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Fats Waller, Communication And Child/Family Welfare
Or What Do They Want, Anyway?

By

Guy B Scandlen
FATS WALLER, COMMUNICATION AND
CHILD/FAMILY WELFARE
OR
"WHAT DO THEY WANT, ANYWAY?"
BY
Guy B. Scandlen
United Nations Childrens Fund
East Asia and Pakistan Regional Office
"Ladies, I will take you now,
That's if you'll take a tip from me:
Find out what they like and how they like it
and let 'em have it just that way..."

- Song by Andy Razaf and Fats Waller, 1929 (ASCAP)

The reader will excuse me for elevating our discussions with a bit of folk wisdom by Fats Waller, but one has the feeling that we development communicators often forget the harsh reality implied in the verse above: that if you don't know the needs of your client or target group, you're going to lose them. UNICEF, in fact, roots its Basic Needs Strategy in this premise.

Further it is this reality that originally initiated the much needed rethinking of diffusion of innovation theory and, with it, the use of communication in development, for the two are inescapably meshed together in the same process.

As the reader is aware there are many issues involved but for the purpose of Communication and Child/Family Welfare we need only review some relevant ones. That:

- innovations tend to be adopted by those individuals of higher socio-economic status, those with slightly higher education, the "innovators" and "early majority"; those most like in fact- the assistors and researchers interested in development.

- those most in need, those with fewest resources to begin with, have benefitted least and thus the socio-economic gap has been widened.

- that social systems have encouraged this inequality by directly or indirectly discouraging the needy from having easy access to innovation.

Communication has assisted in this:

- by assuming that innovations were a "good thing" and "selling" it to client groups: the Top knowing what's best for the Bottom

- by "selling" it through media largely owned and dominated by governments whose programming biases in fact were upper or middle class in nature. Some programming "armed at" the less fortunate was encouraged from time to time.

- by leaving to extension agents the awesome task of trying to legitimize innovations often insensitive to the needs, aspirations and conditions of local people; therefore destroying the credibility of the face-to-face contacts so badly needed by both communities and governments.
Although much lip service was given to hearing the voice of the people, the process is reminiscent of two cartoons from the New Yorker Magazine. One by W. Miller shows a group of government types city around a table in a well-known world capitol saying:

"O.K., then, it’s settled. We present it to the public with all its pros and cons, we let the media crew on it for a while, we go through a lot of soul-searching, and then we go ahead and do it."

That’s the Top topping itself by fabricating what the Downs should say. It’s dishonest Top-Downism.

The other, equally patronizing approach, is summed up in another cartoon. This one by Richter. Again a group is sitting around (in an air-conditioned room?) and the Boss asks: "Granted the public has a right to know what’s in a hot dog but does the public really want to know what’s in a hot dog?"

How often have we heard this: That the people don’t know what they want, etc? Not exactly classism. I supposed it’s imperialistic developmentism. We (at the top) know best. Communities don’t know what they need or want. UNICEF’s experience belies this and hopes this will not be the nature of the discussions about Communication and Child/Family Welfare.

First of all one hopes that the pre-information needs of families and communities will be considered:

- What kinds of information do families need?
- What kinds of things do families want to know?

Certainly these will change from occasion to occasion. If my favorite niece is to be married, I need to know different things than if the child next door comes down with cholera.

If I collect and wash plastic bags, I need to know different things than if my child seems awfully thin and lethargic lately.

So one hopes that this meeting will try to define ways to bring about what Benjamin V. Lozare calls a Sum of Relationships or a Perfect Communication Relationship. This is fundamentally related to an even larger question: Are we talking about people’s participation in government programmes? Or government participation in people’s programmes?

Hopefully we will attempt the latter. If so, then there are communication strategies one can begin to evolve.
1. Interpersonal activities to define family level, community level issues. These could take the form of open town meetings, dialogue sessions on structured sessions during which well-defined and tested activities are introduced to assist people see relationships between events and problems. (Thin arms and diarrhea; defecating in the fields and worm infestation.) It could also include house-to-house contact by extension agents and use of satisfied acceptors.

2. Use of localized, appropriate media; media people feel comfortable with and have immediate access to: even gathering places such as mosques, temples, market places.

3. Greater access to and control of local "mass" media: radio stations, newspapers, itinerant folk artists, cassette tape recordings.

4. Use of well-tested media designed specifically for local groups; even developed by these groups around specific messages.

These will be the first steps to involving relevant client or target groups in the total design of a Family/Child welfare programme: negotiating with target communities to define problems, prioritize them and to search for realistic solutions based on the resources available - from government, assisting agencies and the community.

Two UNICEF Examples

Assuming that the solution has been negotiated UNICEF in the East Asia and Pakistan Region has been using the following design to plan communication for behavioural change - or to maintain positive behaviours.

The first step is to:

IDENTIFY ALL RELEVANT TARGET GROUPS AND PRIORITIZE THEM

Secondly:

TO CAREFULLY SPECIFY THE BEHAVIOURS (OR ACTIONS) REQUIRED TO DEMONSTRATE A TARGET GROUP IS USING AN INTERVENTION

Thirdly, Working with the Client Groups themselves:

DEVISE ACTIVITIES TO BRING ABOUT THE BEHAVIOURS SPECIFIED ABOVE

Fourth, again working with Client Groups:

DEVISE MEDIA TO SUPPORT OR SUPPLEMENT THE ACTIVITIES
Finally, responsibility for developing and testing all activities and media with full budgetary implications has to be calculated and assigned to relevant agencies.

I have appended a Nutrition-Breast Feeding Scheme from Thailand to illustrate one way that the first four steps may be realised.

Another example is from the Expanded Programmes of Immunization of the Philippines. Here we found that in communities using the "Big Day" approach only 40 to 50 per cent coverage was realised. That is: health authorities would announce that immunization would be held in a central place at a certain time and expect everyone to come.

This approach ignored many problems: that most child caretakers didn't really understand what immunization could do for them; they didn't want their children hurt; people, especially grandmothers - the Lola's - feared the side effects: brief high fevers and fussy children.

Of course on the Big Day even with 40 per cent turn out there are too many people, too much to do to take time to explain to each family all that needs to be explained. No time to be warm and reassuring.

On the other hand communities which immunized from door-to-door achieved over 90 per cent coverage with a lot of warm interpersonal contact but at the expense of great vaccine wastage.

A communication plan was devised to enable the best elements of each of those strategies: to immunize by neighbourhoods by which one mother would invite families with children of the proper age to come to her house where the teams would explain side effects, explain benefits, answer questions and immunize.

Before this, the local midwives and nurses would already have visited house-to-house identifying children, talking about problems, distributing leaflets. Posters would also be used.

A training scheme was planned for midwives and nurses stressing production of low-cost, localized media, but also emphasizing interpersonal communication skills.

Thus a national programme is modified to meet local conditions and becomes responsive to local priorities and needs.