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UNICEF LEADS IN SOCIAL DEVELOPMENT COMMUNICATION

[This report is based in large part upon information kindly provided by Mr. Björn Berndtson, Chief of Project Support Communication, UNICEF Headquarters, New York.]

UNICEF is known throughout the world for its projects to improve the fate of children in developing countries. Perhaps less well known is the fact that, of all the United Nations agencies, UNICEF may be the strongest supporter of organized, multi-media social development communication. Before 1975, however, the communications effort involved in UNICEF's projects was comparatively small. In 1975, the Executive Board of UNICEF put its stamp of approval on the use of funds for "Project Support Communication" or PSC. The policy that every social development project should have its own communication program in the country where the project is located is an innovation in social development communication that deserves to be studied and applied by other social development agencies.

Because UNICEF works in many different countries and sponsors a wide variety of projects, the term PSC has acquired a multitude of interpretations and definitions. Even within UNICEF, there are differences of opinion over which communication activities are appropriate. However, the goal of PSC activities—to promote both the short-term and long-term success of each particular project—is clear to the UNICEF Field Representatives located in each of the countries where projects are underway. The written Plan of Operation for each UNICEF project must contain a statement of the communication objectives to be accomplished for the project. The technical work, such as drilling wells or immunizing babies, is coordinated with the com-

munication activities to form a mutually reinforcing whole.

The UNICEF Communication Bridge

The UNICEF communications effort can be seen as a bridge, like the one below, whose supports and arches are formed by the five, on-going communication activities performed by UNICEF:

- A. UNICEF public relations
- B. Advocacy
- C. Promotion
- D. Coordination
- E. PSC implementation

Traffic flowing from left to right along this bridge is direct communication while traffic flowing from right to left is feed-back communication.

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UNICEF's 25 Basic Messages

A set of 25 simple, succinct messages form the cornerstone of UNICEF's communication efforts. These basic messages are a "communication package" that integrates the high-priority areas of child care, health care, nutrition, immunization, and sanitation into a foundation on which a project's communication support activities are built. While it would be wrong to claim that all of UNICEF's communication objectives can be contained in 25 messages, it can be said that they cover most of what every mother and father should know to increase the health and happiness of their children. This is an approach that may prove useful in promoting other social development programs.

UNICEF officers, of course, are not authorized to embark on educational or persuasive activities within a country. They only "speak up in behalf of children" through working with their counterparts within a developing country to convert this general mandate into specific communications. Mostly health-oriented, the communications sponsored by UNICEF are aimed at benefitting children directly and indirectly. Child morbidity and child mortality are enormous problems in most developing countries. In many of these nations, one half of all children die before they are six years old because their parents don't know how to

protect them from hazardous environments and don't know enough about the causes, symptoms, preventives, and cures associated with common childhood diseases. The 25 basic messages provide this crucial information. UNICEF hopes that, through preventive education, parents and children can understand the situation and will act to prevent infection and avoid harm.

The idea of reducing the communication component of UNICEF's program to the fewest and simplest ideas was proposed by J.P. Greaves, a UNICEF subject matter expert for India [J.P. Greaves, "Nutrition Education—or Education in Child Care?" *Indian Pediatrics*, 10:6 (1974)]. By combining themes from nutrition, health, sanitation, and family planning, Greaves expressed the high priority communication content of most child-welfare programs in eight general messages given in Table A. Greaves refined these eight messages into 20 "universal components" or specific messages (Table B). His scheme was intended for use in India. The Project Support Communication (PSC) Services unit at UNICEF Headquarters thought that this simple, clear identification of basic child care messages was an excellent tool for its worldwide program. It was accepted with the addition of five more messages (Table C).

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Table A. EIGHT GENERAL MESSAGES FOR CHILD WELFARE PROGRAMS

AREA	THEME	MESSAGE CONTENT
1. Nutrition	Breastfeeding	Breastfeed as long as possible
2. Nutrition	Solid food	Introduce semi-solid food from 5–6 months
3. Nutrition	Feeding intervals	Feed young children 5–6 times a day
4. Nutrition	Feeding during illness	Don't reduce food during illness
5. Health care	Use of health services	Use the health services available
6. Preventive health	Immunization	Get children immunized
7. Sanitation	Cleanliness, use of clean water	Keep yourself and your surroundings clean, drink clean water
8. Family planning	Use of contraceptives	Have no more than 2 or 3 children, 2–3 years apart

Multimedia Population— FP Package Now Available

A new concept in I-E-C support is now on its way to USAID missions all over the world in the form of packages of prototypes for use in the development of local materials to share with family planning and population programs in the regions.

Under preparation by the Population Field Information Service (PFIS) and George Washington University for two years, the multimedia packages include print materials, posters, slide sets, cassettes, radio spots, movies—all of which offer pretested ideas and visuals along with reliable information to be adapted for local use by local artists, printers, and writers.

The project materials have been designed to be easily communicated to and understood by:

1. Nonprofessional-level family planning personnel
2. Reproductive-age couples
3. Policy making elite
4. General public (via the mass media).

The three units listed below, which are the first phase of a larger project with an open-ended number of topics, are now on their way to all of the USAID regions:

1. "The Family Planning Pill"
2. "Community Based Distribution"
3. "Voluntary Sterilization"

Each set has a different number of components and each packet has been tailored to conform to known facts about the region to which it is being sent. Thus, all of the listed materials are not included in all of the packets the missions will receive.

Meanwhile, other sets are being researched and developed for later distribution. Among them are:

- "Adolescent Fertility"
- "Maternal and Child Care"
- "A Layman's Guide to Population and Development"
- "Family Planning and the Auxiliary Health Worker"
- "The Role of Women in the Family Partnership"
- "Family Life and Sex Education"

Except for the motion pictures, the prototypes the missions will receive are idea pieces—not polished or considered ready for duplication and distribution. The designers at George Washington University feel that each of the recipient agencies will develop the materi-

als in different ways. Some booklet texts appear in hand-lettered form. Drawings of faces and dresses, while "universalized" to a degree, will benefit from having a local artist develop them according to country customs and culture, and according to specific programs. In the prototypes, with only a few exceptions, the language is English.

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Population Institute Creates Clearinghouse

The Population Institute is creating an International Clearinghouse on Adolescent Fertility to serve a worldwide network of several thousand individuals and agencies.

The clearinghouse, funded by FPIA, will provide materials, program descriptions, research findings, and information about funding sources to help people in developing countries who are running programs for adolescents. This project joins the other Population Institute programs for adolescents, which involve education, research, and the use of the media.

Members of the clearinghouse network can receive an up-to-date and comprehensive inventory of books, booklets, audio-visuals, guides, and research reports. An inventory will also be made of demonstration projects in family planning services, sex education, communication, and motivation. Summaries of the most successful projects will be sent through the network and information on other projects will be available on request.

The network will include individuals, youth groups, religious institutions, communications organizations, family planning agencies, and social service agencies involved in adolescent fertility research, policy-making, programs, and funding.

Individuals in developing countries who wish for more information may write to:

The International Clearinghouse on
Adolescent Fertility
c/o The Population Institute
110 Maryland Avenue N.E.
Washington, D.C., 20002, USA

A Reader Comments on the Definition of Social Development Communication

I fully agree with the *PSD Communication Newsletter's* observation that the term social development communication has been used with a variety of meanings. Therefore, the attempt of Dr. Reed and Mr. Tuluhungwa to define the concept is most welcome. I hope that as a result of the newsletter, a broader and more inclusive definition of the concept, viewed from as many disciplinary perspectives as possible, will emerge.

The thoughts that I have to share on the subject of social development communication are those that come from my long experience in working in the rural areas of the Philippines as a community organization worker. It is, therefore, what I consider to be a field definition.

My main reaction to Dr. Reed's definition of social development communication centers on the fact that he makes a crisis situation as a necessary precondition for social development, i.e., "it is a successful adaptive response of individuals or groups to disruptive but highly desirable technological innovation or new government policies." There also seems to be the very strong implication in his definition that social development communication is at the end point of a process rather than the process itself. Let me elaborate further on this comment

Those of us who have actually been involved with real grassroots people in rural Philippines know that social development is a day-to-day, minute-to-minute process. We see, therefore, social development communication as a process through and by which people are made aware of their own vast resources and potentials for solving their own personal and community problems (be the problems social, economical, technical, or technological) and of their ability to harness these resources and potentials with minimal or no direct assistance from change agents. Therefore, the community worker must engage in communication activities every day and not simply as a response to disruptive conditions such as the withdrawal of the landlord or the introduction of a new system of land tenure. It is a matter of day-to-day actions designed to make people see their own potentials for solving their own problems. Of course, a crisis situation may be used to heighten the awareness of people, but crisis should not be the precondition for social development. Let me illustrate this with some actual obser-

vations from the field.

In rural Philippines, many children suffer from all kinds of malnutrition ranging from the mild to the most serious. Yet, at the same time, community workers know that many families need not suffer from malnutrition because Philippine soil is so rich and fertile that anything can grow even if one does not take very good care of what he plants. There are also many local crops and vegetables that are rich in vitamins and minerals if processed and cooked properly and if eating habits were changed.

The social development worker must not and need not wait for a crisis situation to occur, such as the death of one malnourished child in a family or the rapid deterioration of a first degree malnourished child into a third degree, to make them aware that they have the resources and the potential to combat the problem. He must show them and communicate with them the possibilities for change and improvement during his daily contact with the families. He must make them aware.

Let me cite another incident in our work in rural areas. In one community, there were about 87 potter families who had made their living from making and selling pottery products since 1901. In the course of conversations with families for a period of about two months, we found out that the main problem people had in this community was very low and unsteady income, because of their cut-throat competition as they tried to outsell each other by selling below cost. There were, of course, three or four middlemen from a nearby city who raked in large profits by taking advantage of the competition.

We realized that the only way out was for the people to organize themselves into a marketing association. There were several advantages to organizing: steady income because the people can sell their products immediately to the association, fair prices for their products, and patronage refunds and dividends from the gains of the association on top of what they sold to the association. To the people, however, the state of things as it existed was something they had to accept. We began the social development communication efforts by talking to all the potter families individually and making them aware of the possibilities. After this period, meetings of all families were initiated

by us; gradually, we tapered down our involvement in the meetings. Always, we were there to clarify and to direct their attention to the advantages until finally after a period of 18 months, they organized themselves formally into a marketing cooperative.

Communication, therefore, is germane in social development because, in the process of helping people make use of their resources and potentials, the social development worker must convey the possibilities to the people.

Dr. Luis Q. Lacar
Department of Social Work
Silliman University
Dumaguete City 6501
The Philippines

Pretesting Manual Published in English, Spanish, French

Pretesting Persuasive Communications for Social Development

Jane T. Bertrand

Community and Family Study Center, available Autumn, 1978

Communicators in all aspects of social development share a common problem: trying to second guess how their audience will react to the messages they intend to diffuse. Will they be understood? Accepted? Liked? In fact, if one knew the answers to these questions *before* the final production, he could avoid wasting money on ineffective communications and instead invest in those that are most likely to bring about the desired changes in knowledge, attitudes, or behavior.

Such is the reason for the growing interest in *pretesting*, a simple research technique whereby one or more communications, whether they be radio spots, television spots, pamphlets, or posters, are tested in preliminary form among members of the intended audience. In contrast to the common idea of research as a time-consuming, highly complex effort requiring specially trained individuals, *pretesting* can be conducted in a matter of days by people with little if any previous research experience.

How is pretesting done? This is the subject of *Pretesting Persuasive Communications for Social Development*, published by the Community and Family Study Center. The author, Jane T. Bertrand, has drawn

on her experience, both in the United States and in a number of Latin American countries, in preparing this detailed guide on how to go about pretesting. While it should prove useful to all communicators with interest in pretesting, it is especially intended for those working in social development. That is, it recognizes the small budgets, the time constraints, and the limited number of personnel with which most programs must operate. Moreover, it presents the pretesting techniques in such a way that they can be understood and put into practice by those with limited research training or experience.

In addition to discussing basic concepts of pretesting, the author presents 10 pretesting models: 2 techniques for each of 5 media—radio and television spots, posters, pamphlets, and movies. The monograph also provides useful information on how to carry out these techniques and how to analyze the data once they are collected. The final chapter focuses on communicating these results back to the people responsible for the design and production of materials, so that the necessary improvements can be made *prior* to the final production.

Readers interested in obtaining a copy should write to:

Publications Secretary
The Community and Family Study Center
1411 East 60th Street
Chicago, Illinois, 60637, USA

The English version will be followed by Spanish and French editions.

UNESCO COUPONS HELP BOOK PURCHASE

In many countries the shortage of foreign currency hinders the importation of books, publications, and scientific materials. In some of these countries, UNESCO coupons, whose value is expressed in U.S. dollars, are sold for national currency to educators, research workers, and students who use them to pay for their foreign purchases. In every user country, there is a body responsible for the sale of the coupons; as a rule this is the National Commission for UNESCO. A list of distributing bodies for these coupons may be obtained from:

UNESCO
7 Place du Fontenoy, 75700
Paris, France

Third World Programs Confront Adolescent Fertility

The subject of adolescent fertility was introduced in the first issue of the *PSD Communication Newsletter*. There, we described the first Interhemispheric Conference on Adolescent Fertility held at Airlie House in September, 1976. This conference addressed the sensitive subject of early adolescent sexual activity and resulting teenage pregnancy. Since then, meetings and projects in many developing countries indicate a determination to seek answers to the problem.

Many conferences have been held in recent years in an effort to identify workable youth programs and effective research projects that could deal with the problem of adolescent fertility. Three such conferences were held in Guatemala, Trinidad, and the Dominican Republic. Their objectives were typical of these efforts at cross-cultural interchange:

1. to focus attention on the adverse medical and socioeconomic effects of early pregnancy;
2. to draw attention to the current dimensions of adolescent fertility and its changing patterns;
3. to encourage development of programs;
4. to impress decision makers with the importance of programs for adolescents (not only those dealing with fertility, but also those dealing with health and family life).

These conferences express a sense of urgency in developing programs before teenage pregnancy reaches epidemic proportions. The in-country meeting in Guatemala, for instance, called for the use of mass media to convince adolescents, particularly young men, of their sexual responsibility. It also called for the implementation of Ministry of Education programs for adolescents. Other conferences have described the need for:

- ★ more medical and sociocultural research into adolescent sexuality
- ★ school involvement in sex education (schools should at the very least provide basic information)
- ★ programs for parents clinging to "macho" values
- ★ comprehensive adolescent care centers, patterned after The Door (the New York City center that provides a number of services and alternatives to adolescents

- ★ coordination of public and private institutions that work with young people
- ★ programs to foster communication among family members
- ★ review of legislation
- ★ dialogue with religious leaders.

However, most of the projects already underway, which have been described at these conferences, are still pilot efforts and have an impact on a very small sector of the population. On the other hand, they are positive steps toward a solution of the rising problem of adolescent fertility and help to identify workable solutions. The following brief notes indicate what a few of these projects are.

Projects

Colombia: PROFAMILIA, the IPPF affiliate, has introduced special courses for adolescents as part of its educational program. Service to adolescents is included in its community-based contraceptive distribution and marketing programs.

Argentina: An evaluation of sex education programs in primary schools is being made by COVIFAC. This community center located in the heart of Buenos Aires offers services in pediatrics, marriage counselling, psychiatry, and family planning. COVIFAC provides sex education to approximately 150 neighborhood children in every grade of primary school.

The Faculty of Gynecology of the University of Buenos Aires has incorporated courses on adolescent development and sexuality into its curriculum. The university provides training for undergraduate and graduate students.

Chile: Concepts of responsible parenthood have been integrated into a training program for 1,200 young industrial workers.

A work group has been established to treat adolescent problems. It trains professionals to provide a wide range of services to adolescents, develops projects to cover the needs of adolescents, and promotes family life education.

Costa Rica: Confronted with the problem of premarital pregnancy, some churches are being encouraged to develop programs for young people that help them deal with their sexuality.

Schools have been set up in rural areas for adults and parents who subscribe to such values as the myth of "machismo," which, when conveyed to young men, encourages irresponsible sexual behavior.

Guatemala: Padre Gomez (Population Institute) sponsors a "preparation for marriage" course for young people in urban areas.

Mexico: The Educational Department of the National Family Planning Program provides a program patterned after The Door. Their approach includes personal and family dynamics, physical condition, and the intellectual, personal, and creative well-being of the young person. The program also provides educational and vocational guidance and legal counselling.

The consensus of all the conferences has been that cross-cultural interchange is crucial to the spread of programs and ideas that can be adapted to local conditions. It sparks discussion of the moral, political, and educational ramifications of this worldwide problem. The *PSD Communication Newsletter*, therefore, welcomes reports from its readers on other programs designed to help adolescents.

DONOR AND SUPPORT AGENCIES FOCUS ON ADOLESCENT FERTILITY

Two key recommendations emerged from a meeting of donor and support agencies held in Washington, D.C., in May:

- ★ A major conference should take place during the International Year of the Child (1979) that would focus on early sexual activity and fertility.
- ★ An Adolescent Fertility Council should be appointed.

The agencies represented at the meeting held by USAID included IPPF, UNFPA, UNICEF, FPIA, PP/WP, Population Institute, Communicable Disease Center, and the Community and Family Study Center. Calling adolescent fertility "the last great challenge in the family planning field," the representatives also deplored the use of the term "adolescent" as Western-oriented and a misnomer in light of the decreasing age of the young people most affected.

As they identified the wide range of existing activities—data collection, legal activity, research training, plus information, education, and direct contraceptive service—it became clear that, despite growing interest and considerable action all over the world, efforts are fragmented at best. The Adolescent Fertility Council would provide a structure to correlate and stimulate

interaction, while recognizing that country and culture specific programs are essential. The members would be drawn from the agencies and would represent a full range of professional expertise.

UK PROMOTES CHILD-TO-CHILD COMMUNICATION

The Child-to-Child Programme is one of the programs in the spotlight during 1979, International Year of the Child. The Institute of Education and the Ministry of Overseas Development of the United Kingdom developed the program around the concept that school children often help care for pre-school children. The Child-to-Child Programme encourages the school children to:

- ★ count the children under five years old in the village
- ★ use special armbands to see if the children are well-nourished
- ★ determine food costs and price changes
- ★ tell the family about the best foods
- ★ discover how much water is used by the family and where it comes from
- ★ make sure that children with diarrhea drink enough water with the right amounts of sugar and salt
- ★ teach and play with the younger children.

A newsletter, the *Child-to-Child Programme Newsletter*, is published by the program. For more information, write:

Child-to-Child Programme
International Year of the Child
Institute of Child Health
30 Guilford Street
London, WC1N 1th, England

DOCUMENTATION SERVICE SUPPLEMENT

Supplement Number 1 to the PSD Communication Documentation Service catalogue has been compiled. This document lists more than 200 new publications of interest to PSD Communicators. Readers who wish to get items added to this collection or who want a free copy of the new supplement should write:

PSD Communication Documentation Service
Community and Family Study Center
1411 East 60th Street
Chicago, Illinois, 60637, USA

Refresher: Writing Better News Releases

Both SD communicators and the news media appreciate coverage of worthy social development projects. But why is there so little news of SD programs? One problem may be that SD communicators need to write better news releases. The following pointers can help you get in print or on the air.

★ *Write a news release only when there is news.* Every SD project passes through stages that are newsworthy. Signing agreements, receiving funds, meeting of high level committees, releasing research or progress reports, and opening of new facilities are all newsworthy. A routine meeting, change, or any ordinary event is not newsworthy. The big question is, "Would the readers (or listeners) like to know about this?"

★ *Be factually accurate and complete.* Provide complete, correctly spelled names, dates, places, and statistics. Do not distort or withhold facts, nor include claims that cannot be documented.

★ *Keep the entire news release as short as possible.* A total of 250 words (one typewritten page, double-spaced) is a good length for a story; 500 words would be the maximum for all except major stories.

★ *Answer all "who-what-where-when-why-how" questions in the lead paragraph.* An editor, cramped for space or time, should be able to use the first paragraph as a complete news item. Subsequent paragraphs can then develop the background of the situation and provide details in order of importance.

★ *Compose a strong opening sentence.* The lead sentence should forcefully introduce the kernel of the news event. It should be a short, sharp sentence that conveys the maximum impact with a minimum of words.

★ *Keep sentences short, direct, and simple.* Good news stories are written in sentences that average only 18 words in length. Short sentences promote clarity by sticking to one main idea. It is best to avoid confusion by eliminating complicated grammar.

★ *Eliminate long words and jargon.* Technical terms and terms unfamiliar to the public should not be used. If it is necessary to use them, define each one. Do not assume the readers' familiarity with

the topic.

★ *Write for a particular audience.* Your news item might be of interest to women, but not to men. Perhaps it deals with the elderly rather than the young, or with parents or young children. Decide who will find your item newsworthy and choose your words to suit their concerns.

★ *Write from the point of view of the reader or listener.* Try to make the reader feel that this event or happening directly affects him, his family, or his community. Too many news releases sound like attempts to get the name of officials before the public, rather than attempts to inform the public that these officials are working for their welfare.

★ *Use standard news release format.* The news release must be typed double-spaced with wide margins. Your name and phone number and the name and address of your organization should be typed at the top. Below that, type the date you want your story printed or released and a phrase that identifies the story.

★ *Include a brief headline.* Although newspapers and TV and radio stations frequently alter news release headlines, a headline helps an editor or reporter to know what the release is about.

★ *Send a photo.* If the event can be encapsulated with a photograph, enclose such a photo with your release. (A later edition of *PSD Newsletter* will deal with the specifications for good news photographs.)

★ *Send the release to all possible organizations.* Send the news to any organization that might use it. The more people who have seen your news, the better the chance someone will take an interest in it.

★ *Don't play favorites.* Release news simultaneously to potential publishers or diffusers. If you make one friend by giving "exclusive" coverage, you may create a dozen enemies for future releases.

★ *Make personal contacts.* The more you know about policies and procedures of the publisher, the easier it will be to write a release that will be used. Meet the news editor or a member of his staff so that he is familiar with your organization and its projects and objectives. He may be more sympathetic later when you send a news release. At all costs, avoid abrasive relations with news disseminating sources.



16th Summer Workshop Graduation

Forty-four graduates of the CFSC's Summer Workshop on Population and Social Development attended a banquet in their honor on August 17 at the University of Chicago's Quadrangle Club. Special guests at the dinner included the University of Chicago Provost D. Gale Johnson, AID Training Officer Jay Hirama, and I-E-C Director for the AID Office of Population Gerald Winfield.

Dr. Winfield, in his last public appearance before retirement, addressed the gathering of family planning and social development leaders. In an emotionally charged speech, Dr. Winfield summed up his 40 years of experience and the progress made in that period. He also reminded the audience of the potential for future improvement.

This year's workshop was divided into three study tracks. One track covered administration and teaching techniques for participants who will plan and implement SD programs. A second track taught communication and education strategies for family planning and social development; media experts instructed the participants in the production of movies, radio and television spots, posters, leaflets, news releases, and still photographs. A third track dealt with research and evaluation of family planning and social development programs. It was primarily for academicians and others who research and evaluate program impact.

The normal course studies were reinforced by special guest lectures from experts in the field of population. This year's list of guest speakers included:

Walter Allen, The University of North Carolina at Chapel Hill

Paulina Bautista, University of the Philippines

Björn Berndtson, UNICEF

Lee Jay Cho, the East-West Center
Michael Fryer, Planned Parenthood Association of Chicago

Halvore Gille, UNFPA

Martin Gorosh, Columbia University

William Griffith, University of British Columbia

Darryl Hale, Planned Parenthood Association of Chicago

Ira Lubbell, Association for Voluntary Sterilization

Richard Manoff, Manoff and Associates

T. R. Ravenholt, USAID

Allan Rosenfield, Columbia University

William Ryerson, Population Institute

Haifa Shanawany, World Bank

Mary-jane Snyder, Mj Enterprises

William Sweeney, Ford Foundation

Daniel Weintraub, Family Planning International

John Wood, UN Development Support Communication Services

Now in its sixteenth year, the Summer Workshop has produced more than 1200 graduates. This year's participants came from Kenya, Nepal, Ghana, Bangladesh, Indonesia, Thailand, Germany, Brazil, Turkey, the Philippines, Pakistan, Mexico, Egypt, and Tonga. They had high praises for the program. According to a CFSC survey taken at the end of the program, 78 percent of the participants rated their overall experience as "good" or "excellent." The ten-page survey also revealed that 71 percent of the participants believe that another workshop next year is "absolutely vital."

Plans are already being made for a Summer Workshop next year for English- and French-speaking participants.

CFSC Study Finds Birth Rates Falling Everywhere—FP Is a Factor

The Community and Family Study Center has just completed a study of recent declines in world fertility rates that seeks to answer three basic questions: "Have fertility rates declined over the past decade?" "If so, how much of a decline has occurred?" "What factors are responsible for the decline?" The findings indicate that there has been a significant reduction in fertility levels of both developed and developing nations. Although regional variations in this trend are evident (e.g., Africa's decline is less than Asia's), the estimates show an average proportional decline of 8.5 percent in total fertility rates between 1968 and 1975. Some countries increased fertility, such as Afghanistan, which went up 17.4 percent, while others, like Colombia, registered a 35.1 percent decrease in total fertility rates.

The study was based on estimated crude birth and total fertility rates for 1968 and 1975. Of the 148 nations studied, 113 were in developing regions and 35 in the developed regions. Information on important social and economic development factors such as life expectancy, literacy, percent of labor force in agriculture, per capita income, and family planning program strength were gathered for each country. Analyses of these data are reported in three places:

1. Bogue, D. and Tsui, A., "Zero World Population Growth," (submitted to *The Public Interest* for publication).
2. Tsui, A. and Bogue, D., "Declining World Fertility: Trends, Causes and Implications," (to be published in *Population Reference Bulletin*, October, 1978).
3. Tsui, A.; Teachman, J.; and Bogue, D., "Predicting Fertility Trends in LDCs Over the Next Century," a paper presented at the 1978 Population Association of America meetings in Atlanta, Georgia.

The first report assesses world, regional, and national fertility trends during 1968 and 1975 and proposes a new course for fertility to the year 2000. This research prefaced the series of population projections prepared for the 148 nations. The second report presents and

discusses the trends, consequences, and implications of the recent fertility changes. The third report analyzes the change in fertility rates in a more rigorous methodological manner against change in development indicators to identify factors related to the decline. This latter analysis has determined that the level of effort expended towards providing organized family planning services within a country has a significant effect on its subsequent level of fertility. For example, the recent, unanticipated fertility declines in Indonesia, Colombia, Thailand, and Tunisia have not been accompanied by the rapid economic development to be expected under classic demographic theory. A brief summary of research can be seen in the two tables that accompany this article.

The recent change in fertility affected 81 percent of the world's population, primarily the peoples of Asia, Latin America, and North America. The total fertility rate in the world in 1968 was 4635, as seen in the second table, and declined to 4068 in 1975. More substantial declines occurred in Asia and Latin America, where the number of fewer births 1000 women would bear under a given fertility schedule went down by 845 births and 617 births respectively.

The recent fertility decline in the world is clearly one of the more astounding social events of the decade and a development enhanced by the relative unexpectedness of its occurrence.

As more research is conducted to investigate the underlying causes of this decline, it is likely to confirm the important role that family planning programs have had in developing nations. While major improvements in the socioeconomic well-being of the developing areas is still an essential goal, the need to maintain the organized provision of family planning services should not be understated.

The implications of maintaining and accelerating the fertility decline in heavily populated regions are lower population growth rates in the future, such that, according to CFSC estimates, the average growth rate over the next quarter of a century will be 1.9 percent for the world and, during 1995–2000, 1.3 percent. It calls for a world population of 5.8 billion in the year 2000, some 600 million fewer people than was anticipated five years ago.

Table 1. SUMMARY OF FERTILITY RATE CHANGES FOR 1968-1975

1. Number of countries in which birth rates	Total	Developing	Developed
Declined	103	78	25
Remained unchanged or increased	45	35	10
2. Percent of population in which birth rates	Total	Developing	Developed
Declined	81.3	90.6	56.7
Remained unchanged or increased	18.7	9.4	43.3
3. Percent of population in which birth rates	Total	Declined	Remained unchanged or increased
Asia	100.0	90.8	9.2
Africa	100.0	62.0	38.0
North America	100.0	100.0	0.0
Latin America	100.0	94.4	5.6
Europe	100.0	76.8	23.2
U.S.S.R.	100.0	0.0	100.0
Oceania	100.0	86.3	13.7

Note: A nation's fertility level has "declined" if the TFR was 100 points or more lower in 1975 than in 1968. This represents a decline of about 0.1 births per woman.

Table 2. TOTAL FERTILITY RATES FOR 1968 AND 1975 FOR THE WORLD AND MAJOR REGIONS

Area	1968	1975	Difference
World	4635	4068	-567
Africa	6502	6141	-361
Asia ^(a)	5332	4887	-845
Latin America	5526	4909	-617
Developed ^(b)	2361	2229	-132

^(a) Includes Fiji, Papua/New Guinea, excludes Japan.

^(b) Includes Europe, U.S.S.R., North America, Australia, New Zealand, and Japan.

WANTED: YOUR NEWS

The *PSD Newsletter* is an open forum for SD communicators throughout the world. Its pages are available for reporting experiences and ideas about health, nutrition, literacy, family planning, women's rights, community development, agricultural productivity, housing and environment, and other human betterment activities concerning communication and education. Person-to-person media and mass media news are equally welcomed. We hope to cover every subject area and every nation in future issues. Our address is on page 20.

UNICEF Leads in SD Communication

(continued from page 1)

While all five of these activities are not regarded as Project Support Communication, they are all related to the PSC effort.

A. Public relations

The information (public relations) activities of UNICEF, on the left side of the bridge, provide the organization's credibility and much of its funding. One such activity is the distribution of UNICEF greeting cards, which are sold all over the world. Their sale is one of the reasons why UNICEF is one of the best known UN organizations today.

The UNICEF Field Representative acquires an operational credibility through these public relations efforts that creates a welcome for him at top-level meetings and negotiations tables. Public relations are, therefore, a precondition for project support communications.

B. Advocacy

Advocacy, over the first support of the bridge, forms the first approach of the Field Representative to PSC. The mandate given to UNICEF by all member states is to speak up in behalf of children and to assist activities that aid needy children, mothers, and youth. This long-term advocacy role makes it a duty of UNICEF's officers to bring a better knowledge of the special needs of children and mothers to developing nations.

C. Promotion

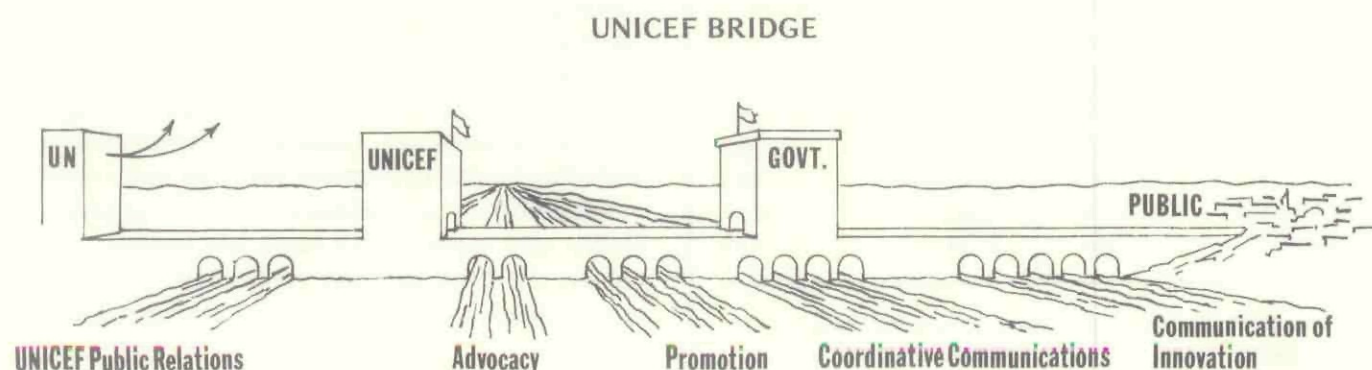
Advocacy leads to promotion, where UNICEF identifies specific situations that are particularly disadvan-

tageous for children based on its own research and consultation with government officials and national leaders. These situations may include health, nutrition, sanitation, education, and any other problems involving children and their mothers. The communication goal at this stage is to heighten awareness of the particular problem and of the need to take corrective action. Usually it is a short-term and fairly intensive activity that consumes a great deal of the Field Representative's time and energies. It involves both face-to-face and mass media communication. If this phase of communication is successful, a joint decision is reached to draw up a Plan of Operation for the project.

D. Coordination

Located over the second support of government, coordination is crucial to the communication effort. Most UNICEF projects involve a number of different agencies, and different offices within those agencies. If the project is to succeed, all of the officials involved must participate in the exchange of ideas and opinions on the way to arriving at an agreement about the concrete actions to be taken. Coordinative communication serves to get these officials and experts heading in the same direction through face-to-face discussions, followed by the circulation of memos, working proposals, and draft plans. This is an important section of the PSC bridge; if it is neglected, the program can collapse in mid-stream.

These coordinative communications will clarify the overall objectives of the project while specifying (1) who the target population will be, (2) what the strategies will be, (3) what communications will be implemented, and (4) how these will be integrated in the action phase. The final product is the Plan of Opera-



tion, a blueprint for the project that covers all contingencies.

1. *The target population.* Every target population has its own problems and qualities that must be considered when planning; every choice has its own implications. If the decision is made to reach people in *traditional*, isolated communities, then the communication and transportation aspects of the project will be quite expensive and complicated. A considerable amount of resources would have to be allotted to make the project work. If the decision is made to start in *transitional* (semi-developed) communities while anticipating the spread of the program to satellite (traditional) communities later, the project will be less complicated and less costly. The technology or innovation itself must be carefully considered when choosing a target population. A whole new set of difficulties arises if the innovation violates the sociocultural system or is simply too impractical or too expensive for the people to use.

2. *Strategies.* The discussion will most certainly focus on the need for the preparation of the target group to receive/adopt the innovation as part of the community. This is the key to community development, which must depend on participation. The importance of this stage can be seen in the following examples. The adoption of an agricultural technology in Nepal benefitted a few of the better-off farmers, who invested their new wealth in old jewelry and cash, which they hid in their mattresses. As a result, there was little social change and insufficient economic development. Similarly, there is a block office in India that gave away free water-sealed latrines; the majority of the people have still not installed them. A large percentage of mothers in most countries have their children inoculated and then fail to bring them back for the necessary subsequent shots.

The fault may lie, not with the villagers, but with weak coordinative communication before action began, and weak project support communication during the action phase. Therefore, one of the crucial problems that should be discussed in depth during the coordination phase is whether the introduction or the reinforcement of a little known innovation to a community group, which so often represents the poorest in the village, is genuinely practicable; and, if so, what supportive communication will be necessary. Two things must be realized: how poorly prepared most government technical services are to handle local community communication for the project, and how poorly

prepared the intended recipients of a UNICEF project may be to appreciate and use the new social benefits.

3. *Coordinative communication about communication.* Because communication with the inhabitants of villages or neighborhoods involved in UNICEF projects is to be an integral part of the project, full plans for conducting this communication effort must be made at the coordinative stage. The discussion should dwell upon *how* the communication is to be done, *what* is to be communicated, *what media* is to be used, and *how* the communication work is to be *organized, performed, administered, and evaluated*. Of particular importance is a discussion of how the community leaders in the communities to be affected by the project can be helped to appreciate it, stimulated to sponsor it, and enlisted to participate in it.

Insufficient coordinative communication about communication can result in the following situation. A community worker visits three to five families per day, as scheduled, but has been unable to arrange group meetings simply because he is too young, has not been trained in the techniques of organizing and holding group meetings, and lacks credibility in the eyes of the villagers. He has no audio-visual aids to assist him in his work. He almost never sees his supervisor, who, like himself, has no easy means of transportation. No budget was allowed for advance publicity so that there would be workers who would be sincerely devoted to improving the living conditions in their village. Despite his best efforts, the villagers remain indifferent or hostile to the new UNICEF project.

In coordination meetings, the UNICEF Field Representative often seeks the advice of development planners experienced in social communication and in media policy and planning to help deal with these problems. If the experts do not have enough information, applied communications research might be used as part of the preplan activities. The Field Representative tries to make certain that the project has effective communication support throughout all subsequent phases.

4. *Decentralization and integration in PSC: a major coordination task.* At the central level, the most frustrating coordinative discussion usually concerns the integration of activities on the community level. Since this often entails sharing already overloaded production, logistic, and maintenance services, the outcome is often the strengthening of the communication serv-

(continued on next page)

UNICEF Leads in SD Communication

(continued from page 13)

ices on the central level—not on the district level where the project is implemented.

For example, in a West African country, several coordinative meetings took place in the capital, but no consequential regional meetings took place. The pilot project managers at the district level were left alone to cope as best as they could without integrated support. Communications support was nonexistent at first and it is needless to say that development has been slow.

A workable plan for implementing a UNICEF project is expected to have a great deal of decentralization of authority and responsibility, from national to regional and local leadership levels. The recipient population itself, and especially their leaders, must have a part of this responsibility, to the maximum extent possible. Much has been written and said about this principle, but it is still a major obstacle to be overcome in coordinative planning. The need for "grass roots power" is just as great for the communication phase as for the technical phase, even though there may be a tendency for the communicators to be more insistent than the technicians on the centralization of authority and activity. Yet success in communicating with local village people can come only when their informal as well as their formal leaders are participants in the planning and implementation of the communications.

E. PSC implementation

Throughout the advocacy, promotion, and coordinative communication stages, UNICEF's Project Support Communication activity is largely hidden. It is primarily a dialogue between UNICEF and the government, augmented by interaction with experts and researchers. The traffic is principally between the two supporters of the bridge. At this stage, implementation of the project, the PSC component becomes highly visible. Instead of interaction between the planners, the communication is now between the technicians and the involved public. The flow of traffic reaches its destination on the other shore, the people.

The twin goals of "visible" PSC. At this stage, PSC work has two principal goals:

- (a) to prepare the community to understand, accept, and participate in the growth of the UNICEF project, whatever it may be

- (b) to inform, educate, and persuade groups and individuals to appreciate the need for the new service, and to adopt the practices recommended and make use of the facility provided.

If the UNICEF project introduces a behavior that is new and partially inconsistent with culture and tradition, it is easy to understand that this can be a major task, and that a great deal of effort and a large expenditure of funds will be required. It may involve adding new foods to the diet, caring for babies in new ways, using new remedies when infants get sick, or trusting paramedical workers instead of traditional medicine men.

The PSC manager. If a UNICEF project is a large one, the PSC component will be made the responsibility of a project support communication specialist, called a PSC manager, who is a member of the UNICEF Field Representative's staff. This PSC officer will work closely with his communication counterparts in the government and in the media organizations to implement the communication part of the Plan of Operation.

Teamwork and PSC. If the PSC manager is to succeed in his job, there must be efficient teamwork with the technical specialists (physicians, nutritionists, agronomists, sanitation workers) and the other administrators (planners, executive directors, district officers). These technicians and administrators need the PSC communicator to translate their program into messages that the public will understand and accept. He needs the closest cooperation from the technicians and administrators in order to know what specific messages are important and how to plan and schedule their diffusion. To facilitate this interaction between communicator and other project support specialists, UNICEF has prepared a PSC checklist of things to be considered, which is recommended reading for all concerned.

The PSC staff. If the UNICEF project is a small one, a single person may be able to do all of the PSC work required. If it is a large one, there may be a number of people in a PSC unit. In any event, the following functions must be performed:

- PSC planning and administration
- writing and preparing messages
- producing messages and diffusing them to the public
- supervising or monitoring message diffusion
- evaluating the PSC effort.

The PSC staff of UNICEF does not carry out these functions for the country or for the project. It performs them *in collaboration with* specialists of the government, and *in behalf of* the people for whom the project exists. Very often the PSC specialists employed by UNICEF and those employed by the government work as a single team, in the same office.

Media. Usually the PSC part of the Plan of Operation calls for three levels of communication:

- personal interviews and counselling
- group communications
- mass media communications.

Implementation of this program calls for persons having skills in the various media used.

Mass media. Mass media, particularly the electronic media, are increasing their reach in developing countries. UNICEF is promoting more effective utilization of all mass media in a number of ways. For example, to stimulate the use of the entertainment format for people learning about health practices, UNICEF funded the complete production and diffusion of a 24-installment radio series in Kenya. In Pakistan, UNICEF is heavily involved in the functional literacy television program. In Assam, India, a soap opera "doctor" program is presently being tried out. The need to reach millions of rural people who are widely dispersed and inaccessible makes the development of the mass media a desirable part of the PSC program. As a result, UNICEF is a leader in experimental work in this area.

Local production with community involvement. UNICEF attaches great importance to getting the input of local people in the production of informative materials. An attempt is made to combine the highly specialized skills and knowledge of the communicator with the perceptions, insights, and interpretations of the local people for whom the messages are being prepared. For example, a slide set, a recording, or a stenciled leaflet can be produced with a successful local farmer serving as the subject matter specialist and his family members and employees as actors. Such material has made considerable impact on neighboring villages.

Research and evaluation. The research and evaluation aspects of communication are also taken quite seriously as a part of UNICEF's PSC program. The need for baseline information, monitoring during pilot series, pretesting of media material, and evaluation work is being met. PSC personnel take part in evaluation work in many forms: a radio program has been evaluated in Kenya, a radio feasibility survey was

sponsored in Bangladesh, an evaluation of 20 films was made for the satellite pilot in India, and a survey to get data for a breastfeeding campaign in Indonesia was taken.

UNICEF's commitment to communication

The above description of its PSC program is evidence of UNICEF's faith that communication is an essential ingredient in most if not all of its programs. Perhaps it places more emphasis upon communication at every step, and especially upon the final step of serving the program, than any other international agency trying to promote health, nutrition, agricultural productivity, or other humanitarian causes in developing countries. It is easy to understand that a considerable portion of UNICEF funds are spent for the training of PSC personnel, for their salaries, and for the equipment and supplies they require.

Last year, 160,000 persons received some kind of training support as a part of UNICEF's PSC endeavors. UNICEF assists in the preparation of many different kinds of manuals, guidelines, teaching aids, and outreach materials, in many different languages.

Each of UNICEF's regional officers has a PSC unit, whose services are available in any country for assistance in any of the phases of work described above. These regional offices have a considerable amount of autonomy in defining the needs of their regions and the kinds of PSC activities that should receive top priority.

Perhaps no other international organization has been more generous in providing the communication equipment required to carry out PSC projects. Cameras, printing equipment, video equipment, tape recorders, teaching aids, and the raw materials required for communication production are supplied as needed. Technical advice and help in procurement are offered to those PSC workers who are confused by the mass of brand names, conflicting advertising claims, and price tags.

The future of PSC in UNICEF

Regardless of how the term is defined, effective communication is and will remain an integral part of UNICEF's projects for social development. Communication personnel, both planners and implementors, believe that they can be more than project supporters; they are partners in the process of development.

UNICEF's 25 Basic Messages

(continued from page 2)

The messages are not stated here in a way that poorly educated people would understand; each message must be carefully rewritten and pretested for each audience. Local customs, beliefs, eating habits, and taboos must be taken into account when the basic message is converted into a specific communication for a particular audience.

The value of condensing a social development program's objectives into a communication package of a few messages lies in three areas:

1. The total amount of information that needs to be imparted to the public in order to achieve the objective is not large. It is quite simple and capable of transmission by any combination of media—mass or person-to-person.
2. The information required for most projects, as in UNICEF's child care education, falls in several areas, and an integrated communication

approach that covers all of these areas offers the best hope of bringing about overall improvement.

3. In order for a particular social development project to succeed, a few specific messages need to be received, accepted, and acted upon by the public. With careful planning, these messages can be identified, worded, and diffused in a multi-media context, using both the mass media and the personnel working on the project—field workers, nurses, nurse's aides, midwives, and social workers.

The 25 basic messages can be a starting point for communication planning. Most UNICEF projects can pinpoint quickly the central themes for their communication program. Thus they avoid vague or irrelevant messages, and launch directly into the work of designing, pretesting, and producing communications that effectively transmit the information needed at a particular time at a particular site in support of a particular project.

Table B. TWENTY SPECIFIC MESSAGES FOR CHILD WELFARE PROGRAMS

AREA	THEME	MESSAGE CONTENT
1. Nutrition	Prenatal nutrition	Pregnant women must eat more than usual amount of cereal and pulse and plenty of dark green and yellow vegetables and fruits.
2. Health	Prenatal health care	Pregnant women should visit the public health center during last 3 months of pregnancy for prenatal check-up.
3. Nutrition	Breastfeeding	Mother's milk is best. Don't discard colostrum. Keep on breastfeeding as long as possible, but this is not sufficient by itself after the age of 5 or 6 months.
4. Nutrition	Breastfeeding nutrition	While breastfeeding a child, a mother should eat more than usual amount of cereal and pulse and plenty of dark green and yellow vegetables and fruits.
5. Health/medicine	Post-natal health care	Visit the public health center at regular intervals for check-up of condition of both mother and infant.
6. Nutrition	Infant feeding	Start semi-solid food (local staple or mashed up ready-to-eat foods) after 5 or 6 months, and also undiluted cow's milk if you can. These foods must be prepared carefully. Give much earlier what you would normally give later. And add vegetables and fruit.
7. Nutrition	Child feeding: change of food during growth	As the child grows, the amount and variety of foods should be increased. By the time he is 1 year old he should be fed similar foods as are given to the rest of the family—cereal, pulses, green vegetables, perhaps supplemented by processed ready-to-eat foods. But in order to get as much as he needs, he should be fed these solid foods 3 or 4 times a day.

Table B. TWENTY SPECIFIC MESSAGES FOR CHILD WELFARE PROGRAMS—Continued

AREA	THEME	MESSAGE CONTENT
8. Nutrition	Child feeding: supplementary feeding	When you are unable to feed the child with your own milk, solid food (which may include supplementary ready-to-eat foods) should be given 5 or 6 times a day. Also, if possible, undiluted cow's or buffalo's milk or miltone should be given (miltone is 50 percent milk and 50 percent milk extender made from vegetable sources).
9. Nutrition	Preparation of infant/child food	Do not use excessive water for cooking rice and vegetables. If you drain water after cooking do not discard it; it is good for you and should be consumed.
10. Health care	Immunization	To prevent the child from getting some diseases, he should be immunized. This will probably make him a little ill, but will prevent him getting terrible scars later and perhaps dying.
11. Sanitation	Cleanliness of child	To prevent him from getting other diseases, he should be kept clean and his surroundings should be as clean as possible. After baby defecates, wash him clean with soap and wash your hands. Your child may get sick if he puts dirty hands in his mouth.
12. Sanitation	Excreta removal, environmental contamination	Do not let excreta lie around where your baby may be playing. Remove it quickly to a place outside his reach. Don't spit in areas where child plays.
13. Sanitation	Cleanliness of mother	Mother should wash her hands before eating and before preparing food and before holding and feeding the baby.
14. Sanitation	Cleanliness of food preparations and dishes	Kitchen and feeding utensils should be kept clean and not allowed to attract flies. Flies mean dirt and dirt means danger.
15. Sanitation	Food storage	Food should be kept covered from flies and dust.
16. Nutrition	Liquids/drinking	A child needs plenty of water. Only the safest water available should be drunk.
17. Health care	Infectious diseases and first aid	Learn to recognize signs of common diseases: cough, diarrhea, dehydration, fever, running ear, skin diseases, sore eyes, and poor sight. Learn their management and how to deal with accidents in the home, and when to seek advice from the health center or doctor.
18. Health care/nutrition	Feeding during illness	When the child is ill with fever or diarrhea continue to feed him as before—but you will have to prepare the food more appetizingly. He will get better quicker if he eats plenty of cereal, pulse, green vegetables.
19. Education and social development	Play and social contacts	Encourage the child to play with simple household articles and things he can gather in the neighborhood. See that he gets plenty of social interaction and play with adults and other children, to stimulate social development.

(continued on next page)

UNICEF's 25 Basic Messages

(continued from page 17)

Table B. TWENTY SPECIFIC MESSAGES FOR CHILD WELFARE PROGRAMS—Continued

AREA	THEME	MESSAGE CONTENT
20. Family planning	Use of contra- ceptives	Children who are well cared for are likely to survive much better than those who are not. Therefore, you may not want to have so many children. Children need to be spaced 2 or 3 years apart, for the health and welfare of both the children and the mother. In order to provide good nutrition, care, and education, families need to be kept within the income and resources of the parents. Family planning can help you to achieve this.

Table C. ADDITIONAL MESSAGES FOR CHILD WELFARE PROGRAMS

AREA	THEME	MESSAGE CONTENT
21. Nutrition	Specific nutritious foods	A nutritious and balanced diet that will promote growth and health of your child can be provided from common foods available locally, with out need to purchase expensive imported or prepared foods (list specific foods). For infants and young children, food supplements such as powdered milk or high-protein foods can be obtained through your health center. (Avoid strong emphasis on foods that are taboo, but try to correct misunderstandings and prejudices.)
22. Nutrition	Food preparation to promote nutri- tion	Overcooking vegetables destroys much of their nutritional content (vitamins). Foods that are nutritious and available, but which may not be locally popular, can be made tasty by new methods of preparation (give specific recipes).
23. Sanitation	Water supply	Contaminated water supply is a common source of much illness, both in children and adults. It results from drawing water from sources that are contaminated with excreta or refuse or by animals. Every household should cooperate with other households to arrange for a supply of safe drinking water, through the construction of wells according to instructions given by health workers.
24. Nutrition	Vitamins	Vitamins are essential for good health, and lack of some of the common vitamins can cause serious illness. Babies need to play in the sunshine in order to get important vitamin A. (Identify vitamin deficiencies common in the local area, and the diet or procedures needed to correct them.)
25. Health/medicine	Use of health services	Traditional (folk) medicine very often is not able to cure most of the serious illnesses that occur. The health centers are able to diagnose and cure most of the illnesses of children if the child is brought to them in time. Have more confidence in the local health center and hospitals, and take your child there regularly for check-ups. Go to the health center immediately if he becomes ill and does not respond quickly to the simple home remedies you have been taught by health center personnel.

Multimedia Population— FP Package

(continued from page 3)

The exception to the policy of adaptation may be the films, where local conversion may be more difficult. Some individualized help may be available from the project where local or regional settings are necessary. Most of the films, however, can be used in several countries with the addition of dubbed sound tracks.

Since the expectation is that local missions and programs will undertake the revision of any or all prototypes for themselves, the project director is asking for feedback, evaluation, and copies of revised materials so that the I-E-C efforts of a number of LDCs can be cross-pollinated. Contact:

Marschal Rothe
DS/POP/IE
213 RPE
USAID
Washington, D.C., 20563, USA

Although distribution is just beginning, early feedback has already brought some suggestions:

- ★ In Indonesia, BKKBN is interested in using the voluntary sterilization materials in the VSC training centers. VSIS/Jakarta wants the films for trial use on television (with proper concurrences).
- ★ The Philippines POPCOM is translating the method wallcharts into local languages.
- ★ The color print drawings for artists' use, such as are contained in the pill instruction package, can be re-shot or redrawn for use as flip charts, posters, or slide sets.
- ★ Scripts accompanying the radio spots translate into source information for question-and-answer broadcasts, playlets, and leaflets.

In short, the wide variety of ideas incorporated into each packet provides the basics for a wealth of diversified adaptations to enrich I-E-C efforts.

The PFIS sets include:

The Family Planning Pill

Booklet: "How the Pill Works": what takes place in a woman's body when she takes oral contraceptives.

Poster: "The Pill is Safe": 3 color sheet (English or Spanish).

Film: "Understanding the Pill": set in rural Philippines, questions likely to confront field workers plus answers (Spanish, Tagalog, English).

35 mm Slide Set/Sound: "Take Me Once A Day": color cartoon with dialogue on tape cassette, against background of village superstition, tells of pill's efficacy, proper use (typescript included).

Pill Instruction Package: Instructions in varying forms: *insert sheet* to include with pill packet; *film strip* with eye viewer; *color print set* for local artists' use in preparing graphics; *radio spots*, on cassette, 10 to 60 seconds (typescript included).

Community Based Distribution (CBD)

Film: "To The People": household pill distribution programs in Tunisia, Egypt, Korea, Bangladesh, worker-acceptor interview approach and content, for program decision-makers and field worker training.

Film: "The City": set in Colombia—problems of any city experiencing in-migration of rural people, PROFAMILIA program of distribution of contraceptives without prescription via shopkeepers.

Film: "We Go Where They Are": set in Colombia—contraceptive distribution operation in remote rural areas.

35 mm Slide Set/Sound: "Commercial Retail Sales": distribution projects in Sri Lanka, Jamaica, Bangladesh, for program decision makers and field staff (typescript included).

Voluntary Surgical Contraception (VSC)

2 Booklets: "Questions and Answers About Vasectomy" and "Questions and Answers on Female Sterilization."

Film: "A Question of Choice": describes global demand for sterilization and shows program approach in Philippines, Bangladesh, Thailand, El Salvador, U.S.

Film: "The Island Way": describes the spirited community approach to VSC of the Inlesia ni Cristo in the Philippines.

Film: "The Joyful Day": unique VSC service in North Thailand catering to hill tribe women.

Radio Spots: taped cassettes on male and female sterilization. 10 to 60 second spots (typescripts included).

Miscellaneous

Chart: "Which Method is Best for YOU?": contraceptive methods, advantages, disadvantages, relative effectiveness.

Utilization Guides for training use of all above methods (with typescript).

For information and samples, local I-E-C Directors should contact their local USAID mission or, if they have none, they should ask the officer in charge of population affairs at the U.S. Embassy or write Mr. Rothe at the above address.

Editorial: How Can FP and SD Communication be Integrated?

The Bucharest World Population Conference emphasized that family planning activities need to be better integrated with other social development programs. This recommendation has been widely endorsed. Unfortunately, most of the discussions have focused upon the integration of *services*, and have neglected the integration of *communication* for family planning with communication for other social development activities. As a consequence, how to achieve this integration remains not only an unanswered but a little-discussed question.

In this issue, the *PSD Newsletter* reports UNICEF's recipe for integrating family planning as a part of project support communication for its other activities in support of child welfare. We would like for the pages of future issues of the newsletter to become a forum on this topic. Readers with experience or imaginative views are invited to submit constructive, practical reports for publication. We will give priority to those submissions that readers in various countries might find provocative and worthy of trial.

SD Communication as a Business Enterprise

Editorial Pax-Mexico, a Mexican publishing house, demonstrates that a business can still serve those who need educational materials the most. Through highly economical production, it publishes excellent material dealing with family life education, population, ecology, and social medicine. Its efforts are chiefly directed to presenting innovative and abundantly illustrated texts in nontraditional form.

The present production schedule of Pax-Mexico includes many full-color popular booklets and handouts that were designed for family life education programs.

For 1979, International Year of the Child, Pax-Mexico has three photonovels and three slide/cassette presentations in preparation for use in rural areas. These materials will focus on encouraging the best development of young children and will include im-

portant aspects of hygiene, medical care, social interaction, family life education, community development, nutrition, and self-sufficiency in the home production of foods. Emphasis will be on improving the health and well-being of children and their families through self-help, including some of the concepts of the Child-to-Child Programme (see page 7), as well as some models of community action that have proven successful in Latin America.

Organizations that are interested in this project and that would like to reserve material for use during the coming year may write to:

**Editorial Pax-Mexico
Argentina 9
Mexico, D.F.**

Editorial Pax-Mexico also invites correspondence from those who have materials suitable for publication in Spanish.



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Editor, Social Development	Carlos Brambila
Senior Editor	George W. Rumsey
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The *PSD Communication Newsletter* is glad to receive submissions from its readers. All copy should be typed, double-spaced. Photographs will be retained by the newsletter for its permanent files unless otherwise requested. Materials should be submitted to:

PSD Communication Newsletter
Community and Family Study Center
1126 East 59th Street
Chicago, Illinois, 60637, USA



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Bjorn Berndtson was Chief of Project Support Communication, UNICEF Hq New York. The document provides important leads on UNICEF projects.

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