PRETESTING
OF MEDICINE LABELS
IN KENYA

by Joseph F. Kariuki and Peter N. Chege, UNICEF - Nairobi

To help illiterates to distinguish one pharmaceutical from another, the World Health Organisation has developed a set of labels and posters to illustrate such common ailments as malaria, fever, headache, cough, diarrhoea, sore eyes and open wounds. The black and white labels, measuring 3 cm x 3 cm, can be stuck on containers. The corresponding posters, measuring 42 cm x 30 cm, help to train illiterate village health workers.

WHO's effort is currently confined to Guinea Bissau. But we believe that the approach, if appropriately adapted, could be replicated in Kenya's Primary Health Care programme. We have just completed the first of a series of pretest-adaptation-pretest exercises aimed at developing illustrations that are capable of spontaneous and accurate recognition by illiterate patients.

Ideally the illustrations should be obvious representations of the health conditions they illustrate. It is difficult to achieve this goal. But the greater the effort and achievement toward this goal, the more successful would be the dissemination and implementation of various Primary Health Care projects among illiterates. One major consideration, however, is that the would-be disseminators might be overworked medical personnel, or relatively unqualified village health workers.

A study of the perception of the illustrations was carried out in several hospitals and health centres in the Machakos district of Kenya. Depending on local government officers for transport, we and the enumerators could only visit facilities that coincided with the officers' pre-planned itineraries. Within the health facility, enumerators were stationed in various sections that patients went through-- registration, diagnosis, treatment and pharmacy. The patients were asked to identify posters, individual labels or labels stuck on containers.

Altogether 453 people were interviewed. Of the 453 respondents, 36 per cent were male and 64 per cent female. Over two thirds were under thirty years of age. The range was between 10 and 72. With respect to literacy, 36 per cent could read and write in English, 12 per cent in Swahili and 23 per cent in their mother tongue. Slightly

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less than a third were illiterate. 55 per cent had between one and seven years of formal education. 23 per cent had no formal schooling. It appeared that 6 per cent of the nonliterate were once literate but had retrogressed.

Literacy was positively correlated with correct perception: the higher the level of literacy, the better the perception. In general, the younger respondents achieved higher scores. Presumably, younger respondents were more likely to have had some education, including more exposure to pictures and drawings, than older respondents.

Drawings with the highest incidence of correct perception were those representing sore eyes-- 78 per cent; headache-- 61 per cent; and open wounds-- 61 per cent. The drawing representing fever had the lowest incidence of correct perception.

The next step is to direct subsequent studies toward the development of prototype drawings and/or symbols that obviously represent specific ailments. Therefore, the present study is essentially a baseline study. For this reason, data relating to incorrect responses are important. We have had the drawings redone based on such data.

Data relating to perception of the improved drawings have not been analyzed yet. A quick look through the responses on the questionnaires, however, shows some improvement in perceptibility.

An enumerator asking a patient to identify a poster of an open wound

A typical scene outside a rural dispensary at Masii in the Machakos district

BANGLADESH: PSC WORKING GROUP ESTABLISHED

by J. Bertrand Mendis, UNICEF - Dacca

We spent most of 1977 formulating our first country programme. With help from New York and the Bangkok Regional Office, we offered a series of training workshops. A workshop on Project Support Communications was held in December, 1977. It was almost an afterthought, since project formulation was more or less completed by then. Nevertheless, UNICEF, Government and WHO colleagues actively participated in the workshop producing far more enthusiasm than envisaged.

The lack of people to follow up this workshop was partly met by an ad-hoc working group on PSC, with members from all programme sections in the office, plus one or two advisers for specific meetings.

In 1978 the group took part in workshops on PSC planning methodology, exhibitions of PSC materials, production and pretesting of PSC materials and preparation of a job description for a PSC officer. The group also made an inventory of the PSC needs, project by project. Many visual materials were to be produced at a high cost besides the supply of audiovisual equipment, training of personnel, etc.

The PSC planning methodology workshops provided an insight into the various elements involved in PSC to 40 Government, WHO and UNICEF programme staff. The PSC materials exhibitions focussed on the large number of materials existing in the country which could be utilised by others. The names of artists, producers, printers, etc. were

MALARIA		FEVER	
Correct........12%		Correct........ 9%	
Headache.......27%		Don't know.....44%	
Sore eyes......17%		Sore eyes......10%	
Don't know.....17%		Headache....... 8%	
Others*........27%		Others*........29%	

HEADACHE		COUGH	
Correct........61%		Correct........43%	
Sore eyes...... 9%		Chest pains....17%	
Don't know.....10%		Don't know.....17%	
Thinking hard.. 1%		Vomiting....... 4%	
Others*........19%		Others*........19%	

DIARRHOEA		SORE EYES	
Correct........39%		Correct........78%	
Don't know.....23%		Don't know.....11%	
Child sitting.. 7%		Headache....... 1%	
Cripple........ 5%		Vaccination.... 0%	
Others*........26%		Others*........10%	

OPEN WOUNDS	
Correct........61%	
Don't know.....17%	
Man walking.... 2%	
Broken arm..... 2%	
Others*........18%	

*Category labelled "others" includes a long list of things mentioned. They were all very interesting but were not included in this summary since quantitatively they had minimal frequencies.

provided. The culmination of the exhibitions was the PSC directory, which has been published and circulated. It is hoped that this directory will be updated annually.

In mid-1978, Will Pape, of the University of Hawaii, came as a consultant to assist the programme sections in the production and pretesting of PSC materials. The result has been an increased awareness of the importance of pretesting. The Vitamin A poster, the science kit posters, the sanitation booklet, MOSTI handpump poster for the farmers, are samples of PSC materials produced after pretesting.

There is still a need to better define PSC, distinguishing it from 'Information', and utilise its value in establishing two-way communications which will undoubtedly also improve programme planning, project formulation and implementation. There is a need for programme staff to become more familiar with audiovisual hardware, printing technology, estimation of costs and specification of materials needed for PSC programmes.

Finally, the group recommended the creation of a post for a PSC Officer. A job description for the post was formulated with the help of the Regional PSC Officer, Guy Scandlen, whose untiring services are greatly acknowledged. He was pivotal in all activities relating to PSC in UNICEF - Dacca during 1978.

PRETESTING OF BREASTFEEDING SLOGANS AND POSTERS IN THAILAND

Based on the "Breastfeeding Slogan Pretesting Report" and the "Breastfeeding Picture Pretesting Report" by Dr. Anchalee Leesavan, Ms. Suttilak Smitasiri and Mr. Guy Scandlen.

To encourage poor mothers in cities to breastfeed, the National Food and Nutrition Committee of Thailand, with UNICEF's support, pretested slogans and posters promoting breastfeeding. The slogans were generated through a nationwide contest for mothers.

Students from the Faculty of Communication Arts, Chulalongkorn University, interviewed 101 randomly selected pregnant and lactating women in poor areas of Bangkok, asking them to explain the slogans, select the one they liked most, and describe the picture they thought would be best to illustrate the slogan selected. The women suggested a picture showing a beautiful, healthy, Thai mother with little or no make-up, smiling and looking at a healthy, happy baby in a rural atmosphere. Another suggestion was a picture of a country family with the mother breastfeeding her baby and perhaps another older child playing with the father or mother.

Posters developed according to the suggestions made by the women during the slogan pretesting were tested among 126 pregnant and lactating women, including 45 from the first group. Based on the comments of this second group of women, the Committee decided on which picture to print for poor rural audiences, and which picture to print for middle-class audiences.

Readers who are interested in further details of PSC Nutrition Activities in Thailand are encouraged to contact Mrs. Vina Viravaidhya at the Ministry of Health, or Mr. Guy Scandlen, Regional PSC Officer, UNICEF, P.O. Box 2-154, Bangkok, Thailand.

Poster selected for poor rural audiences
Message: "Mother's milk is truly good and safe for raising strong, healthy children"

ปัญหาสุขภาพของทารก
นมแม่ช่วยรักษาและป้องกันได้

Poster selected for middle-class audiences
Message: "Mother's milk can help cure and
prevent infants' health problems"

DEVELOPMENT COMMUNICATION MESSAGE DESIGN WORKSHOP

by Wan-fai Yung, UNICEF - New York

George McBean, the graphic artist in our Nairobi Office, and I attended a three-week workshop on Development Communication Message Design at Stanford University.

The objective of the workshop was to share communication design and testing skills related to the development of print and audiovisual materials in agriculture, health, nutrition, family planning, formal and non-formal education.
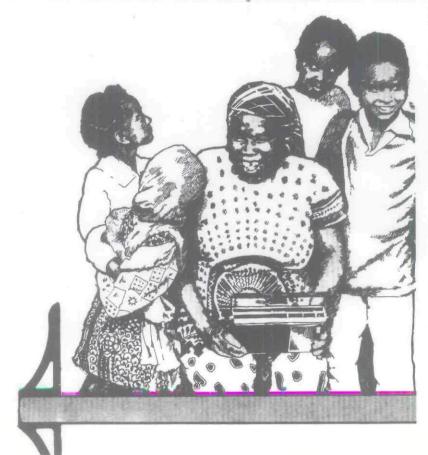
The workshop covered:
- How can communication support development efforts?
- What is communication? What are the obstacles to communication?
- The message designer's tools: words and pictures
- The causes of underdevelopment
- Different communication media for development
- Effects of the media
- Systematic steps in message design
- The role of evaluation in message design
- Framework of message design
- Message formation techniques
- Message reception and utilization conditions: the importance of groups
- The design of feedback systems
- Problems in introducing formative evaluation into existing development agencies

In addition, the participants were assigned group exercises in message formation techniques, message design and pretesting of messages.

Our principal faculty were Professors Everett Rogers, Douglas Solomon and Bella Mody of Stanford University. Eleven guest lecturers were invited to give case study presentations.

The professors, who were experts in formative evaluation, were excellent. The lectures were well illustrated with examples from their field experiences. Some of the case study presentations were also very interesting and inspiring. There was, unfortunately, not enough time for practical work.

There were 28 participants from 18 countries. My fellow participants were media producers, broadcasters, educators, graphic artists, professors and students working in various development fields. All of the participants gave presentations of their work at the beginning of and during the workshop. Participant presentation was an extremely useful exercise in information exchange.

I have learned from both the lectures and the experiences of the professors, the guest speakers and my fellow participants. I know I will continue to benefit from the valuable contacts I have established with people working in the same field in developing countries.

I would recommend future workshops to other staff members, not necessarily in the field of development communications, but also in programming, as communication is a very important component in development programmes/projects.

Drawing based on a UNICEF photo - Nairobi

FORMATIVE AND SUMMATIVE EVALUATION

(extracted from "Handbook of Formative Evaluation in Communication Design" by Dr. Everett Rogers, Stanford University)

We distinguish two types of evaluation: (1) formative, and (2) summative. Formative evaluation is a type of research which is conducted while an activity, process, or system is on-going, in order to improve its effectiveness. In contrast, summative evaluation is a type of research which is conducted in order to reach a decision about the effectiveness of an activity, process, or system after it has run its course. Such evaluation determines whether a fully developed programme is meeting its objectives. So summative evaluation is post hoc, a means of looking backward in order to reach a judgement (one that may affect the future, of course, if the activity, process, or system is to be repeated sometime). In contrast, formative evaluation is conducted "in-process", while the activity or system is still in some stage of design or development, so that the end result can be revised based on the feedback.

The main difference between formative and summative evaluation is a matter of timing. The early-warning nature of formative evaluation, due to its timeliness, is a basic reason why it can be so valuable. Debugging of a communication message is of little value once the message has been communicated. As one of the founding fathers of the field of communication research stated: "The stage at which evaluation research would appear to have its greatest potentiality for product improvement is well prior to the completion of a film when suggestions derived from research can readily be incorporated into the final film production". (Howland and others, 1949, p. 259). We agree.

COMPARISON OF FORMATIVE AND SUMMATIVE EVALUATION

	FORMATIVE EVALUATION	SUMMATIVE EVALUATION
1. Main function	To provide in-process feedback in producing more effective communication messages.	To provide feedback on the effects of a communication activity, message, or process, after it has run its course.
2. Main audience	Implementers and producers of communication activities, messages, or processes.	Funders and managers of communication activities, messages, or processes.
3. Main considerations	Timeliness of the results.	Accuracy of the results.
4. Degree of rigor	As rigorous as possible under such constraints as time.	So rigorous that the evaluation results are accurate and precise enough to reach an informed decision about the activity, message or process.
5. Sampling designs	Smaller and often non-random samples.	Larger, random samples.
6. Evaluators	More likely to be Insiders.	More likely to be Outsiders.

In a general sense, formative evaluation is "pretesting", and summative evaluation is "post-testing".

Obviously formative and summative evaluation are interrelated in a variety of ways and our distinction between them is in part heuristic. Sometimes, an evaluation research at the end of a programme is used as feedforward for the next phase of the programme.

So is it summative or formative? It is more or less summative evaluation utilized for formative purposes. Further, "a crucial function of good formative evaluation is to give the producer a preview of the summative evaluation" (Scriven, 1972). In other words, formative evaluation serves as an early, preliminary type of summative evaluation.

SCIENCE AND TECHNOLOGY FOR BASIC SERVICES
A UNICEF EXHIBIT IN MESSEPALAST, VIENNA

The UNICEF exhibit for the U.N. Conference on Science and Technology for Development, in Vienna, 20-31 August 1979, demonstrates appropriate technology-- and other technologies-- in action. The harnessing of science and technology to help solve some of the health, nutrition and welfare problems of children and mothers in developing countries is very much a part of the development picture.

Current efforts to extend services by stressing the Primary Health Care and Basic Services approaches are opening up new channels to reach the most disadvantaged segments of society, especially children of the rural and urban poor in the least developed countries. The new technologies are useful in removing obstacles to progress in many UNICEF-assisted programmes.

The appropriate technology approach fits well into the pattern of UNICEF's evolution from earlier relief and rehabilitation programmes to the provision of assistance for a range of basic services. These include: fields of health and education; the local production, storage and consumption of nutritious foods; safe drinking water; sanitation; technology for lightening the workload of women; and, where appropriate, family planning. Elements of transfer, promotion or development of technology in these activities form an integral part of the assisted programme as a whole.

UNIDO - Schwang

(Left) The traditional African storage silo

(Front) Solar food and crop dryer dries and disinfests food and crops prior to storage
(Back) Cinva ram block press makes compressed earth building blocks

(Right) Improved traditional silo provides dry and pest-proof storage for threshed grains

For further information on the exhibits, please contact Mr. Alan Robinson, Chief, Food Engineering and Technology Section, Programme Division, UNICEF, 866 U.N. Plaza, New York, N.Y. 10017, U.S.A.

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Notes

Lead article: Pretesting of medicine labels in Kenya, by Joseph F. Kariuki and Peter N. Chege, UNICEF Nairobi (to help illiterate people distinguish between different pharmaceuticals);
Other contents: Bangladesh PSC working group established; Pretesting breastfeeding slogans and posters in Thailand; Development communication message design workshop (Wan-fai Yung and George McBean attended 3-week workshop at Stanford University); Formative and summative evaluation (extracted from "Handbook of formative evaluation in communication Design" by Dr. Everett Rogers, Stanford Univ); Science and Technology for basic services: UNICEF exhibit at the Messepalast, Vienna, 20-31 August 1979.

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