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**International Nutrition Communication Service
(INCS)**

CONSULTANT REPORT

for

THE SOUTH PACIFIC

(November 2 - 12, 1982)

(Regional Nutrition Media Message Workshop)

BY

**Benedict John Tisa
and
Dan Baker -
Consultants**

**Through subcontract to
Manoff International Inc.
1789 Columbia Road
Washington, D.C. 20009 USA**

**Submitted by
Education Development Center
55 Chapel Street
Newton, MA 02160**

**To the United States Agency for International Development
Washington, D.C.**

***This project has been conducted under Contract A.I.D./DSAN-C-0209,
Office of Nutrition, Development Support Bureau, Agency for International Development, Washington, D.C.***

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INTRODUCTION

The South Pacific Nutrition Media Message Workshop brought media specialists and nutrition professionals from nine South Pacific Countries. The goal of the Workshop was to increase the ability of participants to design effective nutrition education messages and materials. For many, especially the media specialists, using radio and the mass media to promote nutrition was a new concept. Those involved in nutrition found the workshop to be an exciting experience to work alongside a media specialist from their own country, an opportunity many previously had not enjoyed.

The Workshop was an outgrowth of a recommendation made at a previous Foundation for the Peoples of the South Pacific/INCS Conference on Maternal and Infant Nutrition held in May of 1981. The 1981 Conference recognized the importance of radio as an educational tool for the South Pacific area, and identified a need to train media specialists from the region in nutrition education messages. The next step is for each country to develop a campaign or project aimed at applying their newfound skills in development communications to solving priority nutrition problems. Hopefully, countries will begin to take up this challenge in 1983.

Ron Israel
Director, INCS

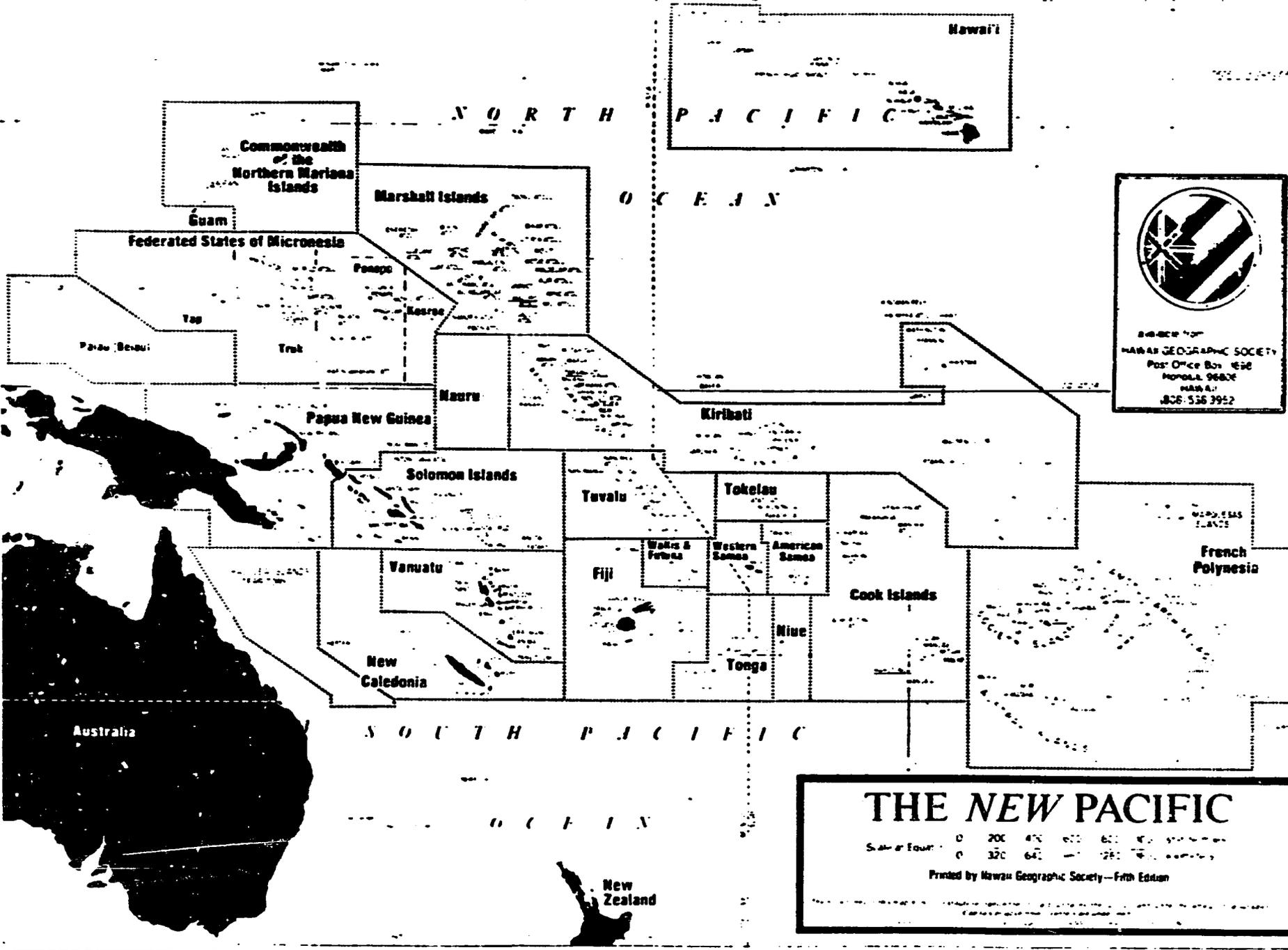
December, 1982

11

ACKNOWLEDGMENTS

A workshop, by definition, involves the combined efforts of many people. In particular, I would like to thank Gloria Renda who became known as "Wonder Woman" to all of us who depended on her. The Nutrition Media Message Workshop could not have gone half so well without her. We would also like to express our thanks to Mike and Moses, of the Grand Pacific staff, for helping every day's activities run smoothly. Special thanks go to Maggie Catlin for the voluminous amount of typing that went into finalizing the report.

111



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11



Back row: Peter Orudiana, Adi Cockburn, Susana Liavaa, Ambong Thompson, Dan Baker

3rd row: Tuaine Teokotai, Benedict Tisa, Ezekiel Kikiolo, Theto Teritume, Arthur Taripo, Meia Sua, Gloria Renda

2nd row: Bauri Biketi, Moia Tetoa, Lagi Etoma, Dorothy Nanai, Brenda Sio, Mona Chand

Front row: Annie Homasi, Mele Heimuli

TABLE OF CONTENTS

I.	Daily Agendas	1
II.	Introductory Remarks	9
	Overview of Daily Workshop Format	10
	Exercises in Cooperation.	10
	Small Group Work.	11
	Lessons in Pretesting	12
	Priority Message and Script Writing	13
	Production Skills	14
	Evaluation.	14
III.	Difficulties Encountered During the Workshop	16
	Conclusion.	19
IV.	Recommendations:	
	For the Participants.	20
	Follow-Up Recommendations	21
	Recommendations for Furture Workshops	22
	A Regional Clearinghouse.	??
	A Regional Communications Manual.	22
	Future Country-Specific, as Opposed to Regional, Workshons.	23
	Distribution of the Workshop Report	23
V.	Individual Country Papers:	
	Some Comments on the Following Individual Country Papers.	24
	The Outline of Country Specific Problems	24
	The Questionnaire on Radio Usage.	25
	The Questionnaire on Men's Opinions on Breastfeeding.	26
	Audience Research	27
	The Individual Country Time Frames.	27
	The Individual Country Papers:	
	Fiji.	29
	Papua New Guinea.	36
	Vanuatu	41
	Western Samoa	47
	Tonga	54
	Cook Islands.	59
	Tuvalu.	63
	Kiribati.	68
	Solomon Islands	73

vi

VI. Appendices:

Letter of Introduction.	80
Resource Library Bibliography	81
List of Materials Given to Participants	82
Results of the Questionnaire on Men's Opinions on Breastfeeding	83
Copies of Workshop Handouts	85
Some Suggested Equipment.	104
Participants' Evaluation of the Workshop.	106
List of Participants.	110
Persons Contacted	112
Xerox of article from the Fiji Times, Saturday, Nov. 6, 1982.	113
Fold-out Photographs of the Workshop	

NUTRITION MEDIA MESSAGE WORKSHOP
GRAND HOTEL - SUVA, FIJI

DAY 1

- 8:30 a.m. Registration.
 Opening remarks.
 Name tag exchange.
 Cooperation exercise.
 Lecture and discussion: Steps in materials development.
- 10:15-10:45 Break
- 10:45 Participants' information exchange - country specific.
 Group discussion - nutrition problems.
- 12:00-1:30 Lunch
- 1:30 Small group discussions - suggested practices for
 correcting nutrition problems and identifying
 obstacles.
- 2:30-2:45 Break
- 2:45-4:00 Presentations synthesizing nutrition problems,
 obstacles and solutions.

HOMEWORK ASSIGNMENT: Outline country-specific nutrition problems, solutions, obstacles, and suggested implementation.

DAY 2

Wednesday, November 3, 1982

- 8:30 An exercise in cooperation, planning, and resource sharing: "House Building"
Review and questions based on first day's discussions and homework assignment.
The basics of interviewing.
The survey interview.
- 10:15-10:30 Break
- 10:30 Interviewing skills - small group practice
Development of a questionnaire for field work.
- 12:00-1:30 Lunch
- 1:30-4:00 Field work - On the street interview: "Men's opinions on breastfeeding" questionnaire.

Group A - Suva market
Group B - from Grand Pacific Hotel to Air Pacific (including Y.W.C.A.)
Group C - from Morris Hedstrom to Burns Philip

HOMEWORK ASSIGNMENT: Improve the questionnaire using your field work and making it specific to your own country.

DAY 3

Thursday, November 4, 1982

8:30

Discussion of yesterday's questionnaire and revisions.
The basics of designing visual materials.

10:00-10:30

Break

10:30

Preparation for testing of visual materials in afternoon.

12:00-1:30

Lunch

1:30-4:00

Visual perception field work.
Visual materials testing.

- Group A - Suva Market - ocean side
- Group B - Suva Market - bus side
- Group C - Suva Market - street side

HOMEWORK ASSIGNMENT: (1) Write a country specific questionnaire.
(2) Spokespersons write up what they found during Wednesday's field work.

DAY 4

Friday, November 5, 1982

8:30

Review of previous day's field work.
Existing knowledge of radio: what we know and what we should know, followed by small group discussion.

10:00-10:15

Break

10:15

Design questionnaire related to radio usage in Suva.
Discussion: Interview research.

12:00-1:30

Lunch

1:30-4:00

Field work: Doing the radio survey.

Group A - from Grand Pacific Hotel to Air Pacific
(including Y.W.C.A.)

Group B - Suva market

Group C - from Morris Hedstrom to Burns Philip

4:00-4:30

Interview practice with Richard Taylor, SPC Epidemiologist
using tape recorders.

DAY 5

Saturday, November 6, 1982 (Fijian Holiday)

Half-day
session

Presentation of results of third day's visual materials
testing: what happened and what was learned.

Break

Results of radio survey from previous day.

DAY 6

Monday, November 8, 1982

8:30

Discussion: Communication campaigns.
Development of priority message - mini workshops.

10:00-10:15

Break

10:15

Continuation of morning's activities.

12:00-1:30

Lunch

1:30

Exercise: country specific priority messages.
Discussion: selection of format for radio.

2:30-2:45

Break

2:45-4:00

Script production of country specific priority subjects
in different formats.

Evening Session
7:00-9:00

Script production continued.

DAY 7

Tuesday, November 9, 1982

8:30	Presentation of scripts. Preparation for interviews.
10:30-10:45	Break
10:45	Interview: Mrs. Komaisavai, Supervisor Family Health, Ministry of Health, Suva, Fiji
12:00-1:30	Lunch
1:30	Production of 3 different nutrition related radio messages for Suva.
2:30-2:45	Break
2:45-4:00	Production continued.
Evening Session 7:00-9:00	Open lab for production.

DAY 8

Wednesday, November 10, 1982

8:30

Lecture and discussion: Production of audio materials.

10:15-10:30

Break

10:30

**Discussion: Factors in pretesting of radio messages.
Development of a pretest instrument.**

12:00-1:30

Lunch

1:30-2:00

**Preparation for pretesting.
Field work: pretesting of radio messages.**

2:00-2:15

Group photo.

2:15-4:00

**Presentation and evaluation of results of pretesting.
Revision of pretested scripts according to pretest results.
Discussion: Evaluation of educational materials.**

Evening Session

7:00-9:00

**Individual work on country action plans.
Open lab.**

DAY 9

Thursday, November 11, 1982

8:30

Script production and review of scripts.

10:00-10:15

Break

10:15

Script production and review, continued.

12:00-1:30

Lunch

1:30

Technical basics - discussion and demonstration

2:30-2:45

Break

2:45-4:00

Feedback consultations with individuals by country.

DAY 10

Friday, November 12, 1982

8:30

Review of entire workshop.
Improvement of existing programs.
Writing of workshop report.
Evaluation.

12:00-1:30

Lunch

1:30-3:00

Individual consultations: nutrition, methodology, and
production techniques.
Wrap up.

6:00 p.m.

Closing ceremony.

INTRODUCTORY REMARKS

This report covers the activities of the Nutritional Message Media Workshop held at the Grand Pacific Hotel in Suva, Fiji, from November 2 to November 12, 1982. The workshop was sponsored by the Federation of the Peoples of the South Pacific, assisted by INCS^{through} Manoff International. Participants in the workshop came from 9 different countries: Solomon Islands, Fiji, Tonga, Tuvalu, Papua New Guinea, Kiribati, Cook Islands, Vanuatu, and Western Samoa. Each country sent two participants, one in nutrition and the other in radio, with the exception of Papua New Guinea which sent only one person involved in publications, and Cook Islands which sent two people, one a government health inspector and the other a news writer.

The scope of the work was outlined as follows: to provide nutrition educators and broadcast professionals with message and materials development skills that would enable them to begin projects in their own countries; to convey to the participants the essentials for constructing a communications program, from the early research stages through message development, media and creative strategy, design, materials testing, and program tracking studies; to have participants produce and test materials. The consultants were to work with the participants from each country in designing a plan of action that they would follow when they returned to their respective countries. Finally, evaluation criteria were to be established.

Overview of Daily Workshop Format

The workshop was designed to include a maximum of production and field experiences in addition to lectures, and to facilitate the exchange of knowledge and experience among the participants. In order to accomplish this, lectures were held to a minimum, and a significant amount of time given to small group discussion, brainstorming, and field work. After every general presentation and discussion of basic communication concepts (knowing your audience, interviewing, gathering baseline data, pretesting, identifying problems and obstacles, formats, etc.), the participants went into small groups to develop an instrument which they then took into the field to test. Afterward, usually the following day, a review of the previous day's activity was conducted, focusing on what had been learned and how the instrument might be modified or redesigned in order to become more effective and country-specific.

Exercises in Cooperation

In any program, outside of specific message and materials development skills, cooperation is of the essence--especially among representatives of the different agencies involved in planning and implementing an educational campaign. To get at this idea of the necessity of cooperation in the most vivid way possible, we conducted two short exercises on the first and second days of the workshop. The "games," of course, also served to bring us together as a group and helped us to know one another more quickly. It is interesting to note that these two exercises, in many instances, provided the two participants from a single country with their first experience of working together, and even for some,

their first acquaintance with each other.

The exercise on the first day consisted of putting together a puzzle. Eight people participated actively, while the others observed over their shoulders. We took eight health/nutrition related illustrations and cut them into puzzle pieces, then mixed up the pieces and put several into eight different envelopes. The participants were instructed to recreate the original illustrations. However, they could not speak to one another, nor could they take any pieces from anyone else, although they could give pieces away or be given pieces. The observers were told to take note of the kinds of interactions that took place.

On the second day we conducted the "house building" exercise. Nine participants were divided into three groups, the remainder being the observers. Each group was told to construct a house out of a pile of newspapers it had been given. However, no verbal communication was allowed, and only one stapler, one scissors, and one roll of tape was provided for the use of all three groups. These limited resources had to be shared. Both exercises vividly illustrated the importance of cooperation, as well as the advantage of planning and the need for sharing in order to realize common goals.

Small Group Work

Small groups provided a climate conducive to the sharing of ideas and experiences. One of the objectives of the workshop was for participants to learn about the experiences and problems of the other countries.

Moreover, bringing the nutritionists and radio personnel together in a work situation gave each some insight into the other's difficulties, priorities, and objectives. Small group also went into the field together to interview or test materials. Upon their return to the conference center, they would work as a group to discuss, country by country, the materials in question or to give suggestions as to how something might be adapted to a particular country.

Lessons in Pretesting

Without a doubt, the concept of pretesting materials made a strong impression on all participants. The majority (if not all) had not conducted any regular or systematic pretesting of materials or messages. As an exercise, we assigned the participants to test a poster already in circulation in Fiji which had been produced by FAO. The slogan read, "Grow what you eat." The participants were amazed at what they discovered. The slogan did not appear to be very clear to most people interviewed, and would have been better stated, "Eat what you grow." The cows, fish, chickens and goats which figured on the posters, interviewees pointed out, are not things you "grow" but things that you "raise." The women in the illustration also did not look like Pacific women, and the people fishing in the poster looked like women, although all agreed that women didn't fish. There was also a bottle in the illustration whose purpose no one could identify. In conclusion, the poster was not clear, did not educate or motivate, yet it had been printed and distributed at great expense all over Suva as part of "World Food Day." The participants realized that if this poster was

poorly conceived and unclear, perhaps many of their own materials were also inadequate. This lesson was reinforced when the participants pre-tested in Suva the first draft of radio messages they had developed during the workshop.

Priority Message and Script Writing

Writing of scripts and priority messages was perhaps the most difficult part of the workshop. Much of this difficulty for some participants had to do with the lack of language ability (composition skills) and/or a lack of background information on problems they were attempting to write about. Moreover, most nutrition programs were currently airing long talk shows on the radio. The workshop brought across the advantages of using a greater number of short radio spots as opposed to the long talks:

Short spots usually cost less to produce (some nutrition programs have to pay for air time).

Radio stations can usually find a place to air a spot, while it may be more difficult to find a slot for a longer program.

Spots can be read by an announcer who has no opinion or feeling about the content.

The spot can be repeated many times, and so be remembered more easily.

The spot does not require a long attention span. The point is made before the listener has a chance to get bored.

Many possible message formats were presented in lecture (dialogues, jingles, songs, interviews, dramas, etc.). Though each participant worked with a minimum of five different formats in his/her writing, as far as actual

production was concerned, we confined ourselves to one dialogue, one spot, and one short song. These scripts were reviewed by the group and also in individual consultations with the workshop staff and the rough drafts were taken back to the participants respective countries to be worked on further.

Production Skills

In addition to lecture and field work, the workshop also provided approximately 15 hours of hands-on technical training in production. This part of the program took place in the evening and was voluntary. Nonetheless, these after hours sessions were well attended and everyone went to at least one. Editing, mixing, and the operation and function of various pieces of equipment were demonstrated. In fact, a mini-recording studio was set up in the conference room. It was during these evenings that all three resource people were available to help with production, as well as any other facet of the workshop instruction.

Evaluation

Because of time constraints and insufficient data, it was impossible to set up specific criteria for each of the 9 participating countries. Rather we presented and discussed the process of evaluation in more universal terms emphasizing that it involves analyzing the feedback data in comparison to the baseline data in order to determine if the target audience has changed its behavior or understanding. Evaluation, basically, involves four steps:

Description: identifying the specific objectives of the educational campaign, the behaviors/attitudes to be changed or adopted.

Measurement: obtaining feedback throughout the progress of the campaign which will be compared to the initial baseline data.

Assessment: drawing conclusions based on the comparison of feedback and baseline data.

Report: recommendations for future action.

For evaluation to be effective, it should be done quickly, inexpensively, accurately, and should be limited to only those questions of critical importance to the success of the campaign.

DIFFICULTIES ENCOUNTERED DURING THE WORKSHOP

1. Time constraints imposed many difficulties. Travel had been arranged so that the two resource persons who conducted the workshop arrived just the day before it was to begin. There was not adequate time, therefore, to prepare the agenda and handouts. Copying the handouts in multiples of 20 presented a serious logistic problem. Upon arrival we found that we did not even have a mimeograph machine at our disposal. We had to resort to the costly xerox machine, which limited the amount of material we could distribute to the participants. The volume of material that was needed just to get underway placed a tremendous burden on the secretarial staff available. All of these problems could have been alleviated by a longer preparation time and more careful planning.
2. The Nutrition Message Media Workshop obviously could not please everyone. The media personnel wanted to know more about production and the nutritionists wanted to know more about message content.
3. It was assumed that participants would come to the workshop with a certain amount of experience in educational communications media and some knowledge of nutrition and health issues. This was not always the case. There was some difficulty, therefore, in meeting the needs of all participants equally.
4. The Communications Programs developed for each country during the workshop did not necessarily conform to the same priorities established by the governments and ministries of those countries. For example, the two delegates from Kiribati gave top priority to dealing with the

problem of diarrhea. This goal fitted in with the scope of the workshop insofar as diarrhea affects maternal and infant health. However, the government of that country has given priority to the much larger issue of Family Planning, which it would not have been possible to cover in this workshop. One can therefore not be certain that the individual programs developed during this time will in fact be implemented when the participants return to their countries. The participants did, however, have occasion to increase their knowledge and skills relating to the planning and implementation of educational media campaigns.

5. A "message package" dealing with maternal/infant nutrition specific for each participating country was not a goal which could be achieved satisfactorily within the time allowed. The reasons for this are varied:

- a. The heterogeneous make-up of the group: The level of experience in, and knowledge of, developing educational materials varied widely. Some participants were not in a position in their own countries to decide priority areas or implement programs. Others did not know enough about some of their designated priorities to develop suitable messages during the workshop.
- b. Dialectic differences: The dialectic differences in English from the nine participating countries made it very difficult within the given time frame to establish what should or should not be included on an individual country basis in a "message package." For example, one country might develop a slogan at the workshop which would not translate as a slogan in the language or dialect of their own country, and would therefore not be appropriate for

their educational objectives.

- c. Multiplicity of priorities: The priority problems which participants decided to deal with during the workshop varied widely both in nature and scope, and often departed from the maternal/infant nutrition focus of the workshop. This is not to say that these problems were not valid, but only that all could not possibly have been dealt with during the 10 days of the workshop.
- d. Availability of equipment/facilities: Available air time, equipment, and facilities varied so much from country to country that no uniform format (e.g. cassette/reel to reel) could be established at the workshop. Tuvalu, for example, did not even have the equipment or personnel which would permit them to put radio spots on the air.

6. During the workshop we were able to discuss how one goes about evaluating an educational media campaign, but evaluation programs for each individual country could not be set up due to the fact that in most cases participants did not come with, or at the time have access to, critical baseline data. Evaluation criteria specific to particular project objectives cannot be set up in a void. The effectiveness of a campaign is measured by the evidence showing that certain favorable "behaviors" have been adopted by the target audience. The baseline data provide the specific facts against which change in behavior is measured; for example, how prevalent an undesirable practice is, the extent of this practice in the country, how aware an audience is that this problem exists, how much the target audience may already know about the problem, the cultural factors

affecting change in different areas of the country, and so on. For this reason, we could only touch on the area of evaluation in a very general way during the workshop.

CONCLUSION

Finally, 10 days was simply not enough time to effectively cover all of the objectives for the workshop, given the wide variation of needs and individual objectives, the differing abilities and experience of the participants, the lack of adequate preparation time. Nonetheless, the participants were nearly unanimous in their feeling that they had gained valuable knowledge and experience which would aid them greatly in the planning and implementing of educational campaigns in their own countries.

RECOMMENDATIONS

A. For the Participants:

1) The country representatives should each undertake an evaluation in their own country of the various media and facilities currently in use. Some factors which should be considered are the following:

- The number of transmitters in operation.
- The power and range of each transmitter.
- Identifying private and governmental stations.
- The languages or dialects in broadcast areas.
- The cost of radio time in the private stations.
- Whether or not tariffs hinder the importation of radios and related equipment.
- The size of the audience for any particular broadcast.
- The type and present condition of the equipment owned by each station.
- The type of equipment available to the health/nutrition worker.
- The equipment needed to produce educational materials.

2) Workshop participants, upon return to their countries, should begin first of all to collect baseline data according to their designated priority areas.

3) Participants should begin testing existing health/nutrition messages and revise them accordingly.

4) An attempt should be made to make more effective use of radio time. Large blocks of radio time should be broken down into smaller spots in order to give a more frequent exposure to messages.

5) Participants should submit reports to their respective ministries and copies to other relevant departments and programs in the interest of facilitating cooperation among all concerned agencies.

6) Participants should discuss their plans with in-country nutritionists, dieticians, and food/nutrition committees in order to generate feedback on current and proposed materials.

B. Follow-up Recommendations:

1) The first satellite session should be no sooner than February, 1983, as the participants will not have been able to implement any plans until then; moreover, the regional nutritionist will be out of the area, due to return in February.

2) The resource persons needed for the satellite sessions should be a nutritionist and a communications specialist familiar with the programs and region.

3) The initial satellite session should be region-wide, with subsequent sessions by individual countries according to request.

4) For the satellite sessions, a three-way hook up will be needed between the country, the regional nutritionist, and the communications specialist.

5) It has been suggested by many of the workshop participants that some sort of follow-up media workshops be presented. These would indeed be helpful. The first workshop having been held in Fiji, it may be well to hold future workshops in one or another of the participating countries.

C. Recommendations for Future Workshops:

- 1) A deadline date should be set for the countries sending participants to advise the sponsoring agency of the names, titles, and educational backgrounds of these participants.
- 2) Participants being sent to the workshop should have experience and needs appropriate to the content of the workshop, or should be delegates from appropriate agencies in their countries.
- 3) Sufficient time should be allowed to consultants who are being brought in to prepare the workshop before it actually begins.
- 4) The field program should have more input into the type of consultants brought in for the workshop and the objectives of the workshop.

D. A Regional Clearinghouse:

A regional clearinghouse for health and nutrition materials should be created to serve as a central depository and information service for workers in the South Pacific. Participants, in general, felt very strongly that a resource center for audio visuals, scripts, and other documents related to their needs would enable them to exchange information more widely and more easily, and therefore make them more effective. Such a center might be tied in with the University of the South Pacific at Suva, or at a site in Papua New Guinea.

E. A Regional Communications Manual :

A manual on educational communications specific to the needs of health

and nutrition workers in the South Pacific should be obtained and made available. This should be a step by step guidebook covering all aspects of planning and implementation and evaluation of educational media campaigns. This might be a project for a future regional clearinghouse, if one is not already in existence. The following two references, although not specific to the South Pacific or to maternal/infant nutrition, are to be highly recommended. They offer sound advice and practical ideas for the use of radio in educational campaigns.

Levin, Harry L. & Robert W. Gillespie. The Use of Radio in Family Planning, (World Neighbors: 1974.) Contact: World Neighbors, 5116 North Portland Avenue, Oklahoma City, Oklahoma 73112 U.S.A.

Keating, Rex. Grass Roots Radio, A manual for fieldworkers in family planning and other areas of social and economic development, (International Planned Parenthood Federation: 1977.) Contact: International Planned Parenthood Federation, 18-20 Lower Regent Street, London, SW1Y4PW, England.

F. Future Country-Specific, as Opposed to Regional, Workshops:

In the future, if consultants are to provide follow-up to the Nutrition Media Message Workshop, it would be more productive for him/her to visit each of the participating countries for a few days each so that he/she could deal with specific problems and a wider circle of people. This would be more effective than bringing the same group of participants together again in a regional workshop.

G. Distribution of the Workshop Report:

The workshop report should be printed and distributed in the shortest possible delay in order to capitalize on the momentum and enthusiasm generated during these past two weeks. The report will help to guide and clarify points that were made during the workshop.

SOME COMMENTS ON THE FOLLOWING INDIVIDUAL COUNTRY PAPERS

The materials that follow are the product of various exercises conducted during the workshop. They represent only selected stages extracted from the entire process of planning and implementing a nutrition education campaign. Four documents are included for each country:

1. Outline of country-specific problems, solutions, obstacles implementation.
2. Questionnaire: Radio Usage.
3. Questionnaire: Men's Opinions on Breastfeeding.
4. Time Frame for and Educational Campaign.

These documents, especially the first three, are not in their final form. They might be considered a first or second draft. They are the result of exercises conducted under the pressure of a deadline, in limited time. Many of the things participants were asked to do or think about they had never even considered before. Time did not permit us to revise each exercise into a final form. We had to content ourselves with discussing what we had learned and how that would affect our approach and techniques.

The Outline of Country-Specific Problems

The outline of country specific problems and objectives was the first task assigned to the participants. It was meant to give them an opportunity to outline their own country's needs and so give themselves a clearer focus on how the workshop would be able to benefit them. Moreover, this sort of outline would normally be the basis for a communica-

tion campaign. As noted below in the report ("Difficulties") some of the problems outlined by the participants were initially too broad and had to be narrowed down in order to produce a realistic Time Frame at the end of the workshop. The task of deciding priority problems is, indeed, not an easy one. There are many complications to deal with-- governmental, departmental, budgetary, logistic, manpower. But ingenuity and initiative will find solutions to many seemingly insurmountable obstacles. Throughout the workshop we encouraged participants to provide input and tackle problem-solving tasks as the best means of helping them to absorb the approaches and skills which would aid them in their own countries. We chose as our guiding slogans for the workshop: "A little testing is better than no testing," and "No messages are better than incorrect nutritional messages."

The Questionnaire on Radio Usage

Many of the questionnaires included in this report will appear inadequate or unfocused. After the exercise, we came together to analyze what we had done. The following more or less "ideal" questionnaire came out of that discussion:

Questions to consider for inclusion in a radio usage survey:

1. Do you have a radio?
2. Is it working?
3. Where do you get it repaired?
4. Does it run on mains or batteries?
5. Where do you get the batteries?
6. Do you know anyone who has a radio?
7. Is there a community radio that everyone can listen to?
8. Is it working?
9. Is it in a convenient spot?
10. Do you listen to it?
11. Do any of your friends/neighbors come over to listen with you?

12. How many different places can you go to to listen?
13. About how many people were listening to the radio the last time you listened?
14. About how much time each day or week do you listen?
15. What station do you listen to most often?
16. What is your favorite program?
17. Who is your favorite radio personality?
18. Which programs do you listen to?
19. Do you listen to the radio for educational purposes?
20. Do you listen to the speeches of government officials?
21. Has anyone ever told you about something they heard on the radio?
22. What was it?

Other things to consider in designing a radio usage survey:

1. Characteristics of the culture
2. Languages in broadcast areas/used on the radio
3. Religions in the broadcast area/their distribution nationally
4. Levels of education among the listener
5. The listener's occupation, age, sex, income, etc.
6. The type of school system(s)--public/private. Can the schools be used as part of a broadcasted educational campaign?

The Questionnaire on Men's Opinions on Breastfeeding

One may wonder how we came to include this particular topic as an exercise in conducting a baseline survey. During our discussion identifying problems affecting a woman's decision to breastfeed or not, many points came up, including the fact that many mothers work, that they want to keep their shape, the effect of advertising...and at one point, "pressure from the men." I pursued the point a bit further: to what extent do husbands (or men ingeneral) affect a woman's decision to breastfeed? Earlier in the workshop men had already been identified as a target audience for a breastfeeding campaign. So when the participants could not come up with a satisfactory answer, we decided to take this particular question out into the field. The results of our mini-survey were a surprise to all. (Please refer to the Appendices for the results.)

Audience Research

The questionnaire and interviewing exercises stimulated much thought about how one identifies and researches the target audience of a particular program. The following points came to light:

1. Who is the audience (socio/economic characteristics)?
2. What message is to be sent to this particular group?
3. Does the audience want to know this information? Will they be receptive or resistant?
4. What styles of information are they accustomed to? How complete must/can the message be?
5. How can the message be framed to attract their attention and interest?
6. Which of the nutritional practices being advocated is more appealing to the audience?
7. In what ways can the benefits of adopting a new practice or behavior be made clear to the audience?

The Individual Country Time Frames

During the last two days of the workshop, we arranged individual conferences with representatives of each country for the purpose of discussing specific needs and problems and to draw up the time frame of the educational campaign. These time frames represent the implementation of an educational strategy supported by radio and print media. Much of what participants planned may in fact be difficult to implement. For example, Tuvalu wants to use radio spots in their campaign but will encounter serious obstacles in-country. They have only reel to reel recorders and only one announcer in the studio at a time. Without a cart machine (designed to use cassettes for short spots), there will be too much dead time on the air while the sole announcer changes tapes. The Solomon Islands produced a two year plan, since that is the procedure they are required to follow. The Cook Islands weren't in a position to implement

a campaign since they don't have a Nutrition Department, and the representatives were only experienced in producing 5-year plans. (Their plan is not included since it wasn't completed in time.) The plan from Papua New Guinea was done by a person in charge of publications without the assistance or collaboration of nutrition personnel from her country.

FIJI

**Mona Chand
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**Adi Cakau Cockburn
Information Officer, Editor
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1. NUTRITIONAL PROBLEM:

Low birthrate. Weights below 2.5 kg. 23-25% Indian babies.

SOLUTION:

- a) Concentrate on the improvement of feeding practices in Indian pregnant women, particularly the rural population and lower income groups.
- b) Early and regular attendance at Ante Natal Clinics.

OBSTACLES:

- a) Traditions and customs are often factors attending the choice of foods eaten during pregnancy.
- b) Ignorance, living in remote areas with transport difficulties and limited money available for busfares prevent these Indian women from attending Ante Natal Clinics regularly. In addition, they are required to help with work on the farm, e.g., planting or harvesting rice, etc.

IMPLEMENTATION:

- a) Knowing the background of this target group and what they can eat should be used to prepare information to be used in the most effective way in nutrition education through printed material (posters, etc.), newspapers, and radio.
- b) The message needs to influence both husband and pregnant women in the importance of regular attendance at clinics. Whatever media is used, it should be of a regular series and given by people who are experts in their particular field.

2. NUTRITIONAL PROBLEM:

Malnutrition in children below the age of 5 years

SOLUTION:

- a) Promotion of breastfeeding, ideally up to 2 years.
- b) Promote the improvement of weaning practices.
- c) Encourage mothers to continue bringing children to M.C.H. Clinics up to the age of 5 years and not just until they complete their immunization schedule which is only up to 2 years.

OBSTACLES:

- a) The increase in mothers going to work is one of the main contributing factors towards a decline in breastfeeding which in turn could become associated with causes of malnutrition.
- b) Ignorance and neglect when the child is left with the grandmother or housegirl. This leaves the child at risk, to be fed with whatever is easily available which is often very little apart from cassava and tea or bread and tea.

IMPLEMENTATION:

- a) Regular nutrition education talks through the radio and press, preferably during women's programmes and during peak listening periods.
- b) Demonstrations using locally available foods showing how they can be used in multi-mixes as supplementary food during the weaning period.
- c) Mothers to be informed regularly on radio (women's programme or even government announcements) to bring children to M.C.H. Clinic once each month.
- d) M.C.H. Mobile Clinics should be sent out regularly to areas where it is known there are transport difficulties.

3. NUTRITION PROBLEM:

Transport difficulties affecting regular attendance at M.C.H. Clinics.

OBSTACLES:

Ignorance of the mothers on the need to monitor the child's rate of growth through the use of the weight chart.

QUESTIONNAIRE: RADIO USAGE

1. Occupation:
2. Male/Female
3. Age:
4. Where do you live?
5. Race:
6. Religion:
7. Do you have any radio at home? How many?
8. How does it work? AC / DC
9. If DC, where do you purchase batteries?
How much to batteries cost?
10. Where do you get it repaired?
11. Is it AM? FM? Short wave?
12. What times do you listen to the radio?
13. How long do you listen at one time/per day?
14. What programmes do you listen to? (Tick 3 of the following)
 - a) musical
 - b) sports
 - c) news
 - d) government announcements
 - e) drama
 - f) quiz/comedy
 - h) children's
 - i) Talk-back
 - j) women's programmes
 - k) commercial ads
 - l) religious
 - m) community broadcast
15. Who is your favourite personality? Why?
16. What language do you listen to most? Fijian/Hindi/English/Chinese/Rotuman
17. Do you believe what you hear on the radio? All/Some/Little

18. Do you listen to educational programmes? If so, why?
19. Do you discuss what you hear?
 - a) With whom?
 - b) What do you discuss?
20. What type of programmes do you want to hear on the radio?
21. What programmes don't you like?

QUESTIONNAIRE: MEN'S OPINIONS ON BREASTFEEDING

1. Occupation:
2. Age:
3. Race:
4. Religion
5. Married? (If so, complete the rest of the questions)
6. Number of children:
7. How old is the youngest?
8. Does your wife work?
9. Does your wife breastfeed?
10. When you get married, would you encourage your wife to breastfeed?
 - a) If so, why?
 - b) If not, why?
11. Are you satisfied with your wife breastfeeding?
 - a) If so, why?
 - b) If not, why?

FIJI: ACTION PLAN FOR ANEMIA											
May	June	July	August	September	October	November	December	January	February	Comments	
<p>Include budget and programme</p> <p>Convince: adequate feasible urgent essential</p> <p>Audience: fathers, pregnant, lactating child-bearing and young women</p> <p>Through aid programme secure contract worker to train ext. workers, coordinate, evaluate, & look after secretariat.</p> <p>Media print/radio simplifying action for the audience.</p>	<p><u>DOCUMENTATION AND PRETESTING</u></p> <p>Formation of coordinating body which will allocate funds to various activities -- affiliated to NFNC</p> <p><u>Audience</u> total population, emphasis on pregnant & lactating women. Characteristics: racial, cultural, urban, rural; social structure, economic standards, religious affiliations.</p> <p><u>Agencies used</u> to be determined.</p> <p>Work out theme: Healthy mother will produce a healthy baby.</p> <p>Message contents: the need for the anemia-action plan.</p>			<p><u>IMPLEMENTATION</u></p> <p><u>Suggested materials</u> spot advertisements (radio/print) - daily news bulletins - to be in the community interviews - monthly feature articles in the paper news/photo releases (radio/print) cinema ads - as often as owners allow posters wearables (T-shirts, caps, patches, etc.) stickers shopping bags calendars</p> <p>To be assigned: coordinating extension workers in: agricultural department health centers/hospitals social welfare Fijian affairs & rural development - women's interest office</p> <p>These extension workers would have been briefed by the secretariat and also trained - where applicable. Church organizations professional associations</p> <p>Lectures at the university.</p> <p>Health Seminars - held sub-divisional level with participants from various agencies also extension workers.</p>				<p>Newsletter, quarterly</p>	<p>Repetition of Phase 2 and maybe modifications of projects according to experience on the field.</p> <p>Return of spots, news release, posters, & other wearables depending on availability of funds.</p>	<p><u>EVALUATION</u></p>	<p>Meeting at the end of every month to report on progress, feedback from all agencies.</p>

35

PAPUA NEW GUINEA

**Dorothy Nanai
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NUTRITIONAL PROBLEMS: Malnutrition

- a) Maternity - pregnant mothers who are malnourished give birth to small babies who are more likely to die than the healthy ones.
- b) Infant - decline of breastfeeding. Children who are born to malnourished mothers and who do not get enough food through breastmilk in the first few months after birth suffer permanent brain damage and are less clever.
- c) School children - children who do not eat enough of the right kinds of food get tired easily and cannot learn well in school.
- d) Lack of knowledge of food value.
- e) Imported foods.

SOLUTIONS:

- a) Nutrition education programmes - at different levels.
- b) Educate parents to keep breastfeeding their children.
- c) Encourage the people to grow local foods.
- d) Foods which can be produced locally should not be imported.

OBSTACLES:

- a) Lack of knowledge of the importance of having to eat twice as much of the right kinds of food.
- b) Working mothers.
- c) Ignorance.
- d) Land shortage in urban areas.
- e) Too lazy to work on land.
- f) Again laziness.

IMPLEMENTATION:

- a) More emphasis should be given to pregnant mothers together with the husbands for mother to eat enough of the right kinds of food three times a day.
- b) When educating parents to breastfeed their baby, emphasis should be given on the importance of breastfeeding and what might happen if the child is not being breastfed.
- c) The ministries of primary industries, health and education and media should work together closely and encourage: school gardens, school lunch programmes, and school radio programmes.
- d) The ministries of Primary Industry, Health and Media should work together to make the people aware of the importance of our local foods and to encourage them to grow these.
- e) More than one Ministry is involved in combating the nutrition problems: Education, Primary Industry, Media and Health. These Ministries should attempt to cooperate and work together to solve these problems.

QUESTIONNAIRE: RADIO USAGE

1. Friend, wantok, how are you?
2. What is your name?
3. Have you any betanrut?
4. Would you like to have some?
5. Do you have any radio?
6. Is it working?
7. Do you like listening to radio?
8. Do you listen to it often?
9. How many hours daily?
10. What is yor favourite programme?
11. Do you have any favourite broadcast officer? Who is he?
12. What language do you prefer the programme to be in? English? Pidgin? Motu?
13. Do you believe what you hear?
14. Do you listen to education programme? Do you like it?
15. Do you discuss what you hear with other?
16. What do you discuss, and with whom?
17. Do you agree with the present radio programmes? Do you want anything to be added to it? Do you think some programmes should be cancelled?
18. Do you like to be heard on the radio?

QUESTIONNAIRE: MEN'S OPINIONS ON BREASTFEEDING

1. Friend or wantok, how are you?
2. What is your name? Have you any betanut?
3. What are you doing around here - working? What do you do?
4. How old are you? What Religion do you belong to?
5. Are you married? Have you any children? How many?
6. Did your wife breastfeed your children?
7. Did you prefer breastfeeding your children? Why was that?
8. When you get married and have children, would you prefer your children to be breastfed? Why is that?

PAPUA NEW GUINEA: LOCAL FRUIT PROMOTION												
1	2	3	4	5	6	7	8	9	10	11	12	
← <u>BASELINE INFORMATION</u> <u>CHARACTERISTICS AND ANALYSIS</u> →												
Radio survey.		<u>PRODUCTION & PRETESTING</u>		<u>IMPLEMENTATION</u>								
Availability of funds.												
Transport arrangement.		Radio spots		Radio spots twice a week for 4 weeks	← Radio Drama once a week for months number 6 & 7 →		← Radio announcement once a week for 2 months →		← Nutrition songs once a week for 6 weeks. Repeat of month 5 material. →			
Radio air time and announcer		Drama										
Printing firm arrangement.		Announcement										
		Soups		Nutritionists Extension Work, Demonstration								
		Posters										
		Booklets		Distribution of posters, booklets, T-shirts to provincial nutritionists	← Posters, booklets and T-shirts are also being taught to the people by the nutritionists while the radio drama is being played. →							
		T-shirts								Last 2 weeks of the 11th month, feedback from nutritionists extension work.		
												<u>EVALUATION</u>
												Feedback information.
												Number of people who get the message.
												Number of people eating local fruits.
												Number of negative responses.
												Reason for negative resp.

40

VANUATU

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NUTRITIONAL PROBLEMS

- a) Food imports: white rice, sugar, flour
- b) Obesity
- c) Pregnant and lactating mother's diet

SOLUTIONS:

- a) Educate general public on food values.
Encourage growth of more local foods.
Increase importation tax.
- b) Educate the public to identify food value, emphasizing the value of correct eating habits.
- c) Plan the pregnancy.
Educate the mother and father about the right kinds and amounts of food mother should eat.

OBSTACLES:

- a) Multi-nationality
- b) Lack of finance, manpower
- c) Finance and availability of food
- d) Influence of advertising
- e) Migration to town
- f) Cultural belief

IMPLEMENTATION:

- a) Increase agriculture development and industrial development.
- b) Put obese people on reduction diets.
- c) Take preventive measures, i.e., encourage correct eating habits.
- d) Develop rural areas to prevent migration of people to urban areas
- e) Teach good nutrition to the public.

QUESTIONNAIRE: RADIO USAGE

1. (After introduction, ask:) Which island/village do you come from
2. What is your occupation? Sex:
3. Do you have a radio?
4. Does it work by batteries or electricity?
If by batteries: a) Where do you buy the batteries?
b) How much do they cost?
5. Which do you have: a) AM b) FM c) SW
6. What times do you listen to the radio?
7. How long do you listen to the radio?
8. What types of programmes do you listen to?
a) music
b) sports
c) news
d) service messages/announcements
e) drama
f) quiz/comedy
g) education
h) children's
i) talk back
j) women's programmes
k) commercial arts
l) religion
m) formative
9. Who is your favourite announcer? personality?
10. What language programme do you prefer listening to?
11. Do you believe what you hear on the radio?
a) All b) Some c) None
12. Do you listen to educational programmes?

13. Which one do you listen to most?
14. Do you discuss what you hear on the radio?
15. Whom do you discuss what you hear with?
16. What did you discuss?
17. What would you like to hear more on the radio?

QUESTIONNAIRE: MEN'S OPINIONS ON BREASTFEEDING

1. Name:
2. Occupation:
3. Island:
4. Religion:
5. Married or Single?
6. Number of children:
7. How old is the youngest child?
8. Was the youngest child breastfed?
9. Are you satisfied with your wife breastfeeding?
10. Why?

WARIATO: EDUCATIONAL CAMPAIGN ON FOOD VALUES OF LOCAL FRUITS AND VEGETABLES											
1	2	3	4	5	6	7	8	9	10	11	12
<p><u>BASELINE DATA</u></p> <p>Radio survey on foods in use and knowledge about them in both rural and urban areas.</p> <p>Approach responsible persons for any financial problem.</p> <p>Approach responsible persons for printing of materials.</p>	<p><u>PRODUCTION</u></p> <p><u>Pretesting</u></p> <p>Make posters and stickers.</p> <p>Prepare some radio formats.</p> <p>Song composition.</p> <p>T-shirt printing.</p>		<p>On air.</p> <p>Slogan-jolly.</p> <p>Announcement once a week prior to the main program.</p> <p>Stickers sold at main health centers.</p>	<p>Story telling every 1st and 4th week for 4 months.</p> <p>Question & Ans. once a month for 4 months.</p> <p>T-shirts on sale</p>	<p>Drama once a month for 4 months.</p> <p>Song, to be played at least every fortnight.</p>	<p>Leaflets, distribute at clinics in all areas, if possible.</p>	<p>Newspaper insert - once a week</p>	<p>Interview Once a month</p>	<p>Same messages as month 4.</p>	<p><u>EVALUATION</u></p>	

WESTERN SAMOA

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**Meia Sua
Programme Producer
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Radio 2AP
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NUTRITIONAL PROBLEMS:

- a) Infant malnutrition: Vitamin A deficiency; gastroenteritis
- b) Over nutrition: Obesity
- c) Metabolic diseases: Diabetes, hypertension

SOLUTIONS: Develop National Food & Nutrition Policy

- a) Encourage mothers to breastfeed.
- b) Educate general public on the value of breastfeeding - especially men.
- c) Plan pregnancies.
- d) National sanitation programme.
- e) More nutrition education for the general public on the need to eat balanced diet, with specific target groups:
 - mothers, young girls
 - Pulenuu (village mayors) and Chiefs
 - Church Ministers
 - Members of Parliament
- f) Encourage vegetable gardening for home consumption, with specific target groups:
 - Church Ministers and Wives
 - Matai (Chiefs)
 - Adolescents
 - General public
- g) Encourage people to exercise.
- h) Have weighing scales in strategic places in Apia and all district hospitals and health centres.
- i) Educate general public on the dangers of being overweight, as in (h) above, and outline associated diseases: diabetes & hypertension.
 - Diabetic Association
 - Centres for Blood Pressure Check-ups
- j) Include nutrition education in all teaching institutions.
- k) Coordinate existing nutrition programmes in Western Samoa.

OBSTACLES:

- a) Decline in breastfeeding (increase in bottle feeding).
- b) Having children close together.
- c) Economy.
- d) Not enough communication with Village Mayors, Chiefs, Church Ministers and Members of Parliament.
- e) Negative attitudes.
- f) Cultural beliefs.
- g) Status in being fat.
- h) Vandalism - Lack of finance; lack of appropriate caretakers.
- i) Large numbers - Collating and getting it started; someone to do this.

IMPLEMENTATION:

- a) Regular radio spots on breastfeeding, obesity, etc.
- b) Nutrition column in the newspapers.
- c) Give information on the value of breast milk to the general public and politicians via Radio, Newspaper, Pamphlets, Posters.
- d) Nutrition information pamphlets on specific problems as outlined.
- e) Ask picture theatres on possibility of showing Nutrition films.
- f) Show films in schools.

QUESTIONNAIRE: RADIO USAGE

1. Occupation:
2. Where do you live?
3. Age Sex:
4. Marital status:
5. Do you have radio? 6. How many in the house?
7. Does it work? AC or DC?
8. (If DC) Where do you purchase the batteries?
9. How much do they cost?
10. Can you repair the radio locally?
11. Which station do you listen to?
a) Samoa b) English c) American Samoa d) Other
12. What times do you listen to the radio?
13. How long do you listen to the radio at any one time?
14. What types of programmes do you listen to? (Tic)
a) Religious programme i) Sports programme
b) Local news j) Health programme
c) Overseas news k) Development programme
d) Samoan musical programme l) Current affairs
e) English music m) Commercial sports
f) Women's programme n) Educational spots
g) Agricultural programme o) Notices and Telegrams
h) Children's programme p) Informative programmes

15. Who is your favourite radio personality?
16. What language programme do you prefer?
17. Do you believe what you hear on the radio?
 - a) Little
 - b) All
 - c) Some
18. Do you listen to Nutrition programmes?
19. Which one?
20. Do you discuss what you hear on the radio?
21. Who with?
22. What subject did you discuss?
23. What would you like to hear on the radio?
24. Do you have a television?
25. What times do you watch television?

QUESTIONNAIRE: MEN'S OPINIONS ON BREASTFEEDING

1. Address:
2. Occupation: Age:
3. Married?
4. Children: Yes _____ No _____
5. How many?
6. Age of eldest: Age of youngest:
7. Does your wife breastfeed?
 If yes, what is your opinion on breastfeeding?

 If no, why wasn't the child breastfed?
8. If not married, do you have any opinions on breastfeeding?
9. How do you want your future children to be fed?
 Breastfeeding?
 Bottlefeeding?
10. Why do you choose
 Breast milk:
 Bottle milk:

WESTERN SAMOA: EXISTING LOCAL PRIORS													
1	2	3	4	5	6	7	8	9	10	11	12	13	14
BASELINE DATA COLLECTION	MATERIAL DEVELOPMENT												
Coordination and delegation of responsibility.	Poster Theatre ads Newspaper column (Development and pretest)		Final copy of materials.	Distribution Print.					Evaluate materials and revise	Recipes (pretesting)			
Budget													EVALUATION
Review guidelines		IMPLEMENTATION											Final meeting of people involved in campaign.
		Announcement Spot Jingle Slogan (throughout the campaign)	Interviews Song	Question & Ans. Panel Discussion Films						Song (new one) (cooking veg.) Jingle Spots	Cooking demonstrations Recipes Interviews (nutritionist) farmers agric. extensionist		
			Talks	Develop school gardens (with school competitions in mind)			Meeting of campaign committee	School garden competition	Market Day once a month show of green leafy veg. not available				

53

TONGA

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NUTRITIONAL PROBLEMS: Infant and Child Malnutrition

- a) Caused by mothers neglecting breastfeeding their babies, increasingly using the bottle instead; e.g., in 1982, it was found that 94% of babies born started on the breast, but only 23% continued on breastfeeding.
- b) Caused by the increasing dependence on imported foods which accounted for approximately 32% of total daily caloric intake. In 1980, over \$7 million of food and live animals were imported to Tonga - a change to westernized diet.
- c) Caused by a lack of knowledge of food value - through mothers' ignorance or the general public's ignorance.
- d) Caused by the unavailability of food crops - consistently.

SOLUTIONS: Initiate the importance of breastfeeding.

- a) Educate the mothers.
- b) Increase the availability of locally produced food to improve nutrition and to reduce dependency on imported food.
- c) Identify food value - provide necessary information to the general public.
- d) Emphasize the needs for local produce food - "Tongan Food is Best"

OBSTACLES:

- a) Working mothers' laziness
- b) Imbalance of trade - Influence of advertising of imported food through media
- c) Difficulty of reaching out to audience scattered in islands
- d) Old myths of eating style - heavily built means dignity and power.

IMPLEMENTATION:

- a) Emphasize the importance of nutrition through the Home Economic Section and Rural Community groups - by Health Educators and through the media - radio talks.
- b) Emphasize the importance of food value in the Education Syllabus to the children at Primary level and in Colleges.
- c) Through publications - in local papers, in posters, too.
- d) Through the radio - interview nutritionists to reach the outer island dwellers. For example:
 - Talk Programme
 - Small Dramatic Play
 - Music which appeals to the Food Value
 - Slogans and Hints
 - Radio Doctor Programme
 - Women's Programme
 - Activities
 - Recipes

QUESTIONNAIRE: RADIO USAGE

1. Do you own a radio?
2. Is it operated by electricity or batteries?
3. What's the brand, or trade name, of your radio?
4. Does it often break down?
5. Where do you get it repaired?
6. How long do you have this radio?
7. How often do you listen to the radio?
8. What's your favoured programme?
9. Do you always listen to that programme?
10. Who is your favoured presenter?
11. Why do you like that presenter?
12. Which programme do you hate?
13. Why do you hate that programme?
14. Do you understand the language usage?
15. Do you believe the message on radio?
16. Where do you live?

QUESTIONNAIRE: MEN'S OPINIONS ON BREASTFEEDING

(Interviewing Tongan men:)

1. Good morning, Sir. I hope you don't mind me asking you these questions. They may sound too personal, but such information are valuable for our research on "Men's Opinions on Breastfeeding."
 - a) Are you married?
 - b) Do you have children?
 - c) How many?
 - d) Were they breastfed?
 - e) Do you like them to be breastfed?
 - f) Where do you live?
 - g) And are you working?
 - h) How old you may be then?
 - i) Do you stay together with your children or are they adopted by someone?
 - j) Do you see a difference in growth or personality between children who were breastfed and those who were bottlefed?

2. Thank you very much for your valuable informations and I hope I did not

TONGA: TIME CHART FOR PROJECT ON BREASTFEEDING - TONGAN MOTHERS											
1	2	3	4	5	6	7	8	9	10	11	12
BASELINE DATA											
Audience research		PRODUCTION Pretest Questionnaire Develop radio programs and printed materials.	IMPLEMENTATION Jingle - 2/day in 3 months. Distribution Booklet to health centers Spot announcem. daily. Newspaper article weekly Women's Prog. weekly - 6 mos.	Jingle	Jingle		Another jingle once daily.	Talk Back 1/2 hours		EVALUATION Questionnaire development Feedback	Field work.
Budget - resources transport air time manpower				Jingle	Drum series weekly, 10 min for 4 mos.	Radio Doctor twice for 10 minutes.	Slogan 2/day for four months				
Use of radio information pertaining to breastfeeding habits & customs.				Distribute posters in shops, clinics schools							
Analyze baseline information.				Distribute T shirts, Tee towels on sale local shops/market		Interview 1/week for 4 months 10 minutes.	Films in health centers and theaters				

58

COOK ISLANDS

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NUTRITIONAL PROBLEMS:

High consumption of imported foods; e.g., foods high in sugar, salt, animal fats, etc.

SOLUTIONS:

- a) Education (balanced diet) and exercise
Groups: infant (maternal child health)
school children
adult
40 and over
- b) Local food products should be cheaper than imported (external and internal)

OBSTACLES:

- a) Availability of farming land
- b) Time consuming to the part-time farming
- c) Cost of nursing farming (large, small, individual)
- d) Skill

IMPLEMENTATION:

- a) Price control in local food products (M.O.L. consumer MOII)
- b) Quality
- c) Grant or subsidy (Govt. to local farmers) (MAF)
- d) Continue or encourage H.E. (nutrition)
- e) Training agricultural personnel the modern technology or the cheapest agriculture.

QUESTIONNAIRE: MEN'S OPINIONS ON BREASTFEEDING

First Name: Family Name: Sex: Age:

Marital status: Race: Religion:

Occupation:

Address:

Country:

No. of Children: Age: 0-4
5-9
10-14
15-19
20-24
25-

Does the mother breastfeed?

How long has each child been on breastmilk?

Why do you think breastfeeding is important to the health and welfare of the Child?

Remarks/Comments:

TUVALU

**Annie Homasi
Senior Nursing Officer
Health Department
Funafuti, Tuvalu**

**Lagi Etoma
Broadcasting Officer
Funafuti, Tuvalu**

NUTRITIONAL PROBLEMS:

Limited amount of green vegetables and fresh fruits causing mineral and vitamin difficulties.

High consumption of refined flour, rice and sugar causing obesity, diabetes, hypertension in adults and tooth decay in children.

SOLUTIONS:

- a) Provide information on food value.
- b) Health education.
- c) Employing a dietician/nutritionist.
- d) Vegetable garden projects.
- e) Soil enrichment projects.
- f) Control of imported food.
- g) Formation of Food Committee for each island.

OBSTACLES:

- a) Cultural beliefs/practices.
- b) Funds.
- c) Limited number of teaching aids.
- d) Lack of expertise on diet and nutrition.
- e) Limited knowledge on food value.

IMPLEMENTATION:

- a) Mass education using radio, posters, newsheets, etc.
- b) Using existing bodies like women's committee, etc.
- c) Local farming to be encouraged.
- d) Medical and Agriculture Departments to plan and coordinate nutrition programmes.

QUESTIONNAIRE: RADIO USAGE

1. Home Island:
2. Where do you live?
3. Occupation:
4. Age:
5. Sex:
6. Do you have a radio?
7. Does it work?
8. Is it an electric radio?
9. Do you use batteries?
 - a) Where do you purchase batteries?
 - b) How much do they cost?
10. What time do you listen to the radio?
11. How long do you listen at one time per day?
12. What types of programmes do you want to listen to?
13. What language programme do you prefer? English? Tuvalu?
14. Do you discuss what you hear on the radio?
15. With whom?
16. What programme would you like to listen to?

QUESTIONNAIRE: MEN'S OPINIONS ON BREASTFEEDING

1. Occupation:
2. Age:
3. Home Island:
4. Married:
5. Children:
6. If married: Were your children breastfed?
If single: Do you want your children to be breastfed?
7. Do you think breastfeeding is good?
8. Why?

TOWALO: CAMPAIGN TO PROMOTE LOCAL FOODS												
1	2	3	4	5	6	7	8	9	10	11	12	
Submit work- shop report to Government.	BASILINE DATA 1) Design survey tools. 2) Existing medical program- me. 3) Radio survey of uses & habit 4) Use and know- ledge of local food consumption. 5) Start data collection.		Analyze baseline data.	Trial production and pretesting.	PRODUCTION Slogans on radio spots. Announcements on radio and in the news sheet every 2 weeks. News sheet distributed				World Food Day - Oct. 16			
Distribute report.						ON AIR IMPLEMENTATION Slogans & spots 3 times a day. Announcements 2 times a month	Same as month number 7.	Questions & Answers 2 times a month	Same as month number 9 Same as month number 7	Drum 2 times/month		
	Evaluate existing hospital garden programs.		Revise hospital garden program		Awareness of Hospital Garden Programs		Instructional Activities using Hospital Gardens					EVALUATION Questionnaire

67

KIRIBATI

**Bauri Biketi
Health Education Officer
Health Department
Tarawa, Kiribati**

**Moia Tetoa
Programme Producer
Kiribati Broadcasting and
Publications Authority
P.O. Box 78, Bairiki
Tarawa, Kiribati**

NUTRITIONAL PROBLEMS:

- a) Lack of knowledge of food value.
- b) Unavailability of food crops.
- c) Malnutrition in infants - 5 years.
- d) Lack of knowledge on food value.
- e) Diarrhea.

SOLUTIONS: Health education and seek assistance from Agriculture Department

- a) Educate mothers on how to give right food.
- b) More trained health workers.
- c) Improve education on food value.
- d) Dietician/Nutritionist.
- e) Improve education on health rules.
- f) Mothers to be taught right way of feeding babies and family.

OBSTACLES:

Ignorance
Laziness
Economical
Taboos

Poor Soil
Lack of interest
Inadequate land

- a) Time consuming
- b) Laziness
- c) Financial
- d) Afraid
- e) Poor sanitation

TARGET GROUP:

Mothers and Teachers

Husbands and parents

IMPLEMENTATION:

Group discussion (& Maneadas)
Radio talk
Newspapers
Demonstration
Interviewing

Education
Demonstration
Community organization
Mass media

- a) To teach using group meetings.
- b) Through Women's Clubs.
- c) Media.
- d) Public meetings and individual.

QUESTIONNAIRE: RADIO USAGE

Occupation:

Sex: Male / Female

Age:

Home Island:

Do you have a radio? Yes / No

Type of radio: Ac / Dc

What time do you listen to the radio?

0600-0800

0930-1330

1730-2200

What type of programmes do you listen to?

What would you like to hear on the radio?

QUESTIONNAIRE: MEN'S OPINIONS ON BREASTFEEDING

1. Occupation:
2. Married? Yes No
3. No. of children:
4. Island:
5. Religion:
 - a) K.P.C.
 - b) R.C.
 - c) S.D.A.
 - d) Mormon
 - e) Bahai
 - f) Other
6. Does your wife breastfeed?
 - a) If yes, state why.
 - b) If no, state why.
7. Do you want your future wife to breastfeed?
 - a) If yes, state why.
 - b) If no, state why.
8. Do you have any more suggestions and comments on breastfeeding?

KIRIBATI: CAMPAIGN ON THE PREVENTION OF BLAMINE.

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
BASELINE SURVEY												
Health Habits												
Radio-Listening Habits												
Analysis of Surveys												
		MATERIALS AND AUDIO PRODUCTION										
		Pretesting of printed materials and audio production	Printed Materials: Posters Inserts in Newspapers									
			Radio Announcements Spots Slogans Jingles Drama									
						IMPLEMENTATION						
						Announcement 1 per week, every Wed. night	Spot twice a week	Slogans three times a week	Jingle everyday, morning and night	Drama Once a week (every Wed. night)	Repeat previous 5 months' formats alternatively 2 times/day	
						Distribution of printed material						
						Inserts in newspapers 1/week						
												EVALUATION → Design Questionnaires; survey listeners.

22

MISSING PAGE
NO. 73

NUTRITIONAL PROBLEMS:

- a) Pre-school malnutrition.
- b) Unsafe water.
- c) Tooth decay.
- d) Large families living in urban areas where the earnings of the head of the family are inadequate.

SOLUTIONS:

- a) Through education - to motivate people to grow their own food; balanced diet - food value.
- b) Improve sanitation through education.
- c) Sterile drinking water.
- d) Information on how to take care of teeth.
- e) Smaller family.
- f) Promote home gardening in urban areas.
- g) Purchasing local foods instead of imported foods.

OBSTACLES:

- a) Customs.
- b) Religion.
- c) Finance.
- d) Urban expenses.
- e) Inadequate land for gardening.
- f) Unofficial government policy.

IMPLEMENTATION: Formation of National Food Committee

- a) Health education.
- b) Ministry of Health.
- c) Agriculture Department.
- d) Local clubs.
- e) Religious organizations
- f) Ministry of Education.

QUESTIONNAIRE: RADIO USAGE

1. Name
2. Where do you live?
 - a) Name of village
 - b) Name of island
 - c) Name of province
3. What's your job?
 - a) Teacher
 - b) Farmer
 - c) Office worker
 - d) Labourer
 - e) Sailor
 - f) Other
4. Do you have a radio?
 - a) Yes
 - b) No
5. What type of radio do you have?
 - a) Battery
 - b) Electric
6. What time do you listen to the radio?
 - a) Mornings only
 - b) Evenings only
 - c) Mornings and evenings
 - d) Mid-day
 - e) At night
 - f) Never
7. What programmes do you listen to?
 - a) Late Night Calls
 - b) Birthday Requests
 - c) Service Messages
 - d) Solomon Islands Report
 - e) World blong lumi
 - f) Radio Doctor
 - g) Sports Round-up
 - h) National Bank Quiz
 - i) Y. SATO Show
 - j) World News in Pijin
8. What programmes do you like? (From the list above)
9. What programmes would you like to hear over S.I.B.C.?
10. How clear is S.I.B.C. in your area?
 - a) Clear
 - b) Very Clear
 - c) Not clear
 - d) Could hardly hear

11. At what time of the day do you hear S.I.B.C. clearly in your area?
 - a) in the morning
 - b) at mid-day
 - c) in the evening
 - d) at night
 - e) never

12. On what frequencies do you hear S.I.B.C. clearly?
 - a) medium wave
 - b) short wave

13. Who is your favorite radio personality? (If several, list in order of

 - 1.
 - 2.
 - 3.
 - 4.
 - 5.
 - 6.

14. Do you listen to educational programmes?
 - a) Yes - Why?
 - b) No - Why?

15. Do you believe what you hear over S.I.B.C.?
 - a) Yes
 - b) No
 - c) Some
 - d) A little

16. How much time each day do you think the Regional Stations should have to broadcast their own programmes?
 - a) 3 hours a day
 - b) 5 hours a day
 - c) More

QUESTIONNAIRE: MEN'S OPINIONS ON BREASTFEEDING

1. What do you do for a living?
 - a) Farmer
 - b) Office Worker
 - c) Other
2. How long have you been in your present job?
 - a) Two years
 - b) Three years
 - c) More
3. Are you married?
 - a) Yes
 - b) No
4. How many children have you got?
 - a) One
 - b) Two
 - c) More
5. How old is your last child?
 - a) 3 months
 - b) 6 months
 - c) 1 year
6. What does he/she like most?
 - a) water
 - b) milk
 - c) susu milk
7. What do you think about breastfeeding?
 - a) Good - Why?
 - b) Better - Why?
 - c) Best - Why?
8. What is your opinion about bottle-feeding?
 - a) Good - Why?
 - b) Better - Why?
 - c) Best - Why?
9. If your wife is also working would you prefer -
 - a) Bottle-feeding - Why?
 - b) Breastfeeding - Why?
 - c) Both - Why?
10. If you prefer your children to be breastfed, for how old would you allow your children to be breastfed?
 - a) 9 months
 - b) 1 year
 - c) More

SOLOMON ISLANDS: NUTRITIONAL VALUE OF FOODS (2-YEAR PLAN)												
Jan - Feb	Mar - Apr	May - June	July - Aug	Sept - Oct	Nov - Dec	Jan - Feb	Mar - Apr	May - June	July - Aug	Sept - Oct	November	December
RESEARCH WORK												
Audience Research and other Data												
<p>No. of radio listening time How many times to health programmes. Is SIMC clearly heard in province? No. of people who receive message by: radio posters, etc. Travelling costs Costs of holding health courses, workshops, etc. No. of people who speak Pijin Nutritional: who know balanced diet food values urban expenses rural expenses no. of people who use the lands and grow crops.</p>												
PRODUCTION OF A.V.'s ---												
<p>Announcement Slogan Radio Doctor Posters Flipcharts Flannelgraphs Film shows Pretesting of materials Modification of materials</p>												
IMPLEMENTATION OF AUDIO-VISUAL MATERIALS												
<p>Radio media Radio Doctor Posters, etc. Radio Dramas Demonstrations in health courses women's workshops Trial (by N.E. staff) Distribution of posters and other materials Nurses refresher courses Village health aids course</p>												
MOTIVATION AND INSTRUCTION PERIODS												
<p>Posters Slogans etc. Dramas - 2/wk Radio Dr. - twice weekly 2 health courses 2 w/workshops 2 village W.A. courses</p>												
<p>Health courses women's wkshop film shows - 8 nurses refresher courses - 3 village health aid courses - 2 radio Dr. - 2/wk Drama - 2/wkly</p>												
<p>Radio Dr. 2/wk Dramas 2/wk Demonstrations Workshops - 4 Flannelgraphs film shows V.N.A. course 1 Health course 1 Nurses refresher course - 1</p>												
<p>4 health courses 2 women's wksp. 6 film shows 2 nurses refresher course 4 village Health Aids courses Posters Flannelgraphs Radio Dr. 2/wk</p>												
<p>Apply new audio visual message on nutrition in Pijin or mother tongue, and... TRIAL PRACTICE PERIODS -----></p>												
<p>Records... Nutrition, 8 health courses Women's workshops Film shows - 5</p>												
<p>Conducting of: health courses 2 w/workshops 1 nurses course 4 W.A. course 1 Film shows 6</p>												
<p>Follow-ups are done by writing questionnaire and distributing or during the conducting of courses, health education and women's workshops. Repeat motivation media such as posters, spots, jingles, etc. Feedback information</p>												
EVALUATION												
<p>Reports from health education staff in provinces & nursing staff and medical affairs in all provinces.</p>												

82

APPENDICES

THE
FOUNDATION
FOR THE
PEOPLES
OF THE
SOUTH
PACIFIC
INC.

P.O. Box 1493
Suva, Fiji

To: Workshop Participants

From: Benedict Tisa, Communications specialist
Dan Baker, Communications specialist
Gloria Renda, FSP Regional Nutritionist

This workshop is designed to bring together various country participants with different specific skills that are all necessary to achieve more appropriate nutrition education programs. Sharing, teaching and working with each other will enable all of us to become effective communicators. Therefore during this workshop you are expected to:

- share your expertise and experiences during the workshop.
- exchange information outside workshop time with each other.
- communications personnel read nutrition information.
- nutrition personnel read communications information.

Should you have questions or need assistance outside workshop time, please feel free to contact Benedict (Room 27), Dan (Room 24) or Gloria.

When you come into the Frangipani Room at 8.30 am (Tuesday, November 2), please pick a name tag at random. If you pick your own, please put it back. Then find out whose name tag you have. The color indicates the group you will be working with during the first half of the workshop.

REGIONAL MATERNAL & INFANT
NUTRITION PROGRAM

RESOURCE LIBRARY

- 1) AED Field Notes. Selecting Campaign Messages.
- 2) U of Chicago. Communications Pretesting (Media Monograph 6)
- 3) APHA. Using Radio (Primary Health Care Issue Paper)
- 4) Restrepo. A multi-media strategy for a breastfeeding campaign in Colombia.
- 5) Leslie. The use of mass media in health education campaigns.
- 6) Smith. Beyond slogans: a serious new role for radio.
- 7) Burma. Report on "Workshop on development of nutrition communication strategies in community health care."
- 8) Manoff International. Radio Nutrition education - using the advertising technique to reach rural families: Philippines and Nicaragua.
- 9) Development Communication Report. The Nutrition Message and the Mass Media.
- 10) Colle, R. & S., The Communication Factor in Health and Nutrition Programs, Cornell University, 1979.
- 11) Health and Education by Television and Radio, Conference Report, International Information Week 1980, Munich.
- 12) Rasmuson, Mark. Current Practice and Future Directions of Nutrition Education in Developing Countries, Office of Nutrition, USAID, 1977.
- 13) Coyre T. The Effect of Urbanisation and Western Diet on the Health of Pacific Island Populations, December 1981, South Pacific Commission.
- 14) Renda G. Public Health Nutrition/Dieticians Refresher Course, Foundations for the People's of the South Pacific, February 1982.
- 15) Food and Nutrition Terminology, WHO/FAO, No.73.2.
- 16) Nutrition Training Manual Catalogue. International Nutrition Communication Service, A.I.D. AN/2004.
- 17) Communications for Social Development in Africa, ed. by John Balcomb. A report of a UNICEF sponsored International Workshop held in Arusha, Tanzania, December, 1976. Published by UNICEF, Eastern Africa Regional Office, P.O. Box 44145, Nairobi, Kenya.
- 18) Keating, Rex. Grass Roots Radio, A manual for fieldworkers in family planning and other areas of social and economic development. Published by International Planned Parenthood Federation, 18-20 Lower Regent Street, London SW1Y4PW, England. 1977.

REGIONAL MATERNAL & INFANT
NUTRITION PROGRAM

RESOURCES GIVEN TO PARTICIPANTS

1. The New South Pacific Handbook of Nutrition, S. Parkinson and J. Lambert, FIJI National Food and Nutrition Committee, 1982.
2. A New Look At Infant Feeding, T. Coyne et al, Science Press, New South Wales, 1981.
3. A Multi-media Strategy For a Breastfeeding Campaign in Columbia, Educational Broadcasting International, March 1981.
4. Status of Women and Breastfeeding, World Health Organization Geneva, 1981.
5. New Internationalist, April 1982.
6. Fermented Breadfruit and Dried Breadfruit, Rural Development Centre, Nuku'alofa, Tonga, 1982.

MALE SURVEY ON BREASTFEEDING

No. of people interviewed = 59

Race: Fijian = 24 Indians = 23 Other = 12

<u>Religion:</u>	<u>No.</u>	<u>Age</u>	<u>No</u>
Muslims	5	21-30 years old	12
Hindus	17	31-40 " "	16
Catholics	10	41-50 " "	4
Methodist	12	51-60 " "	2
Others	6	Over 60 " "	3
Non - Religious	4		

Married = 38 Single = 20

Reasons for Breastfeeding (FOR) = 44

- | | |
|----------------------|--|
| a) Cheap | h) doctor's advice |
| b) not from cows | i) handed down as tradition |
| c) saves time | j) radio said it's better than |
| d) easy to get | k) forms a closer bond between mother and child. |
| e) balance | l) makes baby strong and well behaved |
| f) baby grows faster | m) it's a natural way of feeding |
| g) wife's decision | |

Reasons for not Breastfeeding (AGAINST) = 3

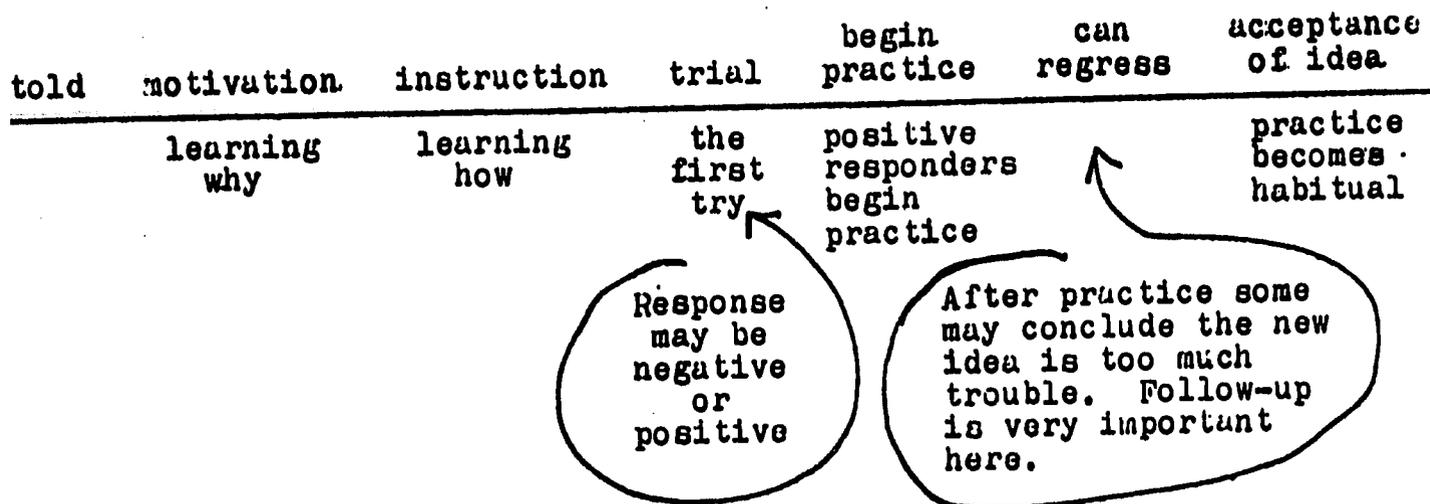
- a) mother is reluctant to do so
- b) mother wants to go out
- c) mother thinks of her figure

SPOKESMEN REPORTS

COMMENTS ON QUESTIONNAIRE FOR MEN

1. Introduction - plainly and politely.
2. Religion - is important as it gives us an idea of cultural background. e.g. Muslims have to breastfeed. Though another group did not agree. (Omit the question on Religion unless the topic concerns meat).
3. Race - is relevant because the different existing nationalities had different views on the topic.
4. Age - is not very easy to get but depends entirely on ones approach and also is not that important and should be added at the end of the questionnaire.
- ask age of youngest child in family.
5. Why - is not a good question in itself, but the question should be asked in a different way like "Are you satisfied with your wife breastfeeding? Then ask why.
6. Interview - Individuals, not in groups.
7. Questions - Insufficient too open ended i.e. answer let to another question.

THE LEARNING PROCESS



The above is a continuum of the learning process. For our purposes, this has been simplified to cover the main points. Though the continuum is divided in sections, we must be aware that the parts can, and often do overlap. For instance, many times the motivation and instruction overlap. The same may be true for the trial period and the beginning of the practice.

Management of an Educational Program by objectives

For any educational program two components are needed -

GOAL: That which we are aiming

OBJECTIVE: That which we will achieve, or the change that occur. The objective must be measurable and can be measured by asking three questions:

How much time
By when

Using the same scale as the learning process we can break up the campaign into a time frame for our communication campaign.

Example:

1 month for telling

6 month for the motivational and instruction

6 month for the practice to begin and acceptance..

We have to note that these processes usually overlap and aren't ridge to when one process ends and the other begins.

With the program broken up into this learning sections we can also select an appropriate media to use in each of the processes.

In the telling Posters, radio spots..media to bring the problem to attention of the audience.

Motivational: Radio dramas, spots, slide shows

we now want to motivate people to look at the practice as to what benefits the could derive from it.

Instructional: demonstrations, flipcharts, question and answer radio programs, call in programs Dr. Programs films

Steps in the Development and designing a
Communication Strategy for Communications Campaigns

Just as with development of an individual piece of educational material there are steps in the development of a communication campaign. Basically they are similar to those in developing the media, radio spot a poster or flip chart etc.

1. Base-Line data and analysis.

What do we know about the audience, how will this effect our communications campaign?

2. Definition of the problem and objectives.

What is the problem and what are we going to do. How will the audience change their behaviour and what are our goals?

3. Design of the message.

Taking into consideration all of the cultural, religious prior knowledge etc. of our audience we then design what we want to say.

4. Selection of the media.

Depending on resources, the audiences use of various media, whether they can read or write it we select the media form to carry the message.

5. Design of the material.

We begin to put all the form to the educational material.

Some points to keep in mind:

- * it must be aimed at a specific problem or attitude which needs to be changes.
- * the information presented must be within the means of the audience to act upon.
- * the information must be consistent and sound
- * the information must be cultural relevant, that is in the appropriate language etc.
- * the message should be timed to reach the greatest audience audience avoiding times such as planting or harvest or holidays

We would want to make sure that printed materials and radio messages are compatible and supporting of each other.

6. Testing of the materials.

Printed materials and radio spots should be taken to several areas for pretesting. Some of the points that should be looked for are:

- * How much attention is paid to the message?
- * Do people enjoy hearing and seeing the message?
- * Do they understand the message as intended?
- * Do they remember the content?
- * Is there anything offensive in the material?
- * Are the illustrations in the printed material clear?

86

7. Modifications of the materials.

Based on the results of the initial testing, changes in the message, presentation, or illustration are made as deemed necessary.

8. Retesting.

The modified materials or lesson plans should be tested of accuracy and effectiveness, this time among an audience different from the first.

9. Production of the materials.

10. Distributing.

11. Feedback.

Feedback may be defined as the generation of information from your audience which is relayed back to the project organizers. Feedback should provide project personnel and field workers with a continuous flow of information enabling them to maintain or modify the program in accordance with the expressed needs or reaction of the audience. Furthermore, being allowed to say something about the educational campaign promotes the feeling among the audience and field workers that they do have some input and control in the direction of the project, this in turn heightens the sense of self-esteem and commitment to the program goals. These reasons make it essential that an effective system of feedback be built into the communication strategy.

The effectiveness of the feedback system will depend largely upon the ability of the program personnel to observe, interview and survey the audience.

12. Evaluation.

The process of evaluation involves analyzing the feedback data in comparison to the Base-line Data's objective set in the communication campaign. Have people changed their behaviour or understanding and how much?

Basically, evaluation involves four steps:

Description. What is the purpose of the communication campaign? What new behaviour was to be adopted?

Measurement. How much change has occurred? Here the base line data is of the utmost importance for providing a yardstick for measuring change.

Assessment. This involves drawing conclusions about the amount and quality of the changes in behaviour which have taken place. Does comparison with the base-line information indicate that the audience has understood and acted upon the message?

Report: Based on the assessment, recommendations for future action re-made.
For evaluation to be effective, the following should be kept in mind:
Evaluation should be done quickly
Evaluation should be done inexpensively
Evaluation should be limited to only those questions of critical importance to the success of the campaign
The information obtained should be accurate.

Improving Pictorial Materials

Educational media is meant to facilitate communications. They should not draw attention to themselves at the expense of the content of the message. Serious consideration should always be given before hand to various factors that effects and influences the audience understanding of the message. Some of the factors that effect the understanding of the message are ethnic, religious beliefs, age and literacy.

It is important to select the medium most appropriate to communicate the message content and that this content is understood easily by the audience.

Just as verbal literacy requires an ability to interpret written symbols, visual literacy implies familiarity with and understanding of the "language" of pictures, that is, certain concepts of mass, dimension, and perspective. However, one need not go to school to learn to understand pictures. Urban dwellers usually have enough exposure to billboards, posters, photographs, and films to be able to understand their content without confusion. We cannot assume, however, that all rural peoples see and interpret pictures in the same way that we do.

An important thing to remember in looking at any type of communication material is that visual reality varies quite a bit between countries, and even within the same country and even within the same area. There can be large differences in how various ethnic, religious, age and other groups perceive and understand the same picture. The best way to deal with this is to assume that you don't know what your audience's

Best Available Document

reality is and that you must learn about the behavior you are observing. In this way you have the opportunity to break the narrow visual perspective which all of us have on our specialized subjects. We can then gain insights which may help to lend a new approach to designing material and messages to support our project objectives. For this reason, one should always test educational materials on a portion of the target audience, or similar group, before mass production.

Visual interpretation surveys in various nations show this difference in visual perception to be an important factor. Surveys have usually been conducted in the following manner: an individual is shown, simultaneously, four pictures, identical in content, but different in pictorial style. For example, the interviewee is shown (1) a photograph of a chicken, (2) a photo cut-out of the chicken, (3) a line drawing of the chicken (traced from the original photo), and (4) a silhouette of the chicken (traced from the original photo). The interviewee is then asked to describe what s/he saw, and to indicate which picture had most helped him/her to identify the object.

The conclusions drawn from these types of visual surveys can help us to create more effective visual aids:

- Visual aids should be realistic, simple and clear. They should supply enough information for interpretation, but should be free of purely decorative or unnecessary details, shadings which distort or cover up, perspectives which distort or require too much sophistication to interpret.
- Only one concept or idea should be stressed in a single visual. Extra details, whether for decoration or greater realism, often detract from the main idea and confuse. Superimpositions, montage effects, and actions which must be interpreted consecutively should be avoided.

Greater realism may be achieved by the use of color, but color must be used functionally, rather than decoratively. Great care should be exercised if any objects or colors are to be included for their symbolic rather than literal value.

We should further add:

- If photos are to be used, it is helpful that the person photographed be a respected member of the community.
- That person should perform the action in the normal manner, and not in any way he thinks the field worker wishes him to for the sake of the photo.
- Normal, proper social relationships should be depicted in the photos. All must be acceptable.
- The person being photographed should understand thoroughly the concept behind the action he is performing, so that when he is given copies of the photo in which he is featured he will be able to explain it to others.
- When visual materials are used, discussion should begin with an identification of the people and the objects in it. The field workers should assure themselves that the picture is not causing any confusion or being misinterpreted.

Audio-Visuals: A Checklist for Success or Failure.

Audio-visuals usually fail for one or more of the following reasons:

- * They are technically or culturally irrelevant.
- * The message conveyed by the audio-visual is based on assumptions which project personnel have about the audience but which have not been tested out or proven to be true.
- * They present too many new ideas at one time, causing the viewer to become confused, irritated, or bored.
- * Their content may only have entertainment value; they don't inform, induce new awareness, or encourage change.
- * The audience is allowed to remain passive, without participating in follow-up discussion or activities.

- * Equipment and/or audio-visuals are too expensive to maintain, in terms of time and overhead.
- * Means of evaluating or obtaining feedback from the audio-visuals are not built into the program.

Conversely, audio-visuals can be expected to bring success under the following circumstances:

- * They are enjoyable and educative.
- * They are explicit and easily understood.
- * They are motivational, encouraging change of awareness or practice.
- * Viewers are encouraged to react to new ideas or awareness through discussion, or other activities. Assistance is available when needed.
- * Expense is not prohibitive, in terms of number of people reached per cost.
- * They save time by presenting new ideas in a vivid and memorable form.
- * They are appropriate, technically and culturally.
- * Equipment is easy to operate; messages are not dependent on sophisticated equipment.
- * They are flexible, adaptable to a variety of situations.
- * They are easily available in-country.

Some Guidelines for pre-testing Visual Materials

If you are pretesting in a group, you will have interaction among people. You will not always need a form to fill out, but you should take notes on what people say in reaction to your questions. With the information that you get from the discussions you should be able to modify your audio-visual so that more people understand it without difficulty.

Some suggested questions

1. In your own words, tell me what this poster (or flip chart, etc.) is about.
Ask the same question while pointing to individual illustrations.
2. Do you think that this poster is asking you to do anything special?
3. Does this poster tell you anything that you don't believe is true?
4. Is there anything in this poster that might bother or offend the people who live here?
5. Do the people in the drawing (or photograph) remind you of your friends, or are those people different from your friends?
6. Is there anything in particular that you like about this poster (or flip chart)?
7. Is there anything you dislike?

Another method of pretesting visual materials is to hang them in the clinics or waiting areas of your health centers and then question the people as to what they see or think about the poster or printer material.

1. While you were in the waiting room did you happen to notice any posters?
2. What was the general topic or subject of the poster?
What were the posters about?
3. Can you remember what the posters said?
4. Do you remember what kind of pictures or drawings were on the poster? Please tell me as many as you can remember.

5. Was there anything on the poster that you didn't understand?
What was it?
6. Was there anything on the poster that you didn't like?
What was it?

This is a very informal type of testing, but it will enable you to find out if the visual attracts attention and what people are able to remember of the message. It will also show you what may have been unclear or difficult to understand. You want your audio-visual to attract attention and convey a message clearly.

You may at some time be required to conduct an interview when the subject involves personal feelings, deeply held beliefs, or sensitive interpersonal behaviour. Some examples are:-

1. Family planning practices.
2. Religious beliefs.
3. Sexual matters.
4. Husband wife relationships etc.

When people are asked to talk about themselves in these areas the tendency is to become defensive and simply relate the mechanics of the behaviour without the actual feelings and reasons involved. The questions themselves become roadblocks to real communication. In this method the interviewer uses statements instead of questions, to start the subject and three techniques to keep the flow going.

You may begin by saying "I won't ask you any questions about your family planning practices, we'll just talk". This relaxes the interviewees right from the start, the anxiety level drops noticeably. The lead statement must be carefully chosen, and timed to present it as a discussion area. For example - "family planning practices are new to people here". Wait for the response, you may be surprised at how the informant will continue "yes, when I first began"..... never interrupt. Wait for the informant to stop. When they do, you can do three things to keep the flow going.

- a. Say nothing, do nothing. Wait for, say, a full minute. This unexpected pause and lack of a question will often prompt the informant to continue "well, as I was saying"
- b. Repeat the last sentence spoken by the informant " and that is what I did"..... you may be surprised here, after the informant will say "yes, and then you begin to move to a deeper level.
- c. Simply state the emotion that the informant describes. "You were confused," "you were angry", "you were happy" you will again note the lack of a question, by simply stating the feelings expressed the informant feels compassion or understanding, and will usually continue to a more personal level. You may also use the phrase "I hear you saying you are angry" etc.

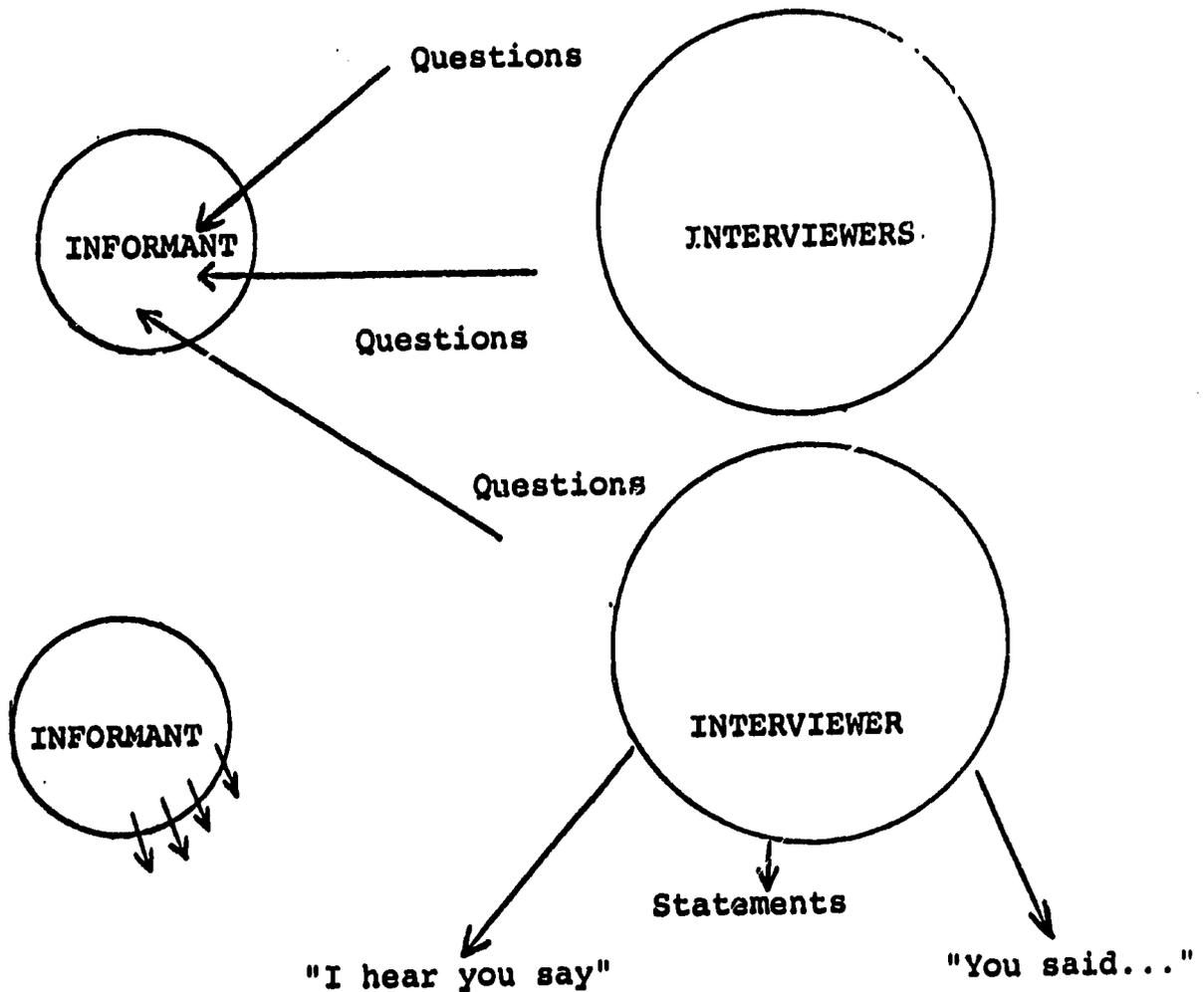
94

By using one of these techniques you keep the flow going and you sidestep the road blocks to understanding.

When you feel the informant has finished with a particular area make another statement for example - "the religious beliefs here sometimes make it difficult to practice family planning".....

You may have to prompt a little with comments like "you have feelings about this"..... again not a question.

The reason this system works so well for sensitive interviews is simple. Questions are probes into the informants feelings. Statements are simply presented, and the informant addresses them as extension subjects. The roadblocks are questions.



The Basics of Interviewing.

- 1) Prepare, prepare, prepare. Know the subject, remember, you are the listener's spokesman. Think of the listener's possible questions when you prepare your questions.
- 2) Prepare simple straightforward questions. Get the who, when, where, what, why and how. Don't let the interviewer wander into general discussion. Pull them back with more questions, or the often used phrase "lets return to the subject". Be affirmative.
- 3) Know how you plan to use the results of the interview. Always keep in mind the exact information you are trying to get. Direct the interview toward this end. When your subject is discussing the target area "go for second helpings", that is, ask a redundant question to make sure the critical information area has been exhausted.
- 4) Do not script the interview. Work instead from an outline, list subject areas in order of importance.
- 5) You may write out questions and rehearse with the interviewee for live broadcast formats.
- 6) Give the interviewee all of your attention as the questions are answered. Don't drift.
- 7) Try to interview subjects in private, without onlookers. You don't want a performance, you want sincere answers.
- 8) Don't stop for minor errors if the subject stumbles or falters. Let them recover, they will look to you for direction.
- 9) Try to limit the interview to one subject.
- 10) Prepare a few summary questions or "where do we go from here" questions.
- 11) Check through the outline, make sure the knowledge areas have been covered.

The Survey Interview,
Getting The Truth.

- 1) Introduce yourself politely and concisely, "Excuse me, may I ask you some questions, I am doing reserch for ----- "
- 2) The interviewer must establish the trust and co-operation of the informant without influencing the responses.
- 3) Ask the survey questions matter-of-factly, without personal affect. Ask the informant to think carefully and give a sincere answer.
- 4) Wait for the full response, and do not interupt.
- 5) Try to hold the informant's attention between questions if you are occupied in writing the response.
- 6) Ask a general "throw away" question after the formal questions to collect "surprise " facts!

Points to note in an Interview.

1. Know why you want the interview
2. Know the subject
3. Know your audience
4. Use specific questions
5. Make the interviewee comfortable
6. Don't put words in the mouth of the person you are interviewing
7. Listen to what is said
8. Use simple language
9. Use humility
10. Pay attention to your and the interviewee's facial expressions.
11. Don't script the subject
12. Speak slowly and clearly
13. Make it short
14. Don't use negative questions.

SHORT MESSAGE FORMATS

1. Spot announcement of written message. - the announcer simply reads the written message.
2. Slogans. - the Central message is condensed into a short cleverly worded statement. Used to educate and identify.
3. Jingles - slogans made into songs may be set to music.
4. Celebrity or leader announcement - may be a testimonial. A testimonial is where the person announcing speaks personally for the product or solution.
5. Subject testimonial - where a member of the target audience talks for the solution from experience.
6. Question and answer - first the question is asked and then answered. May use question from the target audience. May also use audience answers, answers from doctors etc.
7. Drama - the message is presented as a story, where two or more people are talking. Their speaking is written and announced by actors. This is called dialogue. The characters may be in a situation where the effects of the health problem are being experienced and solved.
The drama format can take many forms. It can be presented like a legend in, make believe places or like a modern day story. The story can be funny if you feel this will keep people get your message. You can illustrate difficult to understand problems by giving voices and personalities to things like vitamins, vegetables etc.
Example: "Hi, I'm Anna Banana, when you put me with the baby's food I bring my friends along, marty minerals, and vera vitamins. They keep the baby to grow strong". This type of drama works very well with children.
8. Musical - the message is presented as a song, usually with a lead in announcement, and an announcement after the song.
9. The Contest - people love to hear their rawes on the air, and they love to win prizes. You can have radio contests for the best solution to nutrition problems, correct answers to nutrition questions etc. prizes may be foods on small cooking utensils etc.
10. Commercial type announcement - those messages sees your nutrition solutions as a product. Comparing the values and benefits of the solution to incorrect practices.

99

1. Listener response - these messages use the responses of the target audience to the solutions.
"the people speak out on nutrition".
2. The radio clinic - In this format one problem is presented and "solved" by introduction of the solution. You may use the voice of a member of the target audience expressing the problem and then introduce the solution from the "doctor". You could dramatize this format and use a respected elder woman to express the solution.

QUESTIONNAIRE ON RADIO SPOTS

Play the message for the interviewee. Then ask the following:

1. Tell me in your own words what the message said.
2. Did you feel that the message was asking you do do something in particular?

Yes
 No
 Don't know.

3. Did the message say anything that you don't believe to be true?

Yes.
 No.
 Don't know.

If yes, what was not true?

4. Did the message say anything that might bother or offend the people here?

Yes.
 No.
 Don't know.

If yes, what?

5. Do you think that this message was intended for someone like you, or is it for other people?

For someone like myself.
 For other people.
 Don't know.

If for other people, who and why?

6. Was there anything about the message that you particularly liked?

- Yes.
- No.
- Don't know.

If yes, what?

7. Was there anything in the message that you didn't like?

- Yes.
- No.
- Don't know.

If yes, what?

8. In comparison to other radio messages on the air that you have heard, how would you rate this message?

- Excellent.
- Good.
- Fair.
- Poor.
- Don't know.

9. What do you feel could be done to make this a better message?

If you had two radio messages, you would then play the second and ask the same questions. After the second set of questions were answered, you would then play the two messages again, one after the other, and ask the person which one they liked best and why.

With the results of results of this pretest, you can go back and improve the message as indicated. You would then take the material to the field for another test to make sure all the information was clear. If all went well after the correction, then your message would be ready for broadcast.

UNDP/SPC

**The Effect of Urbanization and Western Diet on the Health of Pacific
Island Populations**

by T. Coyne, 1981

11. SUMMARY

This discussion paper reviews some of the existing data on the health of Pacific Island populations as it is, or may have been, in traditional-living island groups with comparisons to people presently living a 'western way' of life in towns and cities in the Pacific. The major generalizations and/or suggestions which emerge from this comparison include:

1. Traditional living Pacific Island people were in general robust, physically fit, active and relatively free of nutritional deficiencies or disorders.
2. Infant and child mortality in the traditional life style was probably high and life expectancy may have been short.
3. The prevalence of chronic degenerative diseases such as diabetes, hypertension, gout & ischaemic heart disease is low among traditional living peoples.
4. The past four decades have brought rapid & dramatic changes to the Pacific. Population increases, economic development, movement into towns & cities, decrease in subsistence agriculture, and greater reliance on imported foods, have been of major social and economic importance.
5. The dietary pattern of 'westernized' groups has changed from one predominantly of root vegetables, coconuts & fresh fish to one consisting of rice, bread, tinned fish and meat and sugar.
6. The major nutritional differences between the westernized diet and the traditional diet include increases in energy (calories), sugar, salt, fats of animal origin and alcohol and a decrease in fibre.
7. The prevalence of chronic degenerative diseases such as diabetes, hypertension, ischaemic heart diseases & gout are currently reaching epidemic proportions in towns and cities in the Pacific.
8. The major causative factors in relation to these diseases include a genetic predisposition combined with environmental factors such as obesity, decrease in physical activity and diet.
9. The dietary factors which may be predominant factors in the development of these chronic diseases include increased energy, salt, animal fat, sugar, alcohol and a decrease in fibre and perhaps some trace minerals.
10. Infant and child malnutrition, while probably mild in traditional groups, appears to be increasing in severity in recent years. An increase in the incidence of Kwashiorkor and marasmus has been noted in urban centres.
11. Many Pacific Island countries are taking steps to deal with the effects of urbanization and western foods on the health of these people. These efforts include increasing emphasis on rural development and food production and the establishment of national food and nutrition policies.

SOME SUGGESTED EQUIPMENT

The following is a short list of equipment that would enable a nutritionist to produce radio messages through the pretesting stage. They are only suggestions. For the most part, the models and prices reflect what can presently be purchased in Fiji.

Cassette tape recorder

National Panasonic RQ 339	F\$ 40.00
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Microphone

Sony, hand held FV3T or F1V3	20.00
Sony Lavalier ECM 16T	20.00

<u>Sanyo NiCad Battery Re-charging system #1230</u>	12.00
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Batteries: D	4.00
AA	2.00

Mixer

Radio Shack Mixer #32-1105	US\$ 25.00
Sony MX-10L	F\$ 40.00

<u>Cassette Repair Kit, Radio Shack #44-629</u>	US\$ 4.00
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Headphones, Sony DRM-5

Patch Cords

- Sony RK-64A Earphone jack to mini mic input with attenuator
- Sony RK 74A RCA to RCA
- Sony RK 95 Phone to Phone
- Sony RK 99A RCA to Mini
- Sony RK105A RCA to Mini
- Sony RK 118 Phone to Mini
- Sony RK 50A RCA to Mini

Adaptor

PC 1A Mini to Phone
PC 2A Phone to Mini
PC 5A Mini to RCA
PC 21 RCA to Mini

The above patch cords and adaptors cost on the average of F\$ 2.00 each. They will enable the use to connect with virtually any piece of equipment around. They are handy, inexpensive, and very important.

Tapes

Tapes for cassettes should be purchased in the shortest time/lengths possible. 15 to 30 minutes is more than sufficient for the program's needs.

Carrying Bag

A good, sturdy carrying bag is essential, for the comfort of the worker and the protection of the equipment. A camera bag will suffice, or even a large, strong woman's carry-all.

Cleaning Equipment

Alcohol and Q-tips (cotton-tipped swabs) are available in any drugstore, and will keep recorder heads clean.

SUPPLIERS IN THE SUVA AREA

Sony: Pacific Mercantile Co., Ltd.
P.O. Box 240
Suva, Fiji
Telex: 2138
Telephone: 312-722 or 311-022

Sanyo: Morris Headstrom
Box 295
Suva, Fiji
Telex: 2128 Morehead F.J.
Telephone: 311-811

Panasonic: Narhari Electric
Box 1199
Suva, Fiji
Telex: 2145 Narsey F.J.
Telephone: 25491

Radio Shack: Radio Shack
280-316 Victoria Rd.
Rydal More NSW 2116
Australia

PARTICIPANTS' EVALUATION OF THE WORKSHOP

NAME OF COURSE: Nutrition Media Message Workshop
VENUE: Suva, Fiji
DATES: From: Nov. 2, 1982 To: Nov. 12, 1982

1. OVERALL IMPRESSIONS OF THE COURSE/WORKSHOP:

1. Do you think you personally needed the course?

a) Urgently 5 b) Moderately 12 c) Not really 0

2. What do you consider were the main objectives of the course?

Responses varied according to nutrition or
radio personnel. Nutritionists were interested in
message content, radio personnel in technical production

3. Do you think that those objectives were achieved? If not really, or partly, why?

a) Completely 4 b) Partly 10 c) Not really 1

"Partly" responses reflect the differences
of the 2 groups as described in # 2.

4. Did you find the course interesting?

a) Very 12 b) Moderately 5 c) Not really 0

5. Has attending the course made you want to find out more about the subjects covered?

a) Very much so 13 b) Partly 4 c) Not really 0

6. Do you think that the course material was relevant to your present job?

a) Completely 9 b) Moderately 7 c) Not really 0

7. Do you think that, as a result of attending this course, you will be better able to do your job when you return?

a) Very much so 11 b) Partly 4 c) Not really 2

If not really, or partly, why? the "not really" responses can be attributed to 2 participants, neither of whom worked in nutrition or educational radio.

2. CONTENTS OF THE COURSE/WORKSHOP:

8. How did the lecturers/consultants perform in general? If poorly, Why?

a) Well 12 b) Adequately 5 c) Poorly 1

the most frequent comment stated there was difficulty in understanding technical terms, or the American's accents.

9. Do you think that the course was well balanced (i.e., between lectures, demonstrations, workshops, films, etc.)

a) Yes 12 b) No 3

10. How useful were the following?

	<u>Very useful</u>	<u>Useful</u>	<u>Mostly useless</u>
a. lectures	<u>5</u>	<u>11</u>	<u>0</u>
b. workshops	<u> </u>	<u> </u>	<u> </u>
c. field work	<u>9</u>	<u>7</u>	<u>0</u>
d. demonstrations	<u>11</u>	<u>7</u>	<u>0</u>
e. handouts	<u>7</u>	<u>9</u>	<u>0</u>
f. general discussions	<u>8</u>	<u>8</u>	<u>0</u>
g. group discussions	<u>6</u>	<u>10</u>	<u>0</u>
h. tutorials	<u>4</u>	<u>12</u>	<u>0</u>
i. assignments	<u>6</u>	<u>11</u>	<u>0</u>

11. What is your opinion of the following topics as they were presented?

	<u>Very useful</u>	<u>Average</u>	<u>Unsatisfactory</u>
a. cooperation games	<u>7</u>	<u>8</u>	<u>0</u>
b. problem identification	<u>13</u>	<u>2</u>	<u>0</u>
c. interviewing skills	<u>13</u>	<u>2</u>	<u>0</u>
d. questionnaire dev't	<u>13</u>	<u>2</u>	<u>0</u>
e. communic. strategies	<u>10</u>	<u>4</u>	<u>0</u>
f. field work	<u>13</u>	<u>2</u>	<u>0</u>
g. production techniques	<u>10</u>	<u>4</u>	<u>0</u>

Comments: _____

12. List any topics or subjects that you think should have been dealt with

a. in more detail nutritionists wanted more 'content'

b. in less detail radio personnel wanted more technical inform.

13. Did you find the course practical or theoretical?

a) Mainly practical

b) partly practical/
partly theoretical

c) mainly
theoretical

3

12

0

14. The course sessions were:

a) Too long 1

b) About right 10

c) Too short 3

15. The pace was:

a) Too fast 3

b) About right 12

c) Too slow 1

16. The level was:

a) Too high 0

b) About right 15

c) Too low 1

17. Did you have any serious difficulty in understanding any of the sessions?

If yes, why? yes = 4 no = 12

Some expressed difficulty in understanding technical terms and American accents.

3. ADMINISTRATIVE AND OTHER ARRANGEMENTS FOR THE COURSE/WORKSHOP:

18. Were you able to have enough contact with?

a. consultants/lecturers	Yes <u>15</u>	No <u>1</u>
b. other participants	Yes <u>16</u>	No <u>1</u>

19. Did you have enough free time? Yes 12 No 6

20. Were you happy with the following areas of organization?

a. allowance	Yes <u>10</u>	No <u>6</u>
b. travel arrangements	Yes <u>13</u>	No <u>3</u>
c. accommodation	Yes <u>12</u>	No <u>2</u>

4. NEED FOR FOLLOW-UP COURSE/WORKSHOP IN THE FUTURE:

21. Do you think this course should be repeated or followed-up for other people? If yes, how often?

Every respondent expressed a desire for follow-up,
some saying once a month, others once a year.
Many suggested a site other than Suva.

5. GENERAL:

22. Please give any comments you have on any other aspects of the course or workshop. We will use these comments to help us plan future courses.

We received many suggestions for a regional clearinghouse for health and nutrition and communication materials in the South Pacific.

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by SUMITRA GOKAL

Vanuatu women take diet seriously

FIJI-TRAINED dietitian Theto Teritume helps to run the food services and plans nourishing diets for patients at the Central Hospital in Vila, Vanuatu.

She is the only dietitian in the country and also trains student nurses in nutrition.

"The hospital has 120 beds, including 14 for children, and the average number of patients is from 50 to 90," says Theto.

In recent years Theto's work has extended to providing talks on Radio Vanuatu especially for mothers on maternal and infant feeding.

"Women's organisations invited her to speak on maternal health during their annual conference.

"Women in Vanuatu are beginning to take interest in themselves and their family. They need training because they do not have enough knowledge on the value of food," she said.

She arrived in Fiji a week ago and is attending a workshop at the Grand Pacific Hotel to gain practical experience in writing nutrition education material for radio, press and for training purpose.

The first day of the workshop was spent on familiarisation with participants from nine island countries who detailed their nutritional problems in their own countries.

"The second day we went out to discuss health topics with people on the street to find out what their views were on a particular subject," she said.

The workshop is funded, and technical assistance provided, by

the Foundation for the Peoples of the South Pacific Regional Nutrition Programme.

The foundation's headquarters is located in New York and it has a regional office in Suva from where a Regional Nutritionist travels to the nine islands, advises government departments and helps wherever training is required in the field of nutrition education.

Theto was born in Aneityum, Tafea, southern district of Vanuatu. She attended British Secondary School and left in 1974 to come to Fiji on a WHO scholarship for a three-year dietetics course.

The first year of the course concentrated on theoretical work and she joined USP Preliminary I students and studied Maths, Chemistry, Biology and English.

Then she entered Fiji School of Medicine and studied nutrition for two years. "I dealt in health education, food and hygiene, diet and disease, institution administration and even sociology," she said.

For practical training Theto found CWM Hospital an exciting place, with a variety of dishes including a good mix of Indian and Chinese.

After graduation she returned home to work at Vila Base, which later changed to Central Hospital, and got down to implementing her training.

"Previously, there was no dietitian at the hospital and it took a long time for my position to be recognised," she said.

Besides general supervision, Theto trained kitchen staff to plan and prepare diets for patients.

"Most of my time was spent in the wards telling patients about their illness and the reason for special diets, then I found they co-operate better with the doctors and nurses."

Theto added new varieties of dishes she had learned at CWM Hospital to the otherwise monotonous roast chicken, beef and conneroles.



Theto Teritume — asking people in the street

datum WATCHES datex

FAMILY PLANNING

FREE GUIDE *Postal Service*

Write for our new free illustrated booklet explaining all modern Family Planning methods. Sent in plain sealed envelope.

THE FAMILY PLANNING ASSOCIATION OF FIJI
OFFICE
CPO Box 619 SUVA

She said she would like to make roti but sharps (roti flour) is not available in Vanuatu.

Theto says she has seen a remarkable change since Independence. The people are growing more vegetables than they did before and suit it is not enough.

Vanuatu women are skilled at preparing a complete wholesome dish out of grated cassava or vudi called lap-lap and a favourite of foreigners.

"The grated cassava is rolled out thin, then we add a layer of coconut cream, meat and bele. It is then cooled, wrapped in banana leaf and baked in a native oven."

Last year Theto went to the University of PNG to study medicine, but after 10 months she returned to her old job at the Ministry of Health.

Before Independence, Vanuatu was divided into French-speaking areas and English-speaking areas. "Now everything is amalgamated into one and government provides free opportunity for all civil servants to learn and understand French language," she said.

In the schools both English and French languages are compulsory. In addition, everyone speaks the native tongue called Bislama.

Theto says the French Hospital had all male nurses but now was training more and more female nurses.

Her brother was a French speaking male nurse in the old system. Her sister was an English-speaking staff nurse.



Better Cooking....

with ***Rewa*** Dairy's
Recipe of the Week

— prepared by Cookery Consultant
Heather HUGHAN.

If you are at home over these two holiday weekends it might be a good idea to do some Christmas baking and preparation. School breaks up in under a month and when there's children in the house it's amazing how they can always find other things for you to do and Christmas baking, like Christmas shopping, is often left to do at the last moment. Here's a really nice fruit mincemeat to make to store to "mature," already for the filling of your Christmas mince pies, such traditional favourites at this season.

FRUIT MINCEMENT

<p>4 lemons 2 apples 500g currants 1/2 cup raisins 1/2 cup chopped nuts 125g melted Rewa butter 2 cups sugar 1 tspn each of salt, cinnamon, ground ginger, ground clover, nutmeg, allspice.</p>	<p>Grate peel from lemons on tear grater. Squeeze juice from lemons and in it cool the peel from the lemons until soft. Cool, then sieve. Add grated apple and remaining ingredients and mix well. Add brandy or rum or whisky to taste — optional.</p>
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DIWALI SALE!

Greetings to everyone from management and staff!

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