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SOME CHARACTERISTICS AND ATTITUDES  
OF TYPICAL CLINIC PATIENTS

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By

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## I. INTRODUCTION

The production of effective family planning posters, pamphlets and other educational materials for clinic audiences is an extremely difficult task. For, in order to teach family planning one must familiarize the patient with reproductive anatomy and show her how the various birth control methods work.

These are subjects usually taught at the high school level with complicated charts and models. However, the typical clinic patient only has about six years of education, no understanding of anatomy and lacks the training to interpret charts.

Because we were aware of these problems and particularly worried about how to prepare effective illustrations for clinic audiences, the audio visual section of the Bureau of Health Education decided to pretest all of its major family planning educational materials prior to publication. We also wanted to learn something of the attitudes, hopes and fears of the clinic patient in order to prepare motivational pamphlets with which they could identify.

Accordingly, with the help of the Family Planning Education Officers, Mrs. Winnifred Mullings, the Bureau's writer, and I interviewed 183 persons while pretesting six pamphlets and two flip charts. We interviewed an additional 20 persons in an effort to acquire background information for the production of three films.

The interviews were made at the Victoria Jubilee Hospital, Comprehensive Clinic, the Public Works Department pay station near Harbor View and clinics and hospitals in St. Thomas, St. Catherine, Westmoreland, Manchester and Clarendon. We spent almost as much time observing and talking to the patients as we did on formal interviewing.

The sample was small and unscientific. Nevertheless the information acquired from these surveys, plus data culled from the National Family Planning Board statistical reports reveal several characteristics and attitudes common to many clinic patients.

The following paper, concerning typical clinic patient attitudes and characteristics applicable to family planning education, is based largely on our pretesting surveys. A major share of the credit for the survey data belongs to Mrs. Mullings, who did most of the interviewing, helped draft the questionnaires and in many cases wrote the pamphlets.

## II. SUMMARY

### A. General

1. The typical family planning acceptor has a higher education, is more literate, is slightly older and has more children than the average Jamaican woman. In other words she tends to be a mature woman with possible leadership tendencies.

2. Most acceptors claim to have learned about family planning and been influenced to visit the clinic by personal contacts, i. e. friends, relatives, nurses, doctors, encouragement visitors and family planning education officers.

Mass media played a relatively unimportant role although when questioned in depth almost 100 per cent stated that they had heard about family planning on the radio. Many also mentioned having learned about family planning at meetings where films were shown.

3. A vast majority of the persons we interviewed favored family planning.

4. Most of the persons interviewed wanted two or three children.

5. The typical Jamaican woman knows very little about the reproductive process. She usually understands that pregnancy is related

to sexual intercourse but is often surprised when she becomes pregnant.

6. Teenagers know particularly little about sex. In one survey 30.6 per cent of the girls did not realize that sexual intercourse would result in pregnancy. Of those 69.4 per cent who did realize, a significant number said that although they realized they could conceive as a result of sexual intercourse, they did not think that this would happen on that particular occasion.

7. The pill and IUD seem to be the most well known family planning methods.

8. Almost everyone was aware of the family planning program and knew that they could go to the family planning clinics for help.

#### B. Audio-Visual Aids

1. Illustrations must be realistic to be understood.

2. Diagrams are meaningless to most persons with less than 6th standard education.

3. Symbols such as balloons and arrows are difficult for the typical clinic patient to comprehend.

4. Most clinic patients tend to interpret words and illustrations literally and often find it difficult to understand the broad meaning of a sentence or paragraph.

5. Reading is difficult for many clinic women and their vocabulary is limited. Sentences must be short and words simple and concise.

### III. RECOMMENDATIONS

1. It is urged that major emphasis be placed on implementing a strong information program in the clinics for the following reasons.

a) The average clinic patient is a mature woman of above average education and quite probably a natural leader. Since most persons learn of family planning through personal contacts it is quite possible that she

could prove an extremely effective saleswoman provided she is well informed and satisfied with clinic services.

b) Many pregnancies are caused by ignorance concerning reproduction and family planning methods, even among family planning acceptors.

c) A large number of women are already favorably inclined towards family planning. They want small families. They do not need motivational materials, for they are the stage in the adoption process where they need information. As Bogue points out there are four stages in the adoption process.<sup>1</sup>

Stage I. Awareness and Interest. This stage includes learning that birth control is possible, respectable and practical; becoming interested in it; and wanting to learn about it. At this point a person merely acquires a receptive attitude.

Stage II. Information-Gathering, Evaluation and Decision to Try. At this stage, the person actively seeks information, or takes any opportunity to gain information that may be presented to him.

Stage III. Implementation. This stage includes taking action, learning how to use, correcting mistakes, and overcoming wrong ideas. At this stage, a person sees a physician, goes to a family planning clinic or visits a pharmacy to get supplies.

Stage IV. Adoption and Continued Use. This is the stage of full adoption. Most Jamaicans appear to be in Stage II or III. They have passed Stage I, are aware of family planning and interested in it. They need information upon which to base a decision.

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1. Donald J. Bogue and Veronica Stolte Heiskanen, "How to Improve Written Communication for Birth Control" (New York: Community and Family Study Center, University of Chicago and National Committee on Maternal Health, Inc. 1963) pp. 7-8.

For, as Stycos found in his survey, the people who know the most<sup>2</sup> birth control tend to adapt it the quickest.

2. Radio appears by far the most effective of the mass media. It is recommended that the limited amount of motivational material still needed be aired largely over this medium.

#### B. Audio-Visual

1. Pictures must be realistic and simple. Backgrounds should be uncluttered so as not to confuse the viewer.

2. Symbols, such as arrows, should be avoided.

3. Diagrams should not be used with groups with less than 6th standard education. When diagrams are utilized they should be carefully explained.

4. Text should contain short concise sentences.

5. Vocabulary must be simple.

6. Abstractions of all varieties, in illustrations and text should be avoided.

### IV. FINDINGS

#### A. General

1. The typical family planning clinic patient is better educated and more literate than the average Jamaican woman.

For example, the National Family Planning Board (NFPB) reported that 90 per cent of the new family planning acceptors during August, 1969 (the latest month for which education statistics are available) had completed fourth to sixth standard. On the other hand according to the 1960 census only 69 per cent of the national population had completed fourth to sixth standard.

2. J. Mayone Stycos and Kurt W. Back, "The Control of Human Fertility in Jamaica (Ithaca, New York: Cornell University Press, 1964.) p. 261.

TABLE I

EDUCATION STANDARDS OF NEW FAMILY PLANNING ACCEPTORS OF AUGUST, 1969,<sup>3</sup> COMPARED TO NATIONAL AVERAGE TAKEN FROM CENSUS OF POPULATION, 1960.<sup>4</sup>

<u>STANDARD OF EDUCATION</u>	<u>NEW ACCEPTORS</u>		<u>POP. 15 YEARS AND OVER</u>	
	No.	%	No.	%
No Education	30	2	152,615	16
Primary, less than 4th standard	236	13	72,556	7
Primary, 4th to 6th standard	1,439	80	656,183	69
Jamaica Local or JCE	35	2		
Secondary but no SC or GCE	7	-	62,656	6
Secondary - SC and above	48	3		
Degree			<u>3,296</u>	
	<u>1,795</u>		<u>947,306</u>	

It is realized that educational standards have risen markedly since 1960. Nevertheless it is doubtful if the national educational level has reached that of the family planning clinic patient.

Stycos and Back in their family planning attitudinal survey made in 1956-57 reported similar findings, namely that women with sixth standard education tended to adapt birth control faster than those with less education.<sup>5</sup>

3. "Statistical Report, August, 1969" (National Family Planning Board, Jamaica, W.I.) Table 4.

4. "Annual Abstract of Statistics 1966 No. 25" (Department of Statistics) Table 109, p. 102.

5. Stycos and Back, Op. Cit. p. 245.

2. The typical family planning acceptor appears to be more literate than the average Jamaican citizen. In a 1962 survey made by the Literacy Section of the Social Development Commission 40 per cent of the Jamaican population was found not functionally literate. Eight per cent of the sample were barely literate, in other words they could scarcely write their names, and 32.3 per cent were fully illiterate.

Exact figures on clinic literacy are not available. Unfortunately, it cannot be assumed that all persons who have attended school are functionally literate. For example, we interviewed one 22-year old 6th standard graduate at Victoria Jubilee Hospital who took 15 minutes to read one paragraph out loud (she couldn't read to herself) and then only pronounced properly such simple words as "and" and "but."

Nevertheless in our small sample we found very few illiterates. Unfortunately we kept no records but merely stopped the interview when we found a woman who could not read. However, I'd guess that not more than five per cent of the women we talked to were functionally illiterate.

3. A large per cent of the family planning clinic patients are older mature women. Most of them are 20 years of age or older.

TABLE II

NEW ACCEPTORS OF FAMILY PLANNING DURING THE MONTH OF  
AUGUST, 1969, CLASSIFIED BY AGE GROUP.<sup>6</sup>

<u>AGE GROUP</u>	<u>NEW ACCEPTORS</u>	
	Number	Percentage
14 & under	6	-
15 - 19	211	12
20 - 24	543	30
25 - 29	458	26
30 - 34	283	16
35 - 39	173	10
40 - 44	98	5
45 & over	<u>23</u>	<u>1</u>
	1,795	100

4. The typical family planning clinic patient has had slightly more children than the average Jamaican woman.

6. NFPB Statistical Report, August, 1969, Table 3.

TABLE 3

NEW ACCEPTORS FOR 1969<sup>7</sup> CLASSIFIED BY LIVE BIRTHS COMPARED WITH TOTAL POPULATION REPORTED IN 1960 CENSUS.<sup>8</sup>

<u>Live Births</u>	<u>No.</u>	<u>Percent</u>	<u>Total female population</u> <sup>*</sup>	
			<u>No.</u>	<u>Percent</u>
One	3484	12.3	82,599	15
Two	4583	16.1	63,572	12
Three	4614	16.3	48,075	9
Four	4212	14.8	38,438	7
Five	3304	11.6	22,602	5
Six	2548	9	23,385	4
Seven & over	4966	17.5	66,922	12
Not stated			2,783	-
None	682	2.4	165,134	31.73
Total	28393		520,510	

\*Fourteen years and over.

5. Where do acceptors learn about family planning, what motivates them to come to the clinic? These are important questions which are impossible to answer for a variety of reasons. a) Most persons can't remember where they first heard of family planning. b) It is doubtful if any single medium influenced a woman to accept family planning, more probably her decision was based on the accumulative effect of learning about family planning from many sources. c) Clinic patients often can't distinguish between family planning educators, encouragement visitors and nurses so do not give an accurate answer when questioned.

They tend to call all female health workers nurses.

7. NFPB Statistical Report October-December, 1969 Table 7.

8. "Annual Abstract of Statistics" Op. Cit. Table 19, p. 26.

Nevertheless if when questioned as to where she heard about family planning a patient names a certain medium it is probable that that medium made a firm impression and therefore played an important role in her visit to the clinic. So it is possible to make somewhat of a judgment as to the relative importance of the various media in informing patients about family planning and influencing them to visit a clinic.

According to the NFPB statistical report for October-December, 1969 most new acceptors were influenced to come to clinics by personal contact.

TABLE 4

NEW ACCEPTORS CLASSIFIED BY SOURCE OF REFERRAL.<sup>9</sup>

Source of Referral	Sept. Qr.	%	Dec. Qr.	%	1969	%
Mass Media	446	7.3	642	10.7	2190	7.7
Encouragement visitors	748	12.3	676	11.2	4433	15.6
Family Planning Education Officers	146	2.4	209	3.5	572	2.0
Doctors	273	4.5	246	4.1	1401	4.9
Nurses	2099	34.6	2062	34.2	9669	34
Relatives	238	3.9	240	3.9	1153	4.1
Friends	1945	32	1704	28.3	8064	28.4
Others	94	1.5	55	.9	355	1.3
Not recorded	81	1.3	189	3.1	556	2
Total	6070		6023		28393	

These figures correlate reasonably well with the information we have acquired while pretesting pamphlets and other materials.

9. NFPB Statistical Report, October-December, 1969, Table 5.

During recent surveys we have asked clinic patients where they have heard about family planning. We probed and listed multiple answers.

Personal contacts were by far the most common source of information mentioned. Most respondents said they had heard of family planning from friends, a nurse or "heard people talking." Several mentioned family planning educators or clinics.

Almost everybody stated they had heard of family planning on the radio. Only two or three in our small sample mentioned billboards or newspapers.

In January, 1970 we interviewed 27 postpartum patients while pretesting a motivational pamphlet, "Mother Yout Story." These included 15 women at Victoria Jubilee Hospital, 7 in the Mandeville Hospital and 5 in the Savanna-la-Mar Hospital.

One of the questions was, "Have you heard about family planning? Where?" Personal contacts and radio were by far the most popular answers.

TABLE 5

SOURCES OF INFORMATION CONCERNING FAMILY PLANNING  
LISTED BY 15 POST PARTUM PATIENTS.

<u>Personal contacts</u>	10
Friends	4
Head people talking	2
At clinic	2
Nurse	1
<u>Media</u>	10
Radio	6
Posters and film show in clinic	1
Newspapers (one woman read story about family planning in 1967)	2
Read booklet on visit to private doctor	1

The women from Savanna-la-Mar, a very rural area, mentioned personal contacts the most often.

In May 1970, 12 women and 7 men were interviewed for a pretest of a simple pamphlet on family planning methods. The interviews were held at Stokes Hall St. Thomas; Victoria Jubilee Hospital, the Red Hills Clinic; and the Rollington Town Clinic.

In answer to the question, "Where have you heard of family planning," the majority again replied, radio and/or personal contacts.

TABLE 6

SOURCES OF INFORMATION CONCERNING FAMILY PLANNING LISTED  
BY 19 PERSONS INTERVIEWED IN A PRETEST OF THE FAMILY PLANNING  
METHODS PAMPHLET.

<u>Personal contacts</u>	18
Jubilee post partum program (talks and films)	6*
Clinic	2
Friends	2
Visit to America (farm laborer)	1
"Hear people talking."	4
Family planning educators	3
<u>Media</u>	18
Radio	11
Film show and meeting	3
Clinic sign	2
Placard	1
Newspaper ad	1

As can be seen from the above mass media such as TV, newspapers and billboards (mentioned by nobody) have relatively little influence. Radio is the exception.

Stycos and Back also found that newspapers and other printed materials are not well read. They found that only 4 per cent of the rural women interviewed and 30 per cent of the urban female sample read a paper daily (Note: The average respondent had reached 4th standard.)<sup>10</sup>

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\* These answers came from patients at the family planning clinic in Rollington town.

10. Stycos and Back, Op. Cit. p. 15.

As could be expected we found indications that mass media play a more important role with educated groups than semi-literates. This applies to all types of mass media not only written material.

This was illustrated by the following experiences.

In April, 1970, Mrs. Mullings and I attended a meeting of about 50 malaria spraymen in Stokes Hall, St. Thomas to pretest a pamphlet on family planning methods. We asked the men several questions about the advertising campaigns. It developed that only one man had seen a billboard, although all of the group claimed to have heard of family planning on the radio. The man who had noticed the billboard said he was busy driving and couldn't remember what it looked like.

One month later Mrs. Mullings, Mrs. Daphne Kelly/and I attended a meeting of about 30 policemen at Morant Bay. All had completed a minimum of six years of schooling.

When we asked the police where they had heard of family planning, again everybody mentioned radio. However, seven policemen also said they had seen the billboards and an equal number referred to TV advertisements. A few of the men mentioned the newspaper advertisements but could not recall the contents.

##### 5. Attitudes towards family planning.

Our sample was too small and unscientific to make a judgment as to whether people like family planning or not particularly since most of our respondents were clinic or post partum patients and thus predisposed towards family planning.

Of the approximately 200 persons interviewed only a very small per cent, most of whom were men, expressed any disapproval of family man.

One masculine comment from a young Department of Public Works employee who hoped for 26 children was, "I want as many children as possible so one of them can become prime minister." (Note: This gentleman did not live with any of the five children he already had.)

6. Number of children desired.

Most of the interviewees expressed a desire for two or three children only. For example, in 1967 when 54 persons were interviewed to test a pamphlet titled "Put Off Joe" 30 per cent wanted only 2 children, 24 per cent 3 children and 20 percent 4 children. The average number of children desired was slightly over three.

At our May 1970 Morant Bay meeting with policemen a majority of the men said they only wanted three children. (Note: These men had already attended several meetings chaired by the Family Planning Education Officer on family planning.)

Forty-nine pregnant teenagers interviewed in 1968 expressed a desire for an average of 2.6 children.<sup>11</sup>

7. Knowledge concerning reproduction.

The typical Jamaican woman seems to know very little about the reproductive process. This was indicated in all of our surveys. Some typical examples follow.

In the 1970 pretest of a family planning methods pamphlet we found a great confusion between the words sperm and male fluid (semen). Most respondents thought these were the same. Several persons believed that both the male and female produce something they called a "germ." Others spoke of the male egg meeting the female egg. Practically no one knew what was meant by the phrase "sex gland." Nobody was familiar

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11. Unpublished Report on Sex Education prepared by Mrs. Susan Swift for the Bureau of Health Education, 1968. p. 50.

with hormones or glands.

The only female sex organ familiar to most respondents was the womb. Practically nobody had heard of the ovaries.

In 1967 we interviewed 11 prenatal patients at Victoria Jubilee Hospital while evaluating a methods pamphlet, "To Be A Mother, To Be A Father." We found that half the women, despite the fact they had all completed 6th standard, had no idea of how a woman becomes pregnant. One typical interviewer comment reads, "Does not know. Attributes to bad luck or good luck. Recognizes some connection with having sex."

Teenagers appear to be particularly uninformed concerning reproductive physiology.

A 1964 report by the Bureau of Health Education states that pregnant girls interviewed "were not quite aware that sexual intercourse would result in pregnancy."<sup>12</sup> Herman McKenzie in a series of tape-recorded interviews has similar findings.<sup>13</sup> This survey, conducted in a rural area of Clarendon, revealed a very high degree of ignorance amongst pregnant girls and school children. The ignorance was largely due to lack of parent-child communication and the lack of knowledge of parents. Many of the girls stated they did not know why they were pregnant.

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12. Project under direction of Mr. Isom Herron, Health Education Advisor and Mrs. Ivy McGhie, Health Education Officer, 1964.

13. Survey in Clarendon under Direction of Mrs. D. Scott and Bureau of Health Education in consultation with Mr. McKenzie.

A survey of 47 young teenagers from junior secondary schools made by the Bureau of Health Education<sup>14</sup> showed that 48.9 per cent felt they were minimally informed about sex; 31.9 per cent confused; and 14.9 per cent uninformed. Only 4.2 per cent considered themselves well informed.

In a similar survey made with 43 secondary school students 20.9 per cent said they were well informed; 55.8 per cent adequately informed; 16.3 per cent minimally informed; 4.6 per cent confused and 4.6 per cent uninformed.<sup>15</sup>

A survey of 49 pregnant teenagers completed at the Comprehensive Clinic in Kingston revealed a further ignorance concerning sex. The average age of the girls was 17.9. Following are relevant tables from the survey.

TABLE 7

REALIZATION OF CONSEQUENCES OF SEXUAL INTERCOURSE<sup>16</sup>

Realized that might become pregnant	69.4%
Did not realize	30.6%
Understood what she was doing	66.3%
Did not understand	32.7%

TABLE 8

DESIRE TO BECOME PREGNANT<sup>17</sup>

Wanted to become pregnant	28.5%
Did not want to become pregnant	71.5%

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15. Unpublished report by Mrs. Swift, op. cit. p. 37.

16. Ibid. p. 50

17. Ibid. p. 51

TABLE 9 <sup>18</sup>

PRESENT STATE OF KNOWLEDGE

Know enough about sex	32.6%
Does not know enough	67.3%
Would like to know more	77.6%
Knows about family planning	42.9%

The girls first learnt about sex at a variety of ages, although for 34.7 per cent it was at 15 years. The average age was 14.7 years, a late age compared to those of school children, 10 years 5 months.<sup>19</sup>

There were striking differences between the knowledge of the junior secondary students and the secondary students. Only 4.2 per cent of the junior secondary students felt well informed about sex as compared to 20.9 per cent of secondary students. The probable reason is because children from the lower educational levels and environment have a background which strongly mitigates against the acquisition of full accurate sex knowledge. This is reinforced by a lack of sex education and a home situation of ignorance and inability to communicate.<sup>20</sup>

It is from this type of educational background that most of the family planning clinic patients come.

The lowest level of knowledge was evidenced among the teenage pregnant girls of whom 30.6 per cent did not realize that sexual intercourse would result in pregnancy. Of those 69.4 per cent who did realize, a significant number said that although they knew they could conceive as a result of sexual intercourse, they did not think that this would happen on that particular occasion. It is obvious that knowledge is scanty and the physiological details virtually unknown.<sup>21</sup>

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18. Ibid. p. 51

19. Ibid. p. 53

20. Ibid. p. 43

21. Ibid. p. 55

8. Knowledge of family planning

Much of the following material is based on non-tabulated, non-scientific discussions with clinic patients following our formal interviews.

Many persons confuse the terms family planning and birth control. As a broad generality it can probably be stated that older persons living in rural areas are more familiar with the phrase family planning than birth control. Some of the younger women from rural areas, whom we interviewed at Victoria Jubilee Hospital, also preferred the term birth control.

Postpartum patients at Savanna-la-Mar Hospital in Westmoreland associated the phrase family planning with a family planning centre, not methods.

Four out of the six men questioned in Stokes Hall, St. Thomas preferred birth control to family planning. One policeman in Morant Bay stated he had not heard of family planning until three years ago. Since he was relatively well educated and rather sophisticated this seemed surprising until we learned that he had known about birth control for years. He simply didn't see the connection between family planning and birth control.

To many persons birth control is associated with the earlier methods, foam tablets, the diaphragm, etc., and family planning, the pill and IUD.

Very few of the men and women we talked with understood the word "spacing" as applied to family planning.

We included a question, "What is meant by spacing?" in our pretest of the motivational pamphlet, "Mother Your Story." Spacing was mentioned in the pamphlet. Six out of the 15 interviewees replied, "Not too quick; three gave specific answers - every two, three or five years; two believed

it meant to keep the family small; one felt it meant to stop having children, and three had no answer.

9. Knowledge of family planning methods

Our interviews seem to indicate that the pill is the most commonly known family planning method. However, it should be remembered that many people associate the older methods - withdrawal, foaming tablets, etc. - with birth control and may not consider them family planning methods.

In a September, 1969 pretest of a pamphlet concerning the pill 22 out of 24 respondents knew something about the pill.

The 36 persons interviewed in January, April and May, 1970 for pretests of the "Mother Your Story" and Family Planning methods pamphlet indicated awareness of the following family planning methods (multiple answers were permitted).

TABLE 10

Pill	22
IUD	20
Tablets	15
Condom	10
Diaphragm	7
Tubal Ligation	7
Jelly	5
Withdrawal	2
Sterilization	2 (these were men)
None	3

Unfortunately there are indications that although people are aware of a variety of family planning methods they don't understand how to use them properly.

For example, in one rural pre-natal clinic, which I'd prefer to leave unnamed, we interviewed nine pregnant women, five of whom had been using a family planning method prior to becoming pregnant. Details were as follows:

Case A, a 30-year old woman on her 11th pregnancy. This woman took the pill for a while but it made her bleed so she stopped. She told us she didn't realize that it was possible to change to a different brand or method. It never occurred to her to return to the clinic.

Case B took the pill for two years. She claims to have bled heavily so stopped. She didn't understand that she should report her problem to the nurse. She had been to the clinic several times to pick up pill packets but never told anybody about the bleeding.

Case C was about to have her fourth child. She had gone to a private doctor for family planning advice and been told to use a suppository. The FPPO suggested that many of the suppositories being sold in pharmacies are dated and ineffective.

Case D had had a coil for two and a half years. When she visited the clinic for a routine examination the coil fell out. The Doctor told her to wait until she had had her period before having another coil inserted. When she returned to have this done she was pregnant.

Case E became pregnant after using the diaphragm, improperly according to the doctor. She already has four children and is 24 years old. She had used the pill but stopped for fear of cancer.

#### 10. Awareness of Family Planning program

Almost everybody we talked to particularly in 1969 and 1970 knew about the family program and that they could go to family planning clinics for help on this problem.

## B. Use of Audio-Visual Aids

There are indications that illustrations are not as useful as often believed, in fact in some cases they confuse the reader. Realistic drawings and photographs are the most effective.

Diagrams are seldom understood by persons with less than 6th standard education. Symbols such as balloons and arrows are also difficult for the poorly educated person to comprehend.

Most clinic patients tend to interpret both illustrations and written material literally. Abstract ideas and symbolism merely confuse them.

The literacy level of typical clinic patients is relatively low. They have trouble reading anything other than short simple sentences with easy words.

1. Studies in the United States, Thailand and Nigeria indicate that semi-literates and children have difficulty interpreting pictures. It's a learned skill.

For example, very few pictures, such as are found in school textbooks, are designed to show a still scene. They show motion, a boat moving, smoke coming out of a chimney, etc. This is indicated by cues such as a blurred image, or a wake drawn behind an airplane. Until one has learned to read these cues it is difficult to understand pictures.

In a recent United States study it was found that children averaged about 10 years of age before they learned to read these cues.<sup>22</sup>

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22. Robert M. W. Travers and Victor Alvarado, "The Design of Pictures for Teaching Children in Elementary School," AV Communication Review, Spring 1970, p. 52

In the same study the younger children, when asked to interpret pictures, tended to identify details rather than the whole.<sup>23</sup>

There is some evidence that these responses are related to education more than age. For example, in research among semi-literates in Mexico and Costa Rica the responses were very similar to those of the children in the U.S., i.e. the respondents tended to fix on detail that was often of trivial significance. They preferred realistic rendering. "Perhaps because they had difficulty in structuring the versions of the pictures built in terms of a set of conventions accepted by the artist."<sup>24</sup>

We also found indications that persons with little education tend to identify details rather than the whole. This was particularly true of the responses to a questionnaire about a cartoon type leaflet titled, "If You Were Me." The illustration on one page shows a couple sitting on a sofa. Over their heads is a balloon containing pictures of bills and a basinet. This was supposed to symbolize that the couple is worrying about bills and a possible baby. When asked what the picture was about the respondents gave such answers as cribs or flowers. In other words they described details of the picture rather than the whole.

Another problem is perspective which also appears to be a learned skill. For example, in South Africa it was recently found that perception of perspective is a matter of training and experience. A study revealed "that a white group with low education was found to have depth perception difficulties. The study further showed that

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23. Ibid. p. 52

24. Ibid. p. 60

Africans of Junior College experience and training with pictorial materials at an earlier age understand perspective by the time they are in sixth grade."<sup>25</sup>

2. Realistic pictures are the most easily understood by semi-literate audiences.

For example, we found a comic book titled "Put Off Joe" easily understood by almost everyone we interviewed. This pamphlet is about Jamaicans, contains realistic pictures and is written in local slang and dialect.

On the other hand the leaflet, "If You Were Me," which was copied from an American publication was understood by few respondents. The language was American, the pictures illustrated middle class items such as the basinet, and the art form was the abstract and non-realistic stick figure.

3. Pictures sometimes confuse the reader. Often our respondents answered questions concerning the meaning of a particular page from the text above or below the illustration. (Note: the pages on most of the materials we tested contained an illustration plus a short paragraph.) When the illustration pictured something slightly different than was described in the text there was general confusion.

For example, in the leaflet, "If You Were Me," there is a picture of a doctor behind a desk interviewing a patient. The caption reads, "Learn how you can have your babies when you want them and can best care for them."

Almost none of the respondents understood the meaning of

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25. Duncan Hall, "How Africans See Pictures" (Syracuse, N. Y.: New Readers Press) p. 23

this page.

4. There is a tendency to interpret pictures within ones own framework of experience.

For instance, the picture of the doctor interviewing a patient described above also included a nurse, standing beside a file cabinet. Many of the respondents thought the nurse was the patient, "Because patients always stand when talking to a doctor."

One interviewee said a certain picture was about "Having too many babies when the father was out of work," Neither the illustration nor the text made any mention of the father being unemployed although it developed that the woman's partner was without a job.

5. Diagrams. We found that most persons with less than 6th standard education could not understand diagrams. When they did get the meaning it was usually because of the accompanying text.

While pretesting a simple pamphlet on methods we asked clinic patients to point to the part of the body shown in a diagram of the female reproductive organs. Five gave the correct answer, two pointed to the chest and one said the diagram was of the penis. The five who answered correctly had completed 6th standard.

One man told us that a diagram of the female sex organs was of the male. This particular illustration had no title. However, there was an arrow, labelled sperm, pointing to a picture of the sperm in the tubes. It was apparently the word sperm which made the interviewee feel the diagram had something to do with a man.

6. Symbols. As is true in other countries we found that symbols were difficult for persons with little education to comprehend. For example, in the pamphlet "If You Were Me" very few persons understood the balloon used to depict the thoughts of a young married couple. Arrows and dotted lines used to point to parts of the body in a draft pamphlet on diabetes were also understood.

7. Text. We found the vocabulary of the average clinic patient quite low.

Typical of the words and phrases which confused them were: safe, reliable, different brands, affect (the pills affect the monthly period), hormones, glands, spacing, birth canal, method when used with family planning and approved. Many persons did not know the difference between sperm and semen. Several referred to the sperm as an egg.

Many of the clinic patients we interviewed, even those with 6th standard education, read with difficulty. They read out loud concentrating on the meaning and pronunciation of each word rather than the complete sentence. Fuzzy, long or complicated sentences proved meaningless to them.

As was true with illustrations many of our respondents tended to interpret the text literally and to be very specific.

For example, when we asked the readers of a pamphlet, "Mother Your Story," what was meant by spacing most gave specific answers such as two, three or five years.

8. There are indications that the first page of a pamphlet has the most impact. This proved true in similar research done in Thailand.

9. Regardless of education women from urban areas tend to understand printed materials better than their sisters from the country. Our country respondents tended to give much more literal answers than the women from Kingston.

C. Miscellaneous observations

During the past two years Mrs. Mullings and I have visited approximately 20 clinics. Following are a few relevant observations.

1. Patients become angry and/or discouraged by long waits. At one rural clinic we visited the doctor arrived an hour late and then only remained 30 minutes. Most of the patients received no treatment. Several told us they would never return to that clinic.

2. Personnel from private clinics have told us that many of their patients have transferred from government clinics because of the long waits and occasional rude treatment at these clinics.

3. We observed educational work at only two of the clinics we visited - Victoria Jubilee Hospital and Operation Friendship.  
patient

4. We very seldom saw a clinic/voluntarily read a pamphlet.