



Message design for hygiene education

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IT IS OBVIOUS that the provision of facilities without accompanying user education is likely to result in poor usage and for that matter lack of maintenance which will aggravate the already precarious situation of having no facility at all.

At any rate, hygiene education is not done in a vacuum; it is facilitated by certain tools (materials and messages) in the form of visuals more especially when the audience or target is a rural community. If 'meaning really lies in the mind of the receiver' as the adage goes, then the involvement of the receiver is the design of the message being communicated, therefore becomes almost imperative.

Meanwhile, one aspect of the communication process which is normally the reservation of the communicator, is 'message design'. However for hygiene educational purposes, this should not always be the case.

To communicate meaningfully, one has to study and know his audience very well. Hence, to be able to reach the rural community, we should be aware of certain salient characteristic features of the people.

The rural community

A community can refer simultaneously to neighbourhoods, villages, districts, towns and even cities. Communities and for that matter rural communities may differ in character, interests and behaviour as well as having a different set of beliefs and values. The location and history of the community account for all these.

The rural community is perceived to be generally uneducated; possessing knowledge of general character; a pool of raw and crude people of extreme inferiority complex; people living in individual and compound houses grouped together in communion, sharing knowledge, grief, problems, happy moments etc. of their neighbours.

However, some of these generalizations may not hold for all rural communities. Within the rural setup there is an internal communication system in operation, and it is this system that determines the attitude and actions of the individual in the community. The internal system has a normative, steering effect on his decision making. He does not take decisions in isolation from his immediate community members.

Message design

Message design is a key factor in the whole communication process if behaviour change is to be achieved. At any rate, it is the process or procedure through which messages are

designed that determines its susceptibility to effect change. The communicative success of messages designed, therefore depends on how well the designers of the mediated production listen to their audience. This audience-based approach implies making the audience the sender or source of the message as well as the receiver. The involvement of community members in all aspects of hygiene education especially in 'message design' cannot be over emphasized.

The Kumasi Health Education Project is a small unit which has produced a range of participatory health education materials for the Kumasi metropolis using the audience-based approach to message design. Activities carried out by the project are either proactive or reactive.

Audience involvement in message design: basic steps

The Kumasi health education Project (KHEP) makes use of systematic, step by step approach to develop participatory health education materials for schools and the community within the Kumasi Metropolitan area in the Ashanti Region of Ghana.

The experience is that, to be able to reach the rural communities comfortably, the media of communication chosen should be one which they can readily associate with. This obviously was identified to be 'popular media'. Popular Media entails all forms of traditional folk media including story telling, drama (popular theatre), songs, pictures and so on. Although an attempt has been made to use all these for hygiene education, the focus has been on pictures or visuals (like flipcharts, flashcards, sorting cards, discussion posters etc.) and projected aids like slides and videos. The selection of appropriate media, the frequency of presentation, the pictures, words, gestures, characters, and settings chosen; and whether it should be in a serious, comical, dramatic or farcical form, all depends on the age, sex, race, occupation, education and religion of the audience. Through studies and surveys the KHEP came to know its audience very well. The steps involved in message design, as applied by the KHEP may be discussed below.

Seven steps to effective message design/materials development

Needs assessment

Community needs are assessed to identify areas which need some hygiene education. This is normally based on data collected from the hospitals, and field visits to the

communities. This then brings out the topic or area to tackle. It is obvious that at times, for some reasons topics are selected by external bodies (Which is not the best anyway). In any case, whether the topic is selected by a funding agency, a domestic politician or a community organization, facts must thoroughly be checked in order not to mislead or misinform the masses exposed to that particular message, nor hammer areas which may already be saturated. It is very important not to isolate the audience from the topic since it is the audience that matter.

Idea development workshop

A workshop is organized to discuss appropriate messages based on the chosen topic. This workshop brings together technical experts, health professionals, opinion leaders and a sampled segment of the intended audience and the graphic designers/ illustrators.

At this forum contributions are invited from the participants on appropriate messages, pictures, settings etc., taking cognizance of the topic in question. These are compiled and given to the artist after the workshop.

Prototype sketches and message formats

The artist then develop preliminary sketches and message formats based on the message concepts put together at the workshop. Message formats are not necessarily done by artists; Assistance may be sought from Health professionals and other people with specialized interest in respective topics.

Review workshop

When the preliminary sketches are ready, a second workshop is organized, bringing together the same people who participated in the Idea Development workshop. The sketches and message formats are then put up for review by the people. This is when necessary corrections are pointed out to ensure that they conform to the ideas developed earlier.

Review of prototypes

The artists sit down to put to shape the prototype sketches. All necessary corrections are made at this stage. Sketches and message formats are refined.

Pretesting or input evaluation

This is when prototypes of illustrations and message formats are pretested on a sample of the audience to find out whether the chosen approach is working; pictorial accuracy and how they are perceived by the audience. This is also to check how well the production performs with the audience on crucial criteria such as attention, comprehension, novelty, utility and credibility, before mass production. Prototypes are pretested also with some gate keepers to solicit their support. Community health workers and the artists conduct the pretesting.

Pretesting is a crucial stage in the message design process. To ensure maximum involvement of the audience,

pretesting is done in three consecutive stages:

- Pencil stage.
- Line drawing (inking) stage.
- Colouring stage.

After each stage materials are reviewed (additions and omissions made) to suit the reactions of the audience. We don't try to impose our sketches and ideas on the audience. We rather listen to them and do it the way they prefer. The pretesting procedure can indicate whether the audience failed to understand crucial terms or failed to appreciate specific illustrations or drawings. Whether they don't like the faces of the characters or sets chosen. Modifications are therefore made to suit the pretest findings and then final production follows.

Mass production and distribution

After the final review, what follows is mass production and distribution. The artists do colour separation and then the work is sent to the printers for mass production.

It is important to note that real power is given to the community or audience at every step especially - idea development and pretesting. Our primary responsibility is to respect and promote the welfare and human rights of all categories of people affected by decisions, programmes or research in which we take part. It is our ethical responsibility to bring to bear on decision making our own or that of others, information concerning the actual or potential impacts of such activities on all whom they might affect. It is our responsibility to assume, to what extent possible, that the views of groups so affected are made clear and given full and serious consideration by decision makers and planners, in order to preserve options and choices for affected groups. (Mody 1991 p91).

Process evaluation and process monitoring

Physical exposure, attention, comprehension, and implementation levels are monitored after message distribution begins. This feedback indicates whether our decisions regarding media, content and form are working under real field conditions. The things we look for include whether the messages are physically available in reception situations where they have a good chance of being read, heard, or observed; and if message is available, whether it is being attended to, comprehended and used.

Summative impact evaluation

The impact evaluation of hygiene education in terms of its intended goals (e.g. changing behaviours) is very essential. Summative impact evaluation is therefore conducted, a period after materials have been distributed. It should be mentioned that the above steps, if well followed in any message design endeavours, for whichever media, there is some surety that intended goals will be met.

Limitations/problems encountered

Cost

The laborious nature of this system makes it somewhat expensive. However, it ensures good quality materials. ('Quality costs less' - It is said.)

Community's attitude

Some communities may be suspicious of outsiders, perhaps because of past experiences.

Attitude of some hygiene workers

Community entry is a skill to be learnt. The ill attitude of some hygiene workers towards community members tend to render them repulsive.

The colonial system

The Top-Down nature of the colonial system has culminated in some communities being apathetic. This stems from the fact that people are used to 'government providing everything'.

Needs Assessment

Most needs are assessed based on data collected from hospitals. Thus the malaria infested area is bound to be bombarded with messages about malaria. Meanwhile, the root cause or problem might be - the unaffordability of weeding implements.

Idea development workshop

The bringing together of people from diverse fields vis-à-vis the community members at times inhibits the contribution of the community members. People normally can't comfortably express themselves when they are in the midst of 'experts' and 'professionals'. Thus separate workshops may be organized for each group, but this will increase cost.

Prototype sketches

Inability of artists to transform ideas developed into appropriate visual images.

Pretesting

- Sample audience segment may not be representative enough of the mass audience.
- Those who conduct pretesting may lack experience.
- Respondents may not give honest responses because they do not wish to offend.
- A persons response to a picture after an initial, one-off exposure may be very different from his responses after he has seen the picture a number of times or even after seeing it in a different form, for instance in pencil drawing or colour.
- Low visual perception of rural people
- Certain problems of misinterpretations arise not during pretesting but after final production.

Visual perception

The way people see pictures

There seem to be an assumption that pictures are some kind of intellectual or cross cultural language which everybody understands. However, the ability to read pictures is the result of an informal educational process. People interpret pictures in different ways, depending on a number of things related to who they are, where they live, what they do etc. We cannot assume that people understand whatever pictures they see (Haaland 1984 p15).

The degree to which people understand pictures may depend on the following:

- Literacy level
- Previous exposure to and experience with communication materials
- Social, cultural and religious beliefs and practices
- The relevance of the material to the situation of the audience
- If the subject is threatening
- The length of the materials
- Convenience/time of the respondent
- Colours
- Language
- Complexity in presentations e.g. Super-impositions, Perceptivity, Foreshortening etc.

Future trends

The experience at Kumasi Health Education Project has exposed some thoughts which in effect streamline the way forward, in terms of message design/materials production. The following may be taken into consideration.

Needs assessment

It is very essential for needs to be assessed from the grassroots level with the rural community or the intended audience. Visits should be made to the rural community to research on 'what to say' and 'how to say it' in the people's own way, for it is said that - 'People tend to hear what they want to hear' and 'the eye sees what it knows'.....' Knowledge is ours only when we can think of it for ourselves, not when we have merely understood while someone else did the thinking'.

Secondly, the participation of identifiable people and groups in the audience should be encouraged. These may include - Community leaders, Town or Village committee leaders, Traditional rulers, Opinion leaders, Religious leaders, Economic leaders, Women groups and other such local organizations. Participation should however not be limited to only certain aspects of a developmental endeavours but rather throughout the entire project from planning to evaluation stages.

Visual materials

Pictures for community hygiene education should:

- show familiar situations (i.e. use local examples);

- not be so simple that they suggest a predetermined solution;
- not show 'solutions' only 'problems';
- encourage people to make causal connections between different elements;
- usually not contain words;
- there should be no distracting details;
- touch people's feelings or emotions, but not arouse fear in the audience.

People normally talk about participatory hygiene education where materials are made to be used in a participatory manner. However this alone does not ensure maximum participation. The development and production of hygiene materials need to be made participatory as well.

In conclusion, it should be noted that, senders do not control what and how much is actually communicated; rather, the receiver does. The more message designers tailor their productions to the needs of their diverse audiences, using the idiom of the audience the better the chance of achieving intended goals.

As Mody (1991 p50) puts it "No matter how much money an organization may spend to hire the best trained producers of posters and broadcast programmes, no matter how much foreign exchange it may spend to import expensive equipment and trainers, the organization that excludes the audience from the message design process is doomed to being merely an information distribution organization. It will have no capability to reach an identity of meaning with the audience".

References

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