepare oral rehydration solution, you might write:

- a) mother pouring water into bowl
- b) health visitor pointing to line on bowl
- c) line indicates correct amount of water
- d) sick child on bed



(Courtesy of the Sudan Community Based Family Health Project)

7. VISUAL WITH TEXT: The text accompanying this illustration is, "The health visitor teaches me to pour the water exactly up to the mark, not more or less." Criteria for an acceptable response to the illustration with text might be:

- a) mother pouring water up to mark on bowl
- b) health visitor is teaching mother
- c) line indicates correct amount of water
- d) child is sick

8. We suggest you also prepare one form to test how well the general theme of the material is understood. In the box "Message Number" write "total." Determine the most important themes of the material and write them in the "Visual Plus Text" section. For example, for a booklet on the condom, the most important themes might be a) the condom is a method to prevent pregnancy, b) that is used by the man, c) every time.

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he has sex. After respondents have looked at each message individually, ask them to look briefly through the entire set of messages and tell you, in general, what it is about.

III. USING THE BACKGROUND FORM

Interviewer(s) _____															
Pretest Round (Circle one): 1 2 3 4															
BACKGROUND SHEET															
Topic of Educational Material: _____															
Region: _____						Language: _____									
		Schooling													
Date	Respondent	1	2	3	4	5	6	7	8	9	10				
TOTAL		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%

Program staff must decide what criteria to use to select respondents for interviewing during pretesting. In order to assure that the target audience is represented, a background form should be used. Pretesters should record some basic background information on each of the interviewees, using one form for all respondents. The following items should be filled in on the form before pretesting:

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1. INTERVIEWER: Write the initials of each of the pretesters.
2. PRETEST ROUND: If this form is being used for the first round of pretests, circle the "1"; if this is the second round, circle the "2"; etc.
3. TOPIC OF EDUCATIONAL MATERIAL: Write in the topic of the material being pretested.
4. REGION: Note the region in which the materials are being tested.
5. LANGUAGE: Write in the language in which the pretests are being conducted.
6. INFORMATION: The only information already indicated on all of the background sheets is "Schooling." Below schooling, write in subcategories such as "none," "less than 3 years," and "3-6 years." Other information desired includes: sex, age, family planning (user/non-user), breastfeeding--yes/no. The information requested depends on the nature of the materials being developed and the target population of each material. Select the other types of information needed and fill in the columns to the right of "Schooling" with these categories and record the response for each category on the appropriate line for each respondent.
7. RESPONDENT: Before the interview begins, assign a number to each respondent and put his or her number in this column. Use the same number on the pretest form to identify the respondent.
8. After a round of pretesting is completed, percentages of respondents for each category can be computed on the background form.

IV. CONDUCTING THE PRETESTS

1. When you reach your destination, introduce yourselves and explain what you plan to do.

* From here on, we will use "woman", "she," or "her" but, of course, all this information applies to pretesting with men and women.

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2. Interview only one person at a time. If you have two or more persons viewing the materials together, it is impossible to separate what one respondent knows from what she hears the other respondent say. Also, if extra people watch the pretest, you cannot pretest with them and you must then look for new respondents.
3. Pretest each message separately. Even if there are two or more versions of one message, present only one at a time. This is less confusing to the viewer, and focuses her full attention on one concept at a time.

4. Explain to the person that she is the expert and you need her help. Make it clear that this is not a test and that no one is judging her. Also be sure to explain the purpose of the proposed material, as it sets the tone for the whole interview. Try to get the person to relax, so she does not feel threatened. Emphasize that you want her suggestions for improving the materials and that her comments are valuable to you.

No matter what the respondent says, be supportive. Words like "very good," "you are doing a fine job," "relax and you will have fun with this," etc. may make her feel more comfortable. Never laugh or comment negatively about a response--unless the respondent has made a joke and you are laughing with her.

Never make your respondent feel inadequate or unintelligent. Do not argue with or contradict what the respondent says. Do not interrupt. Let the respondent talk. And do not let her feel she has said something wrong. Remember, she is the expert on how the target audience will react--we are learning from her.

Always thank the respondent for her valuable assistance before going on to the next interview.

5. Ask open-ended questions. When pretesting, all questions must be neutral and open-ended. Never ask a leading question like, "What is this couple doing?" or "Why is he pointing to the bed?", as we do not know that the respondent, on her own, would recognize the man and woman

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as a couple, or notice the bed." Instead, ask something like, "What do you see in this picture?"

If you, the pretester, ask leading questions, you will almost always get the response you want, but still not know whether the respondent understood the message.

It is often difficult to be neutral when interviewing, as our natural instinct is to want the respondent to see what we see and come up with the same interpretation of the visual message. But it is crucial that interviewers curb this tendency and practice asking very general, neutral, and nonsuggestive questions. Also, you should not show your feelings and opinions. It is the feelings and opinions of the respondent that are important to record.

The following dialogue is an example of pretesting using an open-ended technique.

Possible Questions

What do you see in this picture?

Why do you think he is pulling her?

How does the woman feel?

Do you think the woman wants to have sex?

Why doesn't she want to have sex?

Who are the man and woman?



Mošego wa ga Kitso o morabe e na omoa tšona ba barwano.

Courtesy of the Botswana Ministry of Health, Family Health Division

Possible Replies

A man pulling a woman into the house.
There is a bed.

He wants to have sex with her.

I'm not sure; she could be angry, or sad.

No/yes.

Too busy; afraid of consequences.

Probably a husband and wife; or a couple.

Text: Kitso's wife doesn't want any more children.

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6. Sample size. During the early rounds of pretesting, improvements needed in the drawings should become evident quickly, so it is usually not necessary to interview more than ten respondents before analyzing the results. During subsequent pretests, at least 20 respondents per round should be interviewed before revisions are made. During the final pretest, 30-40 respondents should be interviewed.

V. RECORDING RESPONSES

1. VISUAL ALONE: Show the respondent the first illustration without text and ask "What do you see?" Write down what the respondent says about the drawing. You can use abbreviations such as "m" for man; "fp" for family planning or the codes you have identified for each object: a), b), c). Then, use probing questions to find out why the respondent perceives the visual as she does. Once the objects have been identified (or not identified, as the case may be), you should ask the woman questions such as, "What do you think is happening here?", "What does this picture tell you?" or even, "What is the message the artist is trying to give?" and record the responses.
2. VISUAL WITH TEXT: Show the respondent the illustration with the text. If the respondent cannot read, you should read the text to her. Be sure to circle "H" on the form, which means she heard it from someone else. If she reads the text, mark "R," which means she read it herself. Then, ask the respondent to tell you what she thinks the message is. Record this in the box labeled Visual with Text. Whether or not your respondent can read, find out if the text uses any words that are not understood. If so, explain the meaning of these words and ask what other words are used to convey the message. Record alternatives.
3. ATTITUDES AND SUGGESTIONS: The interviewer should inquire about the respondent's attitude toward the message. For example, you could ask "How do you find this drawing?" Again, avoid using leading questions such as, "Do you like this?" or "Is this drawing pleasing?" Record comments under "Attitude of Respondent." If an illustration or part of

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it is not acceptable, ask for suggestions on how it can be improved. The recorder should note these comments in the same column.

Bear in mind that illiterate and low-literate respondents usually will not immediately perceive an intended message, nor volunteer comments, so the interviewer usually will have to ask questions, as suggested above.

If the respondent is unable to identify the visuals alone, after she has reacted to the illustration with text, ask: "This is the idea we want to get across. Do you have any ideas/suggestions about how we can show (or say) it better?" Record the suggestions under "Attitudes and Suggestions."

VI. ANALYZING THE RESULTS

After the first round of pretesting, the coder should compare each respondent's interpretations of the illustration alone and with text to the criteria listed in the Visual Only and Visual Plus Text boxes, and determine whether the responses are acceptable or unacceptable.

Since we want to judge whether the visuals are understood without text, visuals and visuals plus text are coded in two separate columns. For each category (V, V + T), compare each respondent's answers to the criteria written in the box. If the answers are not the same as or synonymous with all the criteria, check "unacceptable." Write suggestions for changes in the column marked Changes.

VII. SUMMARIZING THE RESULTS

1. When the coder has completed the above procedure for each message, the results are ready to be transferred to the Summary of Results form.

Show separate results for "without text" and "with text."

If at all possible, the coder should be the same person throughout the entire pretesting process. This will help ensure consistency in coding. Coders should write their initials on the pretesting forms.

