

Rethinking Population Communication

*The communication component is a core
element inextricably linked
to the other elements in
population programmes*

By Joung-Im Kim*

Long overdue, there is a resurgence of interest in population communication and information activities. This is much welcomed because it is time to reconfirm the significant role of communication in the success of national population programmes, and to take stock of the field of population communication. Taking stock does not mean making yet another comprehensive review of past research and programmes; many others have already compiled excellent assessments (Johnson, Wilder and Bogue, 1973; Echols, 1974; Saunders, 1977; Rogers, Solomon and Adhikarya, 1982; Snyder, Kim and

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Rogers, 1985; ICOMP, 1986). Instead, what is needed is a focused analysis of the present situation.

This article examines the current renewal of interest in population communication and discusses some major problems in this regard. For simplicity, the term "population communication" is used to refer to all types of communication found in population programmes. Hence, the term encompasses all aspects ranging from "information, education and communication" (IEC) activities to population information centre and clearing-house services (IS).^{1/} However, during the past 15 to 20 years, these two main subareas of population communication have each become established separately in its own right.

Divergent traditions

The origins of IEC and IS can be traced to two different academic and professional circles with little overlap. Discussions about IEC were mostly among scholars and professionals in such social science disciplines as communication and sociology. Work in the development of information centres and clearing-houses was initiated among professionals and scholars in the library and information sciences. The two circles rarely intersected.^{2/} This was understandable as both circles were mainly concerned during the 1970s with establishing their own identities, setting goals, formulating plans and strategies for achieving them, identifying necessary resources and implementing work to achieve those goals. The communication tasks delineated by the two circles were different in terms of their primary audience, types of information and types of communication channel used.

The usual goals of IEC were to: a) create public awareness about the need for family planning, b) increase public knowledge about contraceptive methods, including where to get contraceptives, and c) motivate eligible couples to start and continue to practise family planning. The primary goals of IS were to: a) identify, collect, organize and store information on population as well as other information relevant to population and family planning, b) analyse, synthesize, tailor and repackage information to suit the needs of various audiences such as policy makers, programme administrators and researchers, and c) retrieve and disseminate population information in both its original and repackaged formats to meet the needs of users.

IEC activities are designed mainly for *public communication*. IS activities are concerned primarily with *scientific* or *technical communication*. The audience of IEC is usually the general public (and sometimes important government officials in areas related to population and family planning), while the primary audiences of IS are policy makers, programme administrators and researchers.

IEC activities use *many forms* (written, spoken, visual, non-verbal, re-

corded and non-recorded) to convey *non-technical information* through a wide variety of communication channels. IEC involves not only interpersonal communication channels such as field-workers and mothers' clubs, but also the mass media and traditional media^{3/} (Rogers, Solomon and Adhikarya, 1982). By contrast, IS activities involve mostly recorded *forms of scientific and technical information* (usually printed or written in books, journals, newsletters, reports and conference papers).

Population information and clearing-house services have attempted the proper "bottom-up" approach, beginning with the establishment and development of national population information systems (Kim, 1983). Earlier efforts were concentrated more on library activities such as the collection, organization (including classification, indexing and storage) and retrieval of population information. Much energy was spent on building the collection, recruiting and training library personnel and computerizing the retrieval system. Recently, emphasis has shifted to developing national focal points and information networks.

Meanwhile, the IEC camp went its own way. The two subareas of population communication developed with little linkage between them.

Renewed interest

Recognition of population communication as an important component in national population programmes has gone through its share of evolutionary ups and downs. Perhaps the first significant rise in interest occurred during the late 1960s and early 1970s (Johnson, Wilder and Bogue, 1973).

The main communication goal then was to create public awareness of the availability of contraceptive delivery services, the legitimacy of contraception and the need for controlling family size. Awareness-generating strategies worked well for awhile – until a major segment of the population became saturated. That segment comprised couples ready to practise family planning but lacking only the necessary information to do so.

By the mid-1970s, some developing countries experienced a plateauing of contraceptive acceptance. Much effort went into reexamining existing programmes to identify possible reasons and solutions for the lull in the previously rising contraceptive-prevalence trend. Among the new programme directions that came out of such deliberations were the integration of population programmes with other development programmes and the expansion of delivery systems by exploring new avenues such as the use of commercial resources, community-based distribution programmes and social marketing approaches.

With the major programme efforts being focused on "maximizing" con-

traceptive availability, enthusiasm about IEC activities began to wane (Ravenholt and Chao, 1974; Park Cho and Palmore, 1977). It was difficult to show that communication *causes* practice, hence the role of communication in influencing people to practise family planning was no longer perceived as important as it had been previously. Accessibility had become the main issue. The goal of population communication had to be revised; alternative communication strategies were sought to satisfy the “unmet need” for contraception (Saunders, 1977; Westoff, 1978). The main communication task was no longer that of simply informing people about the need for family planning and the availability of services. Among the new goals were: a) identification and understanding of unmet need and “problem groups” (Palmore *et al.*, 1977), b) development of a segmented approach to reach and motivate “hard-core” audiences so that they would become continuing users of contraception and c) exploration of the most efficient mix of communication approaches for each audience (Saunders, 1977).

One significant difference between the recent rise of interest in IEC and that of the early 1970s is in the locus of initiatives. Unlike in the early 1970s, when recognition and discussion of the importance of IEC occurred mostly among scholars and funding agency representatives, the current interest is manifested among management personnel^{4/}, thus providing much needed opportunity for institutional and political support.

The current renewal of attention in population communication in its broadest interpretation may be attributed to: a) the shifts in the nature, scope and emphasis of national population programmes, b) the shifts in the concepts and theories guiding population communication in general, c) possible signs of convergence between information science and communication science, and d) the recent development of communication technologies.

Programme shifts

A number of changes in many national population programmes led to a resurgence of interest in population communication. Most developing countries had passed the initial stage of creating public awareness about the need for family planning and the availability of contraceptives (ICOMP, 1986). The employment of the same long-used communication strategies no longer helped to produce significant increases in contraceptive prevalence because the segment of the population that was ready to practise family planning may have been saturated with “awareness” information. The gap was expanding between the number of eligible individuals who had the necessary knowledge about and favourable attitudes towards family planning and the number of those practising family planning. This discrepancy between attitudes and practice has often been called the “KAP-gap” (Rogers, 1983). Another problem

plaguing most population programmes was high rates of discontinuation of family planning practice. These and other changes in the nature of population programmes called for new communication strategies.

The World Population Conference held at Bucharest in 1973 led to emphasis on the integration of family planning programmes with other development programmes in sectors such as food, nutrition, agriculture, health and education. As many countries were moving towards accepting integrated rural development programmes, a new health priority that would provide "health for all by the year 2000" was established in 1978 by the World Health Organization (WHO, 1978). The 1978 Declaration of Alma-Ata provided another push towards the integration of population programmes with other health-related programmes. With the scope of population programmes thus broadened, the main goal has shifted, relatively, from promoting smaller families to promoting good family health and better living standards. Communication goals and strategies would have to be revised; subsequently communication tasks became increasingly complex.

With broader scope for national population programmes came changes in programme focus as well. Delivery of information and services no longer played as effective a role in the success of national population programmes as it had previously. As population programmes were integrated into primary health care activities, the role of communication became more important than before.^{5/} Communication tasks became more diverse and the need for intersectoral communication at all levels (i.e., from the grass-roots level to top-management) appeared as a new dimension of communication tasks with regard to both public communication and scientific communication.

Communication is no longer seen as a peripheral, support activity issue of national population programmes. Instead, it has become one of the main management issues of such programmes (ICOMP, 1986; ESCAP, 1987).

These shifts in population programmes created the need for new communication strategies, which in turn generated a new wave of attention focused on the communication components of national population programmes.

Theoretical and conceptual development

During the last 15 years or so, perspectives on communication and social change in developing countries have undergone fundamental changes both in practice and theoretical exposition. Perhaps the most relevant changes can be noted in the theoretical models of communication and change in general, and some central concepts such as information and audience.

From communication as the linear transfer of messages to communication as a dynamic process of sharing information

Earlier models of communication treated communication as a linear transmission of messages from an active source to a passive receiver. Perhaps one of the models that influenced much of past communication research and programmes in population (as well as in other development areas) was the model originally developed by David Berio (1960). This model, much like the original Aristotelian view of communication, describes communication in terms of source (S), message (M), channel (C) and receiver (R); hence, it is often called the SMCR model.

Another theoretical model that guided development communication (including population communication) in the past is the classical model of diffusion of innovation, which was also influenced by the linear view of communication. According to the classical diffusion model, diffusion (as a special kind of communication) is defined as “the process by which an innovation is communicated through certain channels over time among the members of a social system” (Rogers, 1983, p. 5).

The linear explanations of the communication process may be still applicable to some situations. Nevertheless, these models also cultivated some serious biases that were detrimental to the success of national population programmes in many developing countries. Inherent in these models were the assumptions that: a) the audience members were passive and undifferentiated; b) the message interpreted by the receiver must be the same as the message sent by the source and c) the source is infallible.^{6/} Therefore, if the desired effects of communication were absent (e.g., a failure of people to practise family planning, their discontinuance of contraception or their under-utilization of population information), the receiver was held responsible for the problem (Rogers, 1983; Rogers and Kim, 1985).

Newer theoretical models view communication “as a relationship built around the exchange of information” (Schramm, 1983, p. 15). Rogers and Kincaid (1981, p. 63) define communication as an on-going, dynamic “process in which participants create and share information with one another in order to reach a mutual understanding.”

The fundamental changes reflected in this newer definition of communication include the shifts away from: a) a static, linear perspective to a dynamic, circular, process-oriented view; b) a message-centred way of thinking to a meaning-centred view; and c) a passive audience to active participants. The source-receiver distinction no longer exists; instead, the source and receiver are treated as participants in the communication process, sharing the role of decoding, interpreting and encoding information (Schramm, 1965).

From information as a physical entity to information as a relative concept

Information had been treated as simply a physical object, and used often synonymously with the term “messages”. Much emphasis was put on the physical and objective attributes of information such as *availability* and *accuracy*.

Nevertheless, information should be viewed as a concept that is relative to its user. In other words, whether something is information or not depends on its user. If a message does not contain anything that is not already known, very little information is imparted (Wiio, 1985). Only if something reduces its user’s level of uncertainty is it information. Therefore, something can be information to one person, but not to another. As the view becomes accepted that the informational value of something varies among individuals and across time, other user-dependent attributes of information such as *relevance*, *appropriateness* and *timeliness* become more important than its physical, objective attributes.

These theoretical and conceptual shifts reveal the selectivity and subjectivity present in human communication. Individuals are exposed to, attend to, perceive, understand, interpret,^{7/} store and retrieve^{8/} information selectively. Recognition of the selectivity and subjectivity has made the tasks of population communication more complex. There is a greater need for understanding audiences in order to formulate segmented communication strategies; information needs to be tailored and repackaged for different users. The question is no longer the availability of information, but the *quality* of information, i.e. its appropriateness, relevance, timeliness and accuracy.

Changes in development thinking

Another paradigm shift was noted in the area of development. During the 1970s, major changes in development thinking occurred. The fundamental shift was from the modernization and economic growth perspective, through the dependency paradigm, to the “multiplicity” paradigm (Servaes, 1987). This shift in development thinking is consistent with that in communication models. According to the multiplicity view, “development should be defined as need-oriented, endogenous, self-reliant, ecologically sound and based on participatory democracy and structural transformations” (Servaes, 1987, p. 6). Therefore, a “user-oriented” communication system should have the following attributes: “horizontalization, deprofessionalization, decentralization, access, symmetrical exchange, active social participation, integrated media and technologies, and the like” (Servaes, 1987, p. 9).

The newer models, theories and key concepts of communication and social change have provided the foundation for recognizing the importance of communication in human behaviour and social change in general, and for effective population programmes in particular.

Signs of possible convergence in information science and communication science

There are signs of possible convergence between information science, communication science and other related disciplines. Some universities in the United States have integrated these and other related disciplines under one umbrella. For example, Ball State University recently established the Center for Information and Communication Sciences which offers a master's degree programme with specializations in a) the information and communication environment, b) the technologies of information and communication, c) planning development and design of information and communication systems, and d) information and communication management. The School of Communication, Information and Library Studies of Rutgers University offers both a master's degree programme and a doctoral programme with specializations in a) information structures and systems, b) communication processes, c) information policy and management, and d) library studies. The Graduate School of Library and Information Science of the University of Washington is another example.

One of the most interdisciplinary programmes can be found in the University of Hawaii at Manoa. Its interdisciplinary doctoral programme in Communication and Information Sciences, which was established recently, integrates the fields of a) information and computer science, b) communication, c) library science and d) management information systems. This programme is jointly sponsored by four different academic faculties of the University of Hawaii: the Department of Information and Computer Science in the College of Natural Sciences, the Department of Communication in the College of Social Sciences, the Department of Decision Sciences in the College of Business Administration, and the Graduate School of Library Studies.

The trend towards disciplinary convergence may promote a much needed cross-fertilization of research and training among scholars and professionals in the fields of information science, communication science and other related fields. A notable example of such cross-disciplinary efforts among scholars was the session on "The Convergence Between Information Sciences and Communication Studies" at the 38th Annual Conference of the International Communication Association, held from 29 May to 2 June 1988 at New Orleans, Louisiana, U.S.A. Many of the participants at that session had been trained in more than one of those disciplines.

Any scientific discipline goes through the stages of generalization, fragmentation, specialization and integration in its evolutionary process. The current signs of possible convergence between information and communication sciences reflect a movement towards an integrated and comprehensive perspective on communication in practice as well as in theory.

Recent development of communication technology

The new age of communication has made available a number of new communication technologies for use in population programmes. The availability of television and audio-tape technology has increased rapidly in developing countries. Satellites, computers and video technology are being added to the existing array of communication technologies.

The ever-increasing choices of communication technology, especially with combinations among them, change the nature of population communication, and generate a number of new issues regarding the most appropriate selection, mix and implementation.

The changes in a) the scope and emphasis of national population programmes, b) some of the relevant theories and concepts, c) the disciplinary boundary between information science and communication science, and d) the available communication technology have given rise to the need to reassess the role of communication for effective national population programmes.

Some major problems

These changes have not left us free from problems such as a) compartmentalized approaches to population information and communication, b) a lack of institutional and political support, c) lower status for information and communication personnel (ICOMP, 1986), and d) a lack of research and evaluation of population communication. These problems must be solved and a more comprehensive perspective of population communication developed to ensure the success of national population programmes.

Compartmentalized approaches

The separation between the two subareas of population communication remains almost complete, even though there are signs of possible convergence. There has been a clear "territorialism" among organizational units and individuals in charge of IEC activities and those in charge of IS activities. Further, there is often a hierarchy of authority between the organizations (including both the units and the individuals) carrying out these two categories of activities.

Fragmentation might have been necessary initially to secure identity; however, now it is time for co-ordination and integration between IEC units and information centre personnel to pursue greater efficiency in managing national population programmes. It is time to bridge the compartments and cliques.

Lack of institutional and political support

There is a general lack of political and institutional support for the communication components of most national population programmes (ICOMP, 1986). Worse, the level of political and institutional attention paid to the information centre and clearing-house activities is further behind that shown for IEC. The main driving force in information service activities remains mostly within the circles of individuals directly engaged in library and information service work.

Lower status for information and communication personnel

Overall, information and communication units and their personnel in most national population programmes tend to be assigned lower status than their counterparts working in other areas of the programme (ICOMP, 1986). Further, the units and individuals engaged in information centre and clearing-house activities tend to hold even lower status than those in IEC. This needs to be changed. Information personnel should not be treated as "just" service personnel, but as colleagues. Opportunities should be given to them for training, if necessary, so that they can earn higher status as well as to improve their professional skills. Whenever appropriate, information personnel should also be given opportunities for participating in research and policy-making activities. Information personnel should also try to go beyond traditionally defined roles; they should expand their professional capacity by identifying, developing and carrying out needed research.

Lack of research and evaluation

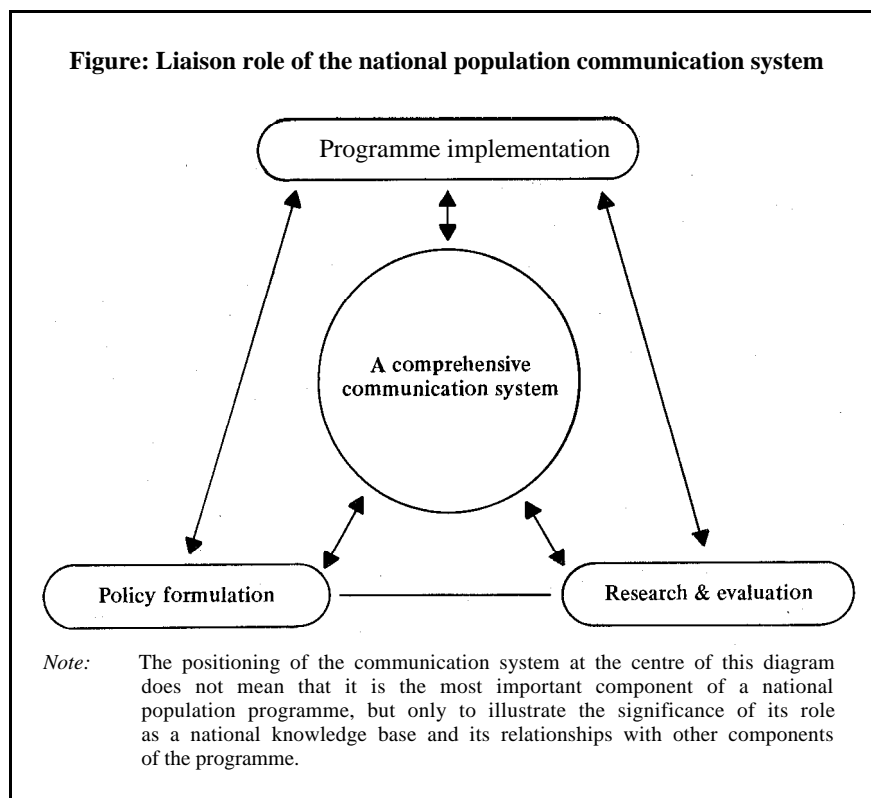
Communication research and evaluation is generally lacking (Snyder, Kim and Rogers, 1985; Maru, 1987). Numerous valuable lessons from past experiences in population communication may exist, but they are often unavailable. While some are published and widely disseminated, many are buried in someone's files or exist in someone's fading memory. Research and evaluation must be an essential part of any population communication programme.

Given the broader scope of population programmes, lessons learned from other development communication areas should be identified and utilized. Some groundwork along this line has been carried out. Notable examples include the reviews and assessments of USAID (United States Agency for International Development) policy and activities in communication for development done by five teams of Stanford University communication scholars in such areas as population, health, nutrition, agriculture and education (Hornik, 1982; Hornik, Searle, Foote and Moulton, 1979; Hornik and Solomon, 1978; Rogers, Solomon and Adhikarya, 1982; Solomon, McAnany, Goldschmidt,

Parker and Foote, 1979). Recently, Snyder, Kim and Rogers.(1985) reviewed in limited scope the status of health communication in developing countries. These previous efforts focused primarily on IEC activities. Research and evaluation of information centre and clearing-house activities is still badly needed.

Towards a broader perspective of population communication

The communication component should no longer be viewed as peripheral. Instead, it is a core element in the overall population programme. Communication and other elements of population programmes are inextricably linked. What has been neglected – if not forgotten – is the development of an efficient communication system that provides the crucial linkages between knowledge-generation and knowledge-utilization systems. The accompanying figure shows the essential linkages among the major components of the national



population programmes – policy formulation, programme implementation (including IEC activities and service delivery), and research and evaluation in all relevant aspects.

The communication components of national population programmes are expected to play increasingly important roles. However, their success depends largely on the ripeness of the institutional circumstances and the political support for them. Perhaps the way to make the greatest difference in the years to come is to develop a more comprehensive infrastructure for population communication. A communication system has to be developed with tighter couplings with other major components of a national population programme. In many countries, the subcomponents have now developed sufficiently well to be considered as “cornerstones” of a comprehensive communication system. Nevertheless, given the diversity in the existing situations and circumstances of individual programmes, specific plans for doing so at the national level should be developed and implemented in the proper context by each country.

The central theme of this article is the need to move from a fragmentary approach to a holistic approach in developing a communication system for national population programmes. It suggests that the time is appropriate for linking the components of national population programmes for efficiency and success. The renewed attention to the importance of population communication ideally will generate enough momentum to develop a more integrated communication system – the time has come for a broader perspective.

Footnotes

1. This subarea is referred to as “IS” in this paper for the sake of brevity. This is to avoid using a lengthy label and is not intended to create another acronym in a field that has more than its share. In fact, the central theme of this article is to pull together the existing two subareas into one: population communication.
2. There are exceptions; for example, Bernard Berelson, Gloria Feliciano, David Radel and Phyllis Piotrow have been involved in both streams of population communication.
3. Examples of the traditional communication media used in family planning programmes include: a) folk media (e.g., puppet shows, folk theatre, folk opera, travelling poets, singers and story-tellers); b) midwives and c) existing social institutions (e.g., *banjar* in Indonesia) (Rogers, Solomon and Adhikarya, 1982, p. 89).
4. This distinction becomes apparent when the nature of and participants in recent meetings on the subject (e.g., the 1986 conference of the International Council on Management of Population Programmes and the fifth session of the ESCAP Com-

mittee on Population) are compared with those of the past (e.g., the 1971 Conference on Blueprinting Plans to Support the Information-Communication Components of Family Planning Programmes During the 1970's) (ICOMP, 1986; ESCAP, 1987; Johnson, Wilder and Bogue, 1973).

5. In fact, the 1978 Declaration of Alma Ata listed health education as the first of the eight essential elements of primary health care (WHO, 1978).
6. With this source bias, there was also a pro-innovation bias which implies that innovations are good for all members of a social system (Rogers, 1983).
7. David Berlo (1960, p. 175) said that "meanings are in people, not in words"; hence, subjectivity of perception, comprehension and interpretation.
8. Individuals' memory capacity as well as their needs for and uses of information vary; hence, subjectivity of storage and retrieval of information.

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New Directions in Family Planning Communication: 12 Predictions for the 1990s

*Why should scarce resources be spent for IEC
when almost every woman in Asia
knows about family planning?*

By Phyllis T. Piotrow and Jose G. Rimon II

Family planning communication is not a new subject in Asia. Organized family planning programmes began in Asia as early as the 1960s. Bangladesh, China and Taiwan province of the People's Republic of China, Hong Kong, India, Indonesia, the Republic of Korea, Singapore, Sri Lanka and Thailand have led the way not only in offering family planning services but also in developing information campaigns and educational programmes to inform and persuade

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people to practise family planning. While other parts of the world were debating whether the words “family planning” and specific types of contraceptives could even be mentioned in public, Governments in Asia were subsidizing mass media promotion of smaller families and of specific contraceptive methods. The evidence is clear that Asia has led the world in family planning communication.

In most of Asia today, well over 90 per cent of married women of reproductive age know at least one modern method of family planning. In some countries the figure is an astonishing 100 per cent.^{1/} Why then is more attention needed for family planning communication in Asia? Why should scarce resources be spent for information, education and communication (IEC) when almost every woman in Asia already knows about family planning? Why not focus resources instead on more clinics, more services, more research and lower prices for contraceptives?

This article will try to answer those questions and to point out the new directions that family planning communication in Asia need to take – and is already beginning to take – to become more effective in the 1990s.

Good communication about family planning is needed for many reasons:

First, what many people think they know about family planning is wrong. Many people mistakenly believe that family planning is more dangerous than childbearing – when in fact it is many times safer.^{2/} Surveys all over the world show that many women still think oral contraceptives cause cancer – even though, in fact, the pill is the only medication known that prevents two common female cancers, namely cancer of the uterus and cancer of the ovaries. Many men still think vasectomy is the same thing as castration or at least that vasectomy will weaken them physically. Many young people think that condoms are ineffective and break easily. Even physicians still think that hormonal contraceptives may be dangerous.

Second, about 25 per cent of the population of Asia is between the ages of 10 and 19 years. There are more than 600 million young people in Asia aged 10-19.^{3/} If government and family planning programmes wait until they learn from their own experience that unprotected sexual activity can lead to sexually transmitted disease, pregnancy, and even AIDS (Acquired Immune Deficiency Syndrome), then they will not have done these young people – or their parents – any favour. In the long run, most people will learn about sex from experience, but do Asians really want to let over 600 million Asian adolescents enter adulthood without the help of solid information and education on reproductive health and family planning? Even if no one were worried about unwanted pregnancy, today everyone should be worried about AIDS – and should take advantage of the new frankness that AIDS education

requires in order to be more specific in communicating with young people about contraception.

Third, family planning is not a supervised activity like playing soccer, where the coach can explain the rules and the umpire enforce them. It is usually performed at home or at least in some privacy. Doctors and nurses are not standing by to take blood pressure or tell clients how to do it. Individuals have to use family planning independently, entirely on their own, to be ready to use it, to know how to use it, and, above all, to be willing to use it, despite some cost and inconvenience. Without good information and reinforcing communication that makes individuals want to use family planning for their own good, they will not use it regularly, all the time, effectively. So it is not enough to educate the doctors and nurses and other providers. All the users and potential users need to be informed and educated, too. This is a massive, on-going communication challenge.

Fourth, information that recommends and promotes family planning is not all that people hear. There are competing messages which say the exact opposite – and there always will be. On the traditional side, many religious groups may tolerate sex for procreation, but frown on sex for recreation. On the modern side, the salesmen of the world have discovered that sex sells anything from automobiles to toothpaste, from blue jeans to popular songs.

Family planning communication does not take place in a vacuum. It takes place in a world where commercial and other promoters of sexual activity probably have at least \$1,000 to spend for every dollar that family planning programmes can spend. Therefore, even though Asian women say that they know about family planning, the need to let people know what, why, where, when and how to use it remains as acute as ever.

The Johns Hopkins University Center for Communication Programs (CCP) has enjoyed working on many projects in Asia. From experiences in Asia and elsewhere, and from lessons learned in other parts of the world, 12 predictions can be made about what is likely to happen in the field of family planning information, education and communication in the 1990s.

- 1. Family planning communication will have many different audiences because family planning will have many different clients – the young, the old, men, women, urban and rural residents, dropouts, current users, married couples, unmarried people.**

Therefore, messages and media will have to be developed for very specific groups. For example, young people are a major new audience. With young people, music and popular songs, such as in the Lea and Menudo and Lea and

Charlie project in the Philippines, are much more appealing and persuasive than a textbook on family planning. The Lea and Menudo project of the Population Center Foundation (PCF) of the Philippines was adapted from the experience of the Johns Hopkins Population Communication Services project in Latin America. There, two young singers, Tatiana and Johnny, performed two very popular songs with sexual responsibility messages aimed at teenagers. One of the songs became a number one hit song in most of Latin America, selling a million copies of records and cassettes and benefitting from an estimated million hours or more of free radio and television air time.⁴⁷

In the Philippines, 16-year old Filipina singer Lea Salonga sang the song "That Situation" with the internationally acclaimed group Menudo. (Menudo is reported to have fan clubs in the Philippines including 400,000 members.) At no cost to the project, the Menudo producers launched the song in December 1987 in three huge commercial concerts and two free mini-concerts, the latter to an estimated crowd of about 12,000 teenagers in two shopping malls. Later, she sang another song, "I Still Believe," with popular former Menudo Charlie Masso. Both songs stressed the need to avoid "that situation" where a girl could become pregnant before she was ready, and they encouraged young people to believe in romantic love without instant sexual gratification.

The second song was also a hit. The 45-rpm records were sold out, as was Lea's long-playing album, which contained both songs. Building on the popularity of the second song and splices of the music videos, telephone hotlines called "Dial-a-friend" were established. The hotlines were advertised on television and radio, urging teenagers to call four telephone numbers if they needed to "talk about their problems." The response to the telephone hotlines was overwhelming. In the first five days 1,500 calls were received. The telephone counsellors immediately began referring callers to a network of counselling centres and clinics all over Metro Manila so that they could respond to more calls.

For men, messages will need to be different. An interesting result of focus group audience research among farmer leaders in the Philippines revealed that many farmers aspired for their children not to remain farmers but to finish college or university and get a degree. Focus groups in Asia as well as in Africa find that men tend to respond better to economic appeals than to health appeals.

These findings suggest that communication planners will have to differentiate among different audiences and not simply aim their messages at "the general public" if communication campaigns are to be successful. Especially in Asia, where awareness of population and family planning is already

high, and where, in some countries, contraceptive prevalence levels seem to have plateaued, appeals to action will have to be designed especially for audiences of potential new users.

2. More time will be spent on research, learning about the specific audiences, the media and background before developing messages. After they have been developed, messages and products will be carefully tested before being widely distributed.

Effective communication does not try to change an audience's mind. It tries to build on what the audience already thinks and wants most and to design the appeal around that existing motivation. That means research before starting to design materials. Above all, communication planners need to find out what is most important to their audiences. So if teenage girls want to be attractive to young men but still not "get in trouble," Lea shows them how to do better what they already want to do. If older mothers want to stay healthy to look after the families they have, family planning messages have to show that family planning will keep them healthy. If men want to be *macho* (masculine) and "in control," then condom ads have to make them feel that way. Or if men want to be better providers for their families, family planning programmes have to show why smaller families will save money and not weaken the male wage earner. But unless research is done before messages are developed, IEC managers will not be able to identify either what the audience wants or how the audience reacts to messages that have been prepared. Sensitive, psychologically oriented research will suggest areas to emphasize. Then the creative experts will be able to design messages that appeal to the intended audience.

Time spent in learning about specific audiences at the beginning is far more cost-effective than trying to correct a campaign that has gone away. The new campaign of the National Family Planning Co-ordinating Board of Indonesia (BKKBN) is a good example (see pp. 33-44 of this issue of the *Journal*.) Before launching a "privatization" campaign to encourage city people to buy their supplies and services for a fee from the private sector, BKKBN commissioned focus group research sessions in several cities. In each of the cities, the husbands were identified as crucial to the couple's decision to practise family planning.

These findings prompted IEC planners to consider a male-oriented promotion campaign. After reviewing a quantitative survey conducted by Survey Research Indonesia, however, BKKBN learned that 95 per cent of husbands were already in favour of family planning. Thus, the campaign needed not to persuade the husbands to support family planning, but rather to activate

couples to use private sector services – that is, to tell them where, how and why they could best use those facilities.

If a multi-media campaign had been launched based only on the initial findings in the qualitative focus group research, and if the message themes had centred only on persuading husbands to support family planning, the effort would have been wasted in trying to convert the converted.

3. Peer groups will be used more to reach peer groups.

Everyone knows that doctors listen to doctors. Nurses listen to nurses. Men listen to men. Politicians listen to other politicians. Villagers listen to villagers. And young people listen to young people. So why is it still so difficult to build communication programmes around peer group communication?

Among adults, peer group communication is gaining ground. Mothers' clubs have been formed in rural areas. The women's clubs in the Republic of Korea have been a good example throughout the world. Vasectomy users have joined together to reinforce their own decision and persuade their friends to accept sterilization. Parliamentarians, decision-makers and journalists have joined in workshops and conferences to discuss and in the process become more convinced about the importance of population and family planning programmes. Volunteer in-plant worker motivators have been effectively used in many industry-based projects in Asia and elsewhere. Satisfied worker/acceptors talk with their peers in the workplace.

There is still lingering doubt about the propriety of young people openly talking to other young people about sex. We know children do talk about sex. But only a few programmes have built constructive communication around the pattern of young people counselling one another.

As the age of marriage increases in Asia, there will be greater need for effective peer group communication among young people. The use of Lea in the Philippines to visit schools and youth centres to promote the message of the "I Still Believe" song is one way of using a now famous celebrity peer to communicate to fellow teenagers, whether in-school or out-of-school. Not only does she attract thousands of students to listen to her, but also her status as a role model encourages school principals and superintendents to invite her to talk with students.

Despite opposition from some sources, effective communication programmes are going to find new ways to use peer groups to transmit and reinforce family planning messages.

4. Entertainment will reach and teach wider audiences about family planning, AIDS and sexual responsibility. More good communicators will not just educate or just entertain, but “enter-educate” – a combination of the two.

Everyone likes to be entertained. So family planning communication, which is competing against all the other messages out there, needs to be entertaining, too. There are more and more examples of this approach – in the Philippines, the songs of Lea and Menudo and Charlie; in Nepal, the use of folk media for cinema hall “spots”; in Indonesia, the long, on-going radio soap opera “Sands of the sea” (see page 38 of this *Journal*); and in India, the hugely popular television soap opera “Humlog.”

“Enter-educate, do not just educate or just entertain” is the slogan the Center for Communication Programs uses to describe programmes that seek to capture the audience’s attention by entertainment and then to capture the audience’s understanding through appropriate messages that educate them about family planning.

Family planning is also about sex. But why is it that advertisers all over the world can make the most boring products interesting by using sexual appeals whereas family planning programmes often manage to make such an exciting topic as family planning boring, clinical and devoid of enthusiasm or excitement? Is it not time for family planning programmes to promote family planning as a beauty product that can help preserve youth and beauty much more effectively than lotions and lipstick through healthier mothers and healthier babies?

Family planning is also an emotional issue. So it lends itself to real drama about real people, about real lives. Family planning materials can be developed and produced with high emotional content so that listeners and viewers will be moved emotionally as well as convinced intellectually.

5. Audiences will participate more actively in different kinds of family planning communication. This participation will include community mobilization as well as individual involvement.

Participation is the key to learning, and maximum participation means maximum learning. Whether teaching surgeons to perform minilaparotomy or urging teenagers to say “no,” personal practice is more useful, more instructive, and more persuasive than lectures by others. Yet how many mothers have given their daughters even a little practice in saying “no” gracefully? How many fathers today tell their sons what they really need to know to use condoms effectively?

Linking audience participation and mass media is a special challenge for family planning communication. Contests are one way of spurring an individual response to a mass message. During the Lea and Menuda project, young people were invited to write to radio stations and youth centres. Records were offered as prizes for those who could say best what the songs meant to them. Schools also participated with essay contests to interpret the message of the songs. Letters to radio shows or newspaper columnists are another way to enable the audience to participate. In East Java, Indonesia, a regular radio song-dedication programme was transformed to create new audience participation. The radio charged a small fee for each song dedicated to another person. Some songs were dedicated to family planning acceptors who have practised for five years and to outstanding field workers.

6. Family planning messages will be much more personal, using human interest stories to capture and persuade the audience.

Most people are interested in other people, not in statistics or lessons to be learned. In the United States, the most successful anti-smoking advertisement ever shown was Yul Brenner filmed just before his death from lung cancer. In the Lea and Menudo songs, is it the music and lyrics that come to mind first or the personal charm of Lea? In the aforementioned Indonesian radio soap opera, for example, key characters are remembered after specific episodes are forgotten.

Effective role models in the mass media can help the audience identify with specific personalities. In the case of the television soap opera "Humlog" in India, for example, a 1987 survey of 1,170 adults showed that 37 per cent of the respondents believed the grandfather character in "Humlog" was the best example to copy in real life. He was intended by the scriptwriters to be a positive role model in that he is a hardworking, highly moral and strict disciplinarian.^{5/}

Most recently, in communication about AIDS, research suggests that the single most important factor in changing high-risk behaviour is knowing someone with AIDS, a real human being, not merely a statistic. The story of an individual airline steward who may have spread AIDS from California to New York has been repeated around the world while the other lessons to be learned from the California and New York experience are still untapped.^{6/} One of the most moving and impressive AIDS films available comes from Ghana and tells very simply of a six-month period in the life of a real young woman who died of AIDS. Another unique twist to the idea of personalizing the message comes from Thailand.^{7/} There condoms have come to be known as "mechai", a word coined from the name of Mechai Viravaidya, who has become famous for his desensitization campaigns.

The most successful communications are those which can best personalize their message. Public health is really personal health. That is the challenge to family planning communicators. With some of the old taboos lifted because of AIDS, there are new opportunities to make family planning more personal, less statistical.

7. Multiple media, not just a single medium, will be used more and more to get the message across.

The 1990s are going to see exciting new examples of multi-media communication. Why use more than one media ? Studies over the last two decades have shown that over a period of time, people tend to remember about a quarter of what they hear and about 50 per cent of what they see and hear.^{8/} Of course, people and statistics vary; some people do not remember anything at all. But at all levels, almost everyone understands and remembers better what they hear *and* see than what they hear or see alone. That means video programmes should be used in communication programmes whenever possible, since television combines sight and sound from the start. It means more illustrated materials in the clinic, more visual materials to train health providers, and a lot of imagination to try to link sight and sound.

One effective way to use the mass media to reinforce personal communication was employed in the Philippines with popular radio shows. The community-based distributors (CBDs) in the population outreach programme were mentioned by name on local programmes. Their status in the community went up. Their morale went up. And more villagers knew that they could obtain contraceptive supplies or resupplies from the CBD workers.

8. The best quality family planning entertainment materials will be able to compete with commercial products and produce revenue as well as provide entertainment.

In many cases, high-quality materials with family planning messages will be able to compete with commercially produced material, to produce revenue and even, in some cases, to become self-sustaining.

The Lea and Menudo songs in the Philippines provide a recent example. The songs and their music videos attracted corporate sponsorships largely on the basis of the quality of the product. Major multinational and local corporations donated air time valued at about \$US100,000 or paid for promotional materials such as posters, cards and souvenirs.

In India, "Humlog" was sponsored by the manufacturers of a product, i.e. noodles, previously unknown in India. The successful promotion was a radical



The Hong Kong Family Planning Association actively promotes family planning through a variety of communication media, including face-to-face channels. Here, the concept of male responsibility is dramatized.

consumer innovation in India, which prompted other food manufacturers to advertise on television soap operas later. In this case, a good television product with a social message attracted sponsorship which in turn popularized the sponsor's product – an excellent “win-win” situation for both parties.

In Hong Kong, the Family Planning Association (FPA) turned a big problem into a successful cost-recovery mechanism. FPA had originally planned to launch a media campaign using the image of “Superman” to promote male responsibility. However, the company that owns the “Superman” concept objected. After negotiation, FPA agreed not to use the term and the company agreed to reimburse FPA for the funds they had used to date and to help support the alternative concept, using “The Kung Fu Master” as a role model for men practising family planning.^{9/}

9. Campaigns and other communications will be oriented towards large regional markets so that messages will reach as many people as possible for the lowest cost.

Carefully planned and more expensive segmented campaigns will be used regionally, in more than one country. In Latin America wherever Spanish is spoken, and in Asia where English prevails, multinational markets can justify a more professional effort in order to be more effective. It is possible that

some new family planning songs being developed in the Philippines may also appeal in Latin America. In fact, the Philippine song "I Still Believe" will also be sung by Charlie Masso with Corina, a popular Venezuelan singer from Peru, in Latin America. In Nigeria, a song with a male sexual responsibility message sung by the Nigerian "king of ju-ju music" may have wide appeal in West Africa, Brazil and the Caribbean.

Entertainment, training materials and many other IEC resources will be widely shared because this sharing will mean better products at lower cost. There is no reason why "pattern advertising," which has been used by successful marketers, cannot be used and adapted for family planning promotion.

10. More creative and more sympathetic communication in clinics and by health care providers will increase acceptance and continuation rates for many methods.

The days of the typical health education type of counselling are gone. As people become more educated and more exposed to media, their information-seeking behaviour increases. Service providers will have to become increasingly skilled in the art and science of person-to-person or group communication .

Every client should be treated by every service provider as a potential motivation or referral agent for members of his/her family, neighbours and friends. The more happy and satisfied each client is, the more new acceptors will be recruited.

More innovative ways will be found to use dead "waiting time" in the clinics as planners and policy-makers realize that the best candidates for family planning may be those who are already using the clinics for non-family planning services.

11. Communication among professionals in family planning will increasingly depend on effective national population information centres that can use computers, compact discs, videos and other appropriate modern technology. This will provide a new opportunity to keep programme managers and researchers abreast of rapid changes and new findings.

Accurate, relevant information is crucial to successful family planning programmes and to persuasive communication. This means more attention to organized population information centres where people can turn to find out quickly what they need to know. These centres need to be responsive to information requirements from different key groups, for example, from parliamen-

tarians and politicians, who often want to know what laws and policies have been promulgated in neighbouring countries; from the medical doctors, who want to know the latest research findings on specific family planning methods; from family planning programme managers, who want samples of training manuals, client education materials, posters and brochures; from press and broadcast reporters, who want the latest figures on demographic trends; and from media producers, who are always looking for sample footage, clips of different people or activities, or good ideas for now productions.



The family planning message is popularized through a wide variety of media in Indonesia. The preparation of films on family planning topics are in demand by media producers who incorporate footage in entertaining audio-visual productions. (UNICEF photograph)

The countries of Asia, with assistance from the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) and the United Nations Population Fund (UNFPA), have led the way in setting up national population information centres. Under different names, these centres exist in Afghanistan, Bangladesh, China, India, Indonesia, Malaysia, Nepal, Pakistan, Philippines, Republic of Korea, Sri Lanka, Thailand and Viet Nam. ESCAP also initiated the Asia-Pacific Population Information Network (Asia-Pacific POPIN) as part of the global Population Information Network (POPIN).

Originally established as libraries, the national centres either act as or have the opportunity to expand as major information dissemination centres that are part of global POPIN. By adopting the same innovative outreach strategies to reach their audiences that successful family planning service programmes have adopted, these centres can play an active rather than a passive role in supporting population and family planning programmes.^{10/}

Several new technologies open the way to a more active role. These include compact discs, personal computers, desktop publishing and increased public exposure to video.

“Compact Disc Read Only Memory” (CD-ROM) technology means that an entire print library can be contained on one compact disc. Data that once required 1,500 floppy disks can now be compressed onto a single, almost indestructible compact disc (see cover photograph.) Combining a CD-reader on an IBM-compatible personal computer with a CD-ROM disc creates an instant library. A “user-friendly” interface can make it accessible to a far wider audience than librarians and computer buffs.

POPLINE, the international population database that currently covers more than 160,000 items, indexed and abstracted, on all aspects of population and family planning, is now available on compact disc. POPLINE CD-ROM will give population information centres a new tool to answer questions, serve their users, and keep national leaders up to date on population issues. The Population Information Program at the Johns Hopkins University will be sending out a questionnaire shortly to population libraries and information centres to determine which are interested and equipped to take on this new technology.

Personal computers can link researchers, programme officials and databases more effectively than telephones in some areas. Not only by providing access to compact discs, but also by transmitting data, preparing graphs and managing databases, personal computers are making communication faster and more convenient than ever before.

Desktop publishing, although still complex and difficult, will eventually enable many more organizations to produce their own materials.

Video is already opening new horizons and reaching new audiences. More use of audio-visual, especially video, materials on population and family planning will change the character of population libraries. Even while modernizing and expanding access to scientific and print materials, population information centres will have to strengthen their ability to collect, catalogue, display and disseminate copies of field or user-oriented materials such as pamphlets, posters, slides and, above all, videos. They will have to become media and materials resource centres as well as computer-based libraries.

A model media/materials collection, such as the one at the Center for Communication Programs at Johns Hopkins, collects everything from films and videos to posters, pamphlets, T-shirts and key rings in order to illustrate all the different ways to disseminate family planning messages. This collection is part of the Population Information Resource Center, which provides POPLINE searches, copies of *Population Reports*, and copies of selected journal articles and other materials to developing countries on request. Altogether, about 700 requests are received each month at the Center for *Population Reports*, other publications, POPLINE searches, sample materials and various other forms of information. This is the type of multimedia function that information centres in very country will assume in the 1990s as they begin to use new technologies to increase their own capacity.

12. Finally, we predict that more resources and more creative effort will be put into evaluation of all forms of information, education and communication and that this evaluation will show that well-planned and well-implemented IEC programmes can and do lead to behavioural change in family planning.

Family planning communication needs careful and objective evaluation. It is not enough to produce and distribute a pamphlet, poster, or even a popular video. Programme managers need to ask: "What impact did it have on the knowledge, on the attitudes and on the behaviour of the intended audience"? If communication projects are properly designed – to meet specific and realistic objectives – then it should not be difficult to ascertain whether those objectives were met at the project's end. Of course, when objectives are unrealistic, evaluation is both difficult and embarrassing. A single pamphlet or poster, no matter how well done, is not likely to affect service statistics. But it may produce better-informed clients and providers who do a better job of counselling. A single television show, song or drama can have various impacts. Evaluation can measure how many people saw or heard it, understood the message, came to the clinic and mentioned that show as their source of referral. If the original objectives are clear and realistic, evaluation should be an important learning process, not an ordeal or embarrassment. The type of evaluation should, of course, be tailored to the size of the project. A few short recall surveys, exit

interviews from clinics, observation of clinic or community-based visits, focus group research and minor additions to clinic record forms are appropriate substitutes for large sample surveys in evaluating specific communication interventions.

In the 1990s, as new technologies spread and programme managers face many new choices as to how to spend their limited communication funds, imaginative, cost-effective evaluations will play a bigger role in guiding programmes. The conventional wisdom that mass media do not change behaviour will almost certainly be reversed as a result of far greater exposure to much more sophisticated media in a young audience that is open to innovation and change. Evaluation techniques will have to be adapted to measure the impact of mass media more precisely. For example, mass media alone may not persuade a man to use a condom, but a television "spot" may encourage him to call a "hotline" to ask questions; after that, he may go to a health centre with programmes for men; and eventually he may decide to try a brand of condom that is widely advertised. The mass media can influence each step of this decision process. Careful evaluation needs to sort out what mass media can do best, what personal communication does best, and how best to combine the two.

In the long run, it must not be forgotten that communication is a process, a long-term process, not a product.¹¹ A pamphlet may be beautiful, but by itself it is not communication. Communication involves seeing or hearing the message, understanding, remembering, being able to apply it, deciding to try it, doing it and continuing to do it. As any systems analyst knows, that is a process with many steps – some backwards; most, it is hoped, forward. Many communication projects will take weeks to research, months to plan and carry out, and in the field of family planning, possibly years to have an impact.

If you can remember how many times you have told your children to say "please" or "thank you" or not to slam the door, that should give you a rough idea how many times family planning messages will need to be repeated before they are finally accepted without question.

The 1990s offer exciting new directions for family planning IEC. Family planning programme managers have learned enough to know that there is more to be done and that organized communication efforts can make a difference. The fear of AIDS has opened the way to much franker communication than ever before. The mass media, especially television, reach millions more people than they did a decade ago. And young people are insisting on more information and greater frankness than ever before.

So we predict that the 1990s will be a decade in which increasing evidence and consistent research findings will show to policy makers and managers of

the public health sector that indeed well-designed communication campaigns, using proven methodologies and better research and evaluation techniques, can make a major difference in the success or failure of public health programmes.

As the revolution in communication technology continues to amaze the world and as the world becomes more and more of a "global village," the role of communications in shaping the lives of people will become even more pervasive.

The challenge is to master these new technologies so that they do not limit the choices available but rather so that they open new choices and new opportunities to alleviate human suffering and to improve the quality of life and health throughout the world.

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The Strategies, Experiences and Future Challenges of the Information Component in the Indonesian Family Planning Programme

*Because of the many different audiences involved in the
Indonesian family planning programme, the IEC
campaign requires a complex media mix*

By Haryono Suyono*

A detailed description of Indonesia's efforts in the development of information for family planning requires a review of the history of the family planning programme and its information, education and communication (IEC) component, especially since the introduction of new activities such as "social marketing".^{1/}

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At the beginning of the 1950s, a number of specialists, physicians, midwives and people aware of the problems related to maternal and child health care joined forces to start implementing what was then referred to as *keluarga berencana* (family planning).

Their early efforts encouraged the establishment in 1957 of the Indonesian Planned Parenthood Federation, or PKBI (the Indonesian acronym). This organization has developed many family planning programmes and is still active in family planning activities.

The organization's family planning programme was developed and passed on to the community through simple means, and sometimes through secretive or disguised measures. The theme used to approach the community was very much oriented towards maternal and child health care in order to be seen as having a strong medical emphasis.

PKBI had its ups and downs under less supportive socio-political conditions than currently exist in Indonesia. But in 1966, the Government started to give fresh impetus to family planning activities; in 1967, the President of the Republic joined 29 other world leaders in signing the World Population Declaration, thus committing the Indonesian Government and people to a definite course of action with regard to population affairs.

In 1970, a full government body, the National Family Planning Board (BKKBN), was formed to promote the concept and activities of the family planning programme, which included the provision of a full range of family planning services.^{2/}

At that time, BKKBN considered itself successful when it was able to recruit 50,000 acceptors and it was pleased to learn that the words "family planning" did not cause too much controversy. Today's achievements are somewhat more dramatic. Success to BKKBN today means 12-17 million family planning acceptors throughout Indonesia, with around 15,000 to 20,000 new acceptors being recruited daily. Currently, the contraceptive prevalence rate is about 45 to 50 per cent.^{3/}

In a study conducted at the end of 1987 by the Central Bureau of Statistics^{4/} and Westinghouse in 20 provinces accounting for about 93 per cent of the total population of Indonesia, it was discovered that around 94 per cent of all married women knew about at least one modern family planning method. The same study revealed that 65.1 per cent of ever-married women from the same sample areas had ever used contraception. Of that number, 94.5 per cent used modern contraceptives. The experiences of those women have been very encouraging and have helped others to adopt family planning using a variety of different methods.

Health orientation

As mentioned previously, Indonesia's family planning programme began with a health-oriented approach; eventually measures were taken to expand, strengthen and consolidate the work of the programme in the field of family planning by using communication, information and education activities to promote those services. Initially, because of limited communication and information capacity, services were available at clinics and in general the programme was limited to Java and Bali only. Moreover, there were doubts as to the perception and acceptance of the programme by the community. Such factors had an impact on the coverage, methods of approach and the themes to be used in introducing the family planning programme. Eventually religious leaders (*ulamas*) were invited to assist in providing legitimacy to the programme^{5/}; because of their efforts, it became possible to include all the "means and medication used for family planning services" within the programme.

Several social research studies on the knowledge, attitudes and practice of family planning by the community were conducted throughout the country, followed by other research on the characteristics of the Indonesian people and their fertility. The research revealed that knowledge about family planning was low,^{6/} but interest in family planning was very high.

Therefore, efforts to encourage couples to accept family planning were intensified even further. In developing an IEG strategy for this purpose three main factors^{7/} were identified and studied: a) the types of innovation that



The co-operation of religious leaders (ulamas) in legitimatizing the Indonesian family planning programme has helped immeasurably in its success. The author (second from left) discusses various aspects of the programme during a meeting with religious leaders.

were to be introduced, namely, family planning with all its implications; b) the characteristics of the Indonesian community as revealed in various research studies; and c) the need for a communication, information and education strategy capable of conveying the programme messages to the community and making the community itself the agent, or the “owner”, of the innovation being introduced.

A sensitive introduction

The elements of the strategy were introduced stage by stage to avoid unnecessary debate and, simultaneously, to invite input from the community.^{8/} The introduction of family planning by “stages” was a daring effort to provide a “time dimension” for each of the strategic steps which would follow in the future.

Another strategic step was the effort to introduce family planning using a “community approach” which gives importance to the community not only as an “object” but also a “subject” of family planning development. The aim was to make the community not an end, but rather the starting point of the national family planning movement. The introduction of these strategic steps was followed by another strategic step: a shift from “dealing with reproductive-age couples to make them family planning acceptors” to the introduction of “the norm of a small, happy and prosperous family”, which has a far more extensive meaning than the former goal. BKKBN followed what was then popularly known as three-dimensional stages.

First stage

The first stage, expansion of programme coverage, was aimed at: a) promoting the need for and the desirability of family planning to make the small (two-child), happy and prosperous family the norm throughout the country and b) supplying contraceptives and information about contraceptive methods throughout Indonesia to give the people access to family planning services.

At this stage of the programme, indicators of success were the growing numbers of new acceptors of family planning and the numbers of people, organizations or institutions starting to work in the field of family planning.

During the first five to ten years of the programme, the focus was on expansion of the programme to include as many new acceptors and institutions as possible. The method was through the creation of village networks such as *PKK*, the National Women’s Welfare Association; *Pos KB*, the Family Planning Post; and *Kelompok Ibu-ibu*, or mothers’ clubs for family planning. The direction and management of the programme was centred at BKKBN.

Second stage

With so many acceptors joining the programme, efforts had to be concentrated on ensuring that all were adequately cared for, and that once they became acceptors they would remain active acceptors. This was called the *programme maintenance approach*, which included an increase in the frequency of visits to villages by mobile family planning teams, the integration of family planning activities with other health-related activities, and the improvement of contraceptive services by giving people a wider choice of methods while simultaneously assisting them to understand better which methods were more suitable for them. The slogan used at that time reflected that strategy: “Give the people what they want”!

During the second stage of the Indonesian Family Planning Programme, efforts were focused on “maintenance”; however, opportunities were also given so that communities could expand their own family planning programme involvement. As was the case during the first stage, the emphasis was on ensuring that all acceptors were adequately cared for and that once they became acceptors, they would remain active acceptors.

The number of methods was increased as a part of the *KB Mantap*, or “secure and modern contraception”, campaign. These methods included several types of IUD so that the women who were willing to become long-term acceptors would have the means to do so.

At this stage, success was measured by the number of active family planning acceptors, especially those qualifying for *KB Lestari* certificates, certifying long-term (five years or more) acceptance, as the programme matured. The extent to which the community was involved in family planning programmes was also measured, as were the characteristics and elements that might strengthen the proposed elements of the communication strategy.

First, improvements were made in organizations involved in information, education and communication activities in such a way that various inputs could be co-ordinated nationally to achieve common goals. Second, staff members dealing with IEC activities at BKKBN were trained to enable them to perform their tasks in a more professional manner. Third, basic equipment was obtained for carrying out various IEC activities. Such items were obtained locally and with the assistance of the United Nations Population Fund (UNFPA), the World Bank and others. In this connection it should be noted that many vehicles and items of audio-visual equipment were made available in rural areas, which made implementation of the family planning programme much easier than in the past. Field workers were trained and their numbers increased in proportion to the number of existing couples in the reproductive-age group. Education and training centres were set up in many areas; these

were allocated the necessary IEC equipment and vehicles, a procedure which has become standard for each BKKBN provincial office.

Fourth, various approaches were applied for different situations. A variety of radio programmes were produced, ranging from common news programmes to plays and talk shows. A family planning radio play called *Butir-butir Pasir Di Laut* (Sands of the sea) even won an international award. Television programmes advocating family planning issues were also encouraged.

Fifth, the target audiences of the programme, who had been dealt with in a general way, were segmented in order to deliver specific messages suitable to their needs and sensitivities – a mass approach with a personal touch.

Sixth, at each step, IEC activities were designed to modify behaviour naturally. Thus, the thorough understanding of problems became an increasingly important requirement so that rational attitudes would replace previous behaviour.^{9/} Seventh, the community was regularly requested to become involved with innovative approaches as an introduction to family planning: for example, through *Safari KB Terpadu* (Integrated family planning safari), *Operasi Laju Bahtera* (Smooth sailing operation) in Jakarta, *Gerakan Hidup Sehat* (Healthy life movement) in West Java, *Safari Sakinah* (Peasants' safari), *Safari Ulama* (religious leaders' safari), among many other programmes.

Eighth, each step employs a three-dimensional approach: namely, expansion and development of reach, maintenance and improvement of quality, and institutionalization and culturalization. Each of these dimensions has different aims and coverage, so overlapping may occur in some dimensions, although irregularly. Ninth, apart from the target community, which is divided into small individual segments, various activities are introduced in the package which is adjusted to suit specified targets and purposes. This is called the *Panca Karya* (five programmes) strategy, covering:

- Activities intended for couples below 30 years of age with one child. (The intention is to encourage them to have no more than two children.)
- Activities for couples over 30 years of age with three or more children. The intention is to assist them to have no more children than they already have.
- Activities intended for the younger generation, in the hope that they will accept the norm of a small, happy and prosperous family when they are old enough to get married, by selecting alternatives to early marriage and child-bearing.
- Various activities aimed at strengthening the institutionalization of the small family norm and fostering such attitudes and family planning

activities in newly established and existing community institutions. The hope is that community agents will eventually take over family planning activities.

- Various activities aimed at strengthening the psychological process of institutionalization and overcoming mental resistance to accepting the norm of a small, happy and prosperous family.

The *Panca Karya* strategy is a package, not a set of priorities from which one can choose. Each region has to complete the whole process to gain faster and more complete institutionalization.

Third stage

The third approach was to make family planning a truly community activity, integrated within the economic and social fabric of community life. Family planning clubs were formed and began to take on responsibility not only for family planning motivation, but also for integrated health and nutrition activities, income-generating activities and others.

Some acceptors are sufficiently convinced of the value of family planning that they are willing to go to private physicians and midwives for family planning services, paying for those services which they could receive free at public clinics. This is especially the case since the introduction of injectables.

In its development, BKKBN eventually reached a “graduation” point, a time when the communities began to take on management responsibility for the programme. Family planning thus became a part of community activities, integrated within the economic and social fabric of community life. These first seeds of *KB Mandiri* began to grow during 1984-1985 with the introduction of *Alih Kelola*, or “management of the family planning programme *WITH* the people”. This was also the stage where the professionals – physicians, midwives and pharmacists – began to show signs that they were ready and eager to begin a new kind of involvement in family planning, to join with the family planning programme in a more comprehensive way and take on some of the responsibility for family planning services management by themselves.

When training for physicians and midwives was introduced by BKKBN in 1986, an announcement was made seeking 300 physicians for training; the response was overwhelming – 650 would apply; later 1,000 would be sought and 2,000 would respond.

Because BKKBN was not sure of the extent of the people’s enthusiasm to join the programme nation-wide, it established a special programme called *KB Perkotaan*, or Urban Family Planning,^{10/} focused on people living in the

largest cities. Training of physicians and midwives was continued and they were encouraged to provide family planning services on their own.

Besides encouraging self-supporting management of the programmes, BKKBN developed IEC campaigns to change social and cultural attitudes so that groups involved in the programme would want to generate their own support and income, and to manage their activities by themselves. In this shift to *KB Mandiri*, the goal was to put management in the hands of the people with a certain amount of co-ordination being carried out by the Government. In this context, BKKBN is encouraging the private sector to respond to this challenge to take on some of the responsibility for family planning and related initiatives. The Government provides technical information and gives guidance and support based on its extensive experience in this field. It should be pointed out that BKKBN's experience encompasses both successes and failures; an example is the *Kondom Dua Lima*,¹¹ or "2.5 Condoms", project. When this social marketing project was launched in 1974, it failed; today it is a successful project in which people pay for their own supplies of contraceptives.

Other projects to support *KB Mandiri* are the Blue Circle Campaign and the provision of contraceptive supplies through *Jalur Swasta*, a private-sector network. As part of the Blue Circle Campaign, a private advertising agency



Dr. Haryono Suyono (right), Chairman of the National Family Planning Coordinating Board of Indonesia, launches the "Blue Circle Campaign" which promotes the use of family planning services offered by private physicians and midwives in four cities.

has been employed to promote family planning services as offered by private physicians and midwives in four cities. The campaign is to be expanded to 31 cities within one year in an effort to make the programme more self-supporting.

More than 2 million acceptors are currently using private family planning services as a result of this campaign. Such an approach must take place as BKKBN cannot continue indefinitely to give out free contraceptive supplies. Just as many people in urban areas have shown their willingness to obtain family planning services from the private sector, eventually, this development may extend to village co-operatives where people will obtain their own supplies and manage family planning activities by themselves. However, for the present, the focus is on the urban areas and finding ways to get low-cost contraceptive supplies distributed through as many service points as possible: i.e. the 13,000 physicians and midwives who are already providing family planning services and the 1,600 pharmacies carrying low-cost contraceptives, not to mention *Puskemas*, which are government clinics, where contraceptives are available free of charge.

Tenth, the increasingly mature family planning acceptors will have the opportunity to obtain family planning services themselves through the community. These acceptors can be divided into three groups: a) those who still require assistance from the Government through *Puskemas* and family planning clinics, government information centres, village heads and family planning field workers, among others; b) those who need some assistance but who are willing to share a part of the cost of family planning activities – this may range from purchasing and reading books and magazines on family planning to obtaining family planning services on a fee basis; and c) those who can afford to pay fully for family planning services.

Development of IEC strategy

The general strategy of the IEC programme is aimed at making the various target groups, individuals or community institutions, full “family planning participants”; they in turn will help to draw into the programme non-acceptors.

The individual approach enables leaders or “agents” eventually to help those who so far have not become involved in the programme to become participants. The next steps will then be carried out by those leaders themselves. Similarly, the IEC approach is aimed at potential and actual acceptors of family planning. Through these approaches, the national family planning programme has been expanded in stages throughout the country and has reached almost every strata of society. Currently, there are no fewer than 240,000 groups of acceptors who take part in the implementation of the family planning programme in their respective villages. In addition, there are at least 8,000 groups

of acceptors which have organized economic activities in their respective groups.^{12/} These groups also encourage the community to become more self-reliant in managing family planning activities. Various integrated activities have also emerged. These are carried out by such widely diverse groups as hoteliers, cinema owners, insurance firms and shop owners. Because such activities receive "legitimacy" from the Government, their credibility as sources of family planning information is increased.

Example of IEC development

The steps described above have earned the Indonesian family planning programme a measure of respect both nationally and internationally. However, not all members of the community have enjoyed the opportunity to join the family planning programme for a variety of reasons. Some are too poor and are not reached by information. Some are rich and must deal with so much information that family planning information is given low priority in the competition for their attention. Thus, a specialized approach was developed, starting early in 1987: "Social marketing in family planning."

Some advertising firms were invited to find the means to make this breakthrough; they have been very co-operative and instrumental in introducing an interesting marketing strategy.

The *Dua Lima* ("Twenty-five") project was broadened in 1988 from its initial emphasis on condoms to include a complete social marketing programme for all contraceptive methods. It has been renamed the *Lingkaran Biru*, or Blue Circle Campaign, the aim of which is to symbolize modern family planning.

These strategies are a consistent continuation of the strategies which have enabled the family planning programme to achieve its current success.

Objectives of social marketing

The marketing currently being promoted has a multiple general objective. The main objective is to expand the reach of existing information and motivation activities to enable this new programme to cover those unreached by family planning. Another general objective is to promote the quality of various information and motivation activities so that they will be more behaviourally oriented. The aim is for couples in the reproductive-age group to become aware of family planning and to adopt a positive response.

Another specific objective is to give an opportunity to the private sector to participate in the programme professionally. It is also intended to promote effective decision-making related to the campaign. Marketing planning and its

IEC component are being systematically integrated, so that the smooth co-ordination of both will better meet the needs of the family planning acceptors.

Efforts are being made to break through to the targets which previously had been relatively difficult to approach: husbands, and men and women of reproductive age who feel that they know about family planning but are not ready to practise contraception.

Efforts will be made to combine campaign materials advocating abstract concepts such as "the responsibility of the husband" and "spacing of births" in messages that people can understand at points of sale, private physicians' offices etc. Also, the campaign will promote the sale of condoms without necessarily pushing into the background the use of other contraceptives; at the same time, the campaign will promote other family planning methods.

Because these social marketing innovations have their own goals, they could exist as separate campaigns. However, this is not the case. Potential family planning acceptors are urged to "take the rational approach" and become responsible husbands, to space births and to "buy 25 condoms". Eligible couples



The responsibility of husbands for family planning is the subject of discussion at this meeting of a "fathers' club" in Jakarta. Because men are among the relatively difficult-to-approach groups of potential family planning acceptors, the Indonesian family planning programme focuses special attention on reaching them with family planning messages.

who feel uneasy about obtaining family planning services through government channels now have the alternative of going to private physicians. Nonetheless, this campaign should not affect the existing family planning acceptors or urge them to switch to other types of contraceptives.

There is also emphasis on expanding the target audiences to cover wealthy economic groups. The aim is eventually to encourage them to pay for their family planning services.

Because of the many different types of audience involved, the campaign requires a complex media mix. Besides newspapers, radio, television, advertising posters and billboards, efforts will also be made to portray, for example, the male acceptor as a "hero in his family", or a "model father"; the female acceptor, as a "model mother", or "model would-be parent". At the same time, there will be efforts to prevent the misuse of family planning themes: i.e. any focus on the intimate relations between husband and wife, or on sexual satisfaction.

Footnotes

1. Social marketing was started in Indonesia as part of the Self-support Family Planning Programme beginning in 1986-1987.
2. Since 1970 the Indonesian Family Planning Programme offers all kinds of contraceptives free of charge.
3. Central Bureau of Statistics (CBS), Preliminary report, 1988.
4. CBS, *op. cit.*
5. In 1974 BKKBN and the Department of Religious Affairs organized a meeting of prominent *ulamas* to advise the Government on suitable ways to conduct the family planning programme in Indonesia. As a result, the programme was intensified in the villages.
6. See Haryono Suyono, *The adoption of new innovations in developing countries: The case of family planning*, (CFSC, Chicago, 1972).
7. See B. Berelson in *Studies in Family Planning, 1969-1972*.
8. The development of the strategies was discussed at the Annual Meeting of family planning programme managers and described by Haryono Suyono in *KIE Strategy untuk programme KB di Indonesia*, 1976.
9. Indonesia's experience in this regard indicates that people could be encouraged to behave in a certain manner and, following specific educational inputs and training, be expected to adjust their behaviour accordingly.
10. BKKBN uses a different name to introduce each new project as a component of the total national programme in order to avoid confusion or misunderstanding.
11. A new brand-name introduced in 1987 for the social marketing of condoms in Indonesia.
12. Please refer to the BKKBN Annual Report, 1987-1988.

Population Information

Information plays a critical role in changing people's and Governments' attitudes about population issues. Because information is considered one of the pillars upon which the success of population policies and programmes is based, the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) made it a priority area of its population activities since the formation of its Clearing-house and Information Section as part of the Population Division.

Those activities included, among others, the publication of periodicals and other information materials, the provision of training and technical assistance and the organization of meetings and workshops on population information. Based on the recommendation of one of those meetings, ESCAP organized the Asia-Pacific Population Information Network (Asia-Pacific POPIN) Consultative Workshop at Bangkok from 26 October to 3 November 1988.

The main objectives of the Consultative Workshop were to introduce and exchange useful technologies and techniques in the areas of information-processing, especially computerization and information dissemination, and to consider ways to promote those information-processing technologies and techniques, networking, technical co-operation and training ventures. The ultimate goal of the Workshop was to help to strengthen national population information centres by enabling them to become more self-reliant in their information-processing activities in the next two years and beyond.

Two participants from each of the 13 countries with national population information centres and networks took part in the Workshop: namely, Afghanistan, Bangladesh, China, India, Indonesia, Malaysia, Nepal, Pakistan, Philippines, Republic of Korea, Sri Lanka, Thailand and Viet Nam.

The report of the Consultative Workshop and country papers presented by the participants will be issued by ESCAP in 1989.